

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY PUBLIC**

April 18, 2024

[REDACTED], PERSONAL CARE ADMINISTRATOR  
DUNWOODY VILLAGE INC  
3500 WEST CHESTER PIKE  
ATTN:PERSONAL CARE SERVICES  
NEWTOWN SQUARE, PA, 19073

RE: DUNWOODY VILLAGE  
3500 WEST CHESTER PIKE  
NEWTOWN SQUARE, PA, 19073  
LICENSE/COC#: 14525

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2024, 02/15/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** DUNWOODY VILLAGE      **License #:** 14525      **License Expiration:** 12/22/2024

**Address:** 3500 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073

**County:** DELAWARE      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

**Name:** DUNWOODY VILLAGE INC

**Address:** 3500 WEST CHESTER PIKE, ATTN:PERSONAL CARE SERVICES, NEWTOWN SQUARE, PA, 19073

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-1      **Date:** 01/30/2002      **Issued By:** Department of Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 88      **Waking Staff:** 66

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal      **Exit Conference Date:** 02/15/2024

**Inspection Dates and Department Representative**

02/14/2024 - On-Site: [REDACTED]

02/15/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 81      **Residents Served:** 66

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Cedars West      **Capacity:** 20      **Residents Served:** 16

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 65

**Diagnosed with Mental Illness:** 51      **Diagnosed with Intellectual Disability:** 2

**Have Mobility Need:** 22      **Have Physical Disability:** 22

**Inspections / Reviews**

02/14/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/18/2024

Inspections / Reviews *(continued)*

03/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/26/2024

03/28/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/16/2024

04/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 15a - Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

*At the end of January, a family member of resident #1, reported that they observed resident #1 wearing multiple personal care products on various days. This incident was observed by the family member. This incident was reported to staff person A, in January 2024. However, this allegation of suspected abuse was not reported to the Personal Care Administrator or Nursing Director, and not reported to Older Adult Protective Services.*

*Repeated Violation: 10/3/22*

## Plan of Correction

**Accept** [REDACTED] - 03/28/2024)

*Upon notification of this potential violation, Personal Care Administrator notified DHS and OAPS. An investigation was launched and staff person identified as having applied multiple briefs was terminated. Nurse [REDACTED] who the report was initially made to, was suspended pending investigation.*

*1) Beginning 2/7/24, all Personal Care caregivers and nurses began being inserviced on Abuse Identification and Reporting as well as proper application of briefs. Inservicing will be completed by 3/31/24. Inservicing was conducted by DON, Unit Manager or PCA.*

*2) Nurse A Prior to returning to work the floor the following was trained 1:1 by PCA and Nursing Supervisor on:*

- Review of Freedom from Abuse policy*
- Abuse and neglect; suspected abuse; mandatory reporting*
- DHS Regulations re: abuse and reporting*
- Adult Protective Services Reporting*
- Plan of correction for this violation*
- Proper application of briefs*
- Proper handling of situation/concerns going forward*

*2) 2/7/24, all residents who wear briefs on Personal Care and Memory Care were checked and asked to ensure no other residents were wearing multiple briefs. No other residents were identified.*

*3) Beginning 2/7/24, all Personal Care caregivers and nurses began being inserviced on Abuse Identification and Reporting as well as proper application of briefs. Inservicing will be completed by 3/31/24. Inservicing was conducted by DON, Unit Manager or PCA.*

*4) Beginning on 3/2/24, 24-hour report will be checked daily by PC Unit Manager or Dunwoody Administration to ensure there are:*

- a. No reports or indications of suspected abuse.*
- b. Any new issues with increased incontinence and that this is handled appropriately.*

*This will continue for 90 days.*

*4) Beginning 3/8/24, Nurse A is being monitored and met with twice per shift by PC unit Manager or PCA to ensure there are no potential indicators of abuse and if so, it is immediately reported as per regulation 15a. This will continue for 30 days,*

*5) Beginning on 3/6/24, 10% of all residents on Personal Care and memory care will be assisted with incontinence care by a nurse or unit manager weekly to audit if multiple briefs are being applied. This will continue for 90 days through 6/30/24 and will occur on all shifts.*

15a - Resident Abuse Report (continued)

Proposed Overall Completion Date: 06/30/2024

Proposed Overall Completion Date: 04/15/2024

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented ( ) - 04/18/2024)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On ( ), resident #1 was wearing multiple incontinence products, at least 2 to 3 incontinence underwear and an additional absorbent pad at the same time.

Repeated Violation: 10/3/22, 11/28/22, 3/2/23

Plan of Correction

Accept ( ) - 03/28/2024)

- 1. All residents who wear briefs on Dunwoody West were checked immediately to ensure multiple briefs were not applied.
- 2. Starting 3/6/24 10% of residents who wear briefs in Personal Care are being check by nursing staff in a dignified manner weekly to ensure multiple briefs are not applied for the next 90 days through the week of 6/24/24.
- 3. All staff will be trained by PC Unit Manager or PCHA on 42c and treating residents with dignity and respect beginning the week of 3/13/24 with completion by 4/15/24.
- 4. Ongoing, residents who wear briefs will be sporadically checked by PC Unit manager or designee for proper brief application and ongoing compliance. Any unusual findings will be immediately reported to PCHA.

Proposed Overall Completion Date: 06/30/2024

Proposed Overall Completion Date: 04/15/2024

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented ( ) - 04/18/2024)

51 - Criminal Background Check

3. Requirements

51 - Criminal Background Check (continued)

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On 2-15-24 at 2:30pm, 2 painters in the Leeland level of the home were painting rooms unattended. The criminal background checks for these individuals were not on file.

On 2-15-24 at 2:45pm, a contractor working on the side door of the main corridor hallway was unattended. The criminal background was not on file.

Plan of Correction

Accept (redacted) - 03/28/2024)

- 1) HR staff, Activity Director, Dir Campus Operations, EVS Dir, PC Unit Manager, Social Worker and Building Leadership will be inserviced on 2600.51 by 3/30/24.
- 2) Background check for the three vendors identified was emailed same day to DHS.
- 3) Effective 2/16/24, contractors and vendors began being required to provide a PA state background check for any individual working in Dunwoody Village and those background checks will be stored in the HR department. Any vendors who are at Dunwoody Village and do not have a criminal background check will remain with a Dunwoody Village employee until a background screening can be obtained or the work is complete.
- 4) HR Director will review for compliance weekly until 6/30/24.

Proposed Overall Completion Date: 06/30/2024

Proposed Overall Completion Date: 04/15/2024

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented (redacted) - 04/18/2024)

86a - Ventilation

4. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

On 2-14-24, rooms # 17a and 114, did not have an operable window, fan, air conditioner or other mechanical ventilation to ensure airflow.

Plan of Correction

Accept (redacted) - 03/28/2024)

- 1)The mechanical ventilation equipment on PC rooms 17, 114 and all PC rooms have been serviced for functionality (February 21st-February 23rd 2024).
- 2) Outside contractor inspection, currently Industrial Mechanical Company, of mechanical units will be increased from annually to quarterly starting immediately with the first quarterly service to take place by 4/15/24 and will continue ongoing.
- 3) All maintenance staff will be inserviced on regulation 2600.86a. by the Director of Campus Operations or designee by 4/15/24.

86a - Ventilation (continued)

- 4) All bathroom exhaust vents will be vacuumed/cleaned by 4/30/24.
- 5) By 3/30/24, All bathroom vents will be checked for air flow/suction. Vents will be checked monthly thereafter by Director of Campus Operations or designee for the three months and addressed as needed.
- 6) Beginning 6/30/24 or sooner, a random sampling of 10% of bathroom vents will be checked for air flow/suction monthly by Director of Campus Operations or designee .

Proposed Overall Completion Date: 06/30/2024

Proposed Overall Completion Date: 04/15/2024

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented (████) - 04/18/2024)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
- 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  - 4. Special health or dietary needs of the resident.
  - 5. Allergies.
  - 6. Immunization history.
  - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  - 8. Body positioning and movement stimulation for residents, if appropriate.
  - 9. Health status.
  - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The resident's medical evaluation for resident #1 and resident #2 did not include the medical information in regards to diagnosis and treatment.

Plan of Correction

Accept (████) - 03/28/2024)

- 1) PC unit Manager will ensure the DME's for resident #1 and resident #2 will be corrected by 3.30.24.
- 2) Administrative assistant, 7-3 nurses and unit manager will be educated regarding DME's and regulation 2600.141a by PCHA by 3/30/24
- 3) PC Unit Manager will audit all current DME's to ensure the provisions of 2600 141a have been met. PC Unit Manager will be responsible to ensure any findings will be corrected or a new DME will be obtained by 4/15/24.
- 4) Beginning 3/18/24 All new DME's for initial, annual or change in condition will be audited by PCHA for 90 days to ensure the provisions of this regulation are met. Any findings will be immediately referred to PC Unit Manager for correction or a new DME will be obtained.
- 5) PCHA will report findings/trends will be reported at Quality Management Meeting.

141a 1-10 Medical Evaluation Information (continued)

Proposed Overall Completion Date: 06/30/2024

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented (████) - 04/18/2024)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #2 has not been assessed as capable of self-administering medications. However, on █████, a container of artificial tears, with a prescription label stating "1 drop into both eyes three times daily", was observed unlocked in the resident's room.

Repeated Violation: 9/27/22

Plan of Correction

Accept (████) - 03/28/2024)

- 1) All PC nurses will be educated regulation 2600.183b by 4/1/24 by PC Unit Manager.
- 2) PCHA will send letter or email to residents and families reminding/educating about this regulation and the process if they feel they or their loved one needs an OTC medications or other medications by 4/1/24.
- 3) PC Unit manager or designee will check resident rooms, with their permission, to ensure there are no medications without an order or an order to self-administer by 4/15/24. Resident's who self medicate will have medications that are self administered reviewed quarterly by PC Unit Manager or designee beginning 6/30/24.
- 4) For those residents who desire to self-medicate, PC unit Manager, or designee, will be completed an assessment and an order to self-administer will be obtained if appropriate. PC Unit Manager will also ensure support plan will be updated.
- 5) Going forward, social worker or nurse will remind all families and residents of this requirement during care plan meetings.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented (████) - 04/18/2024)

183f - Discontinued Medications

7. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 2-15-24, Artificial Tears belonging to resident # 2 were expired as of March 2021. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

183f - Discontinued Medications (continued)

Plan of Correction

Accept (████) - 03/28/2024)

- 1) Resident #2's artificial tears were discarded on 2/15/24.
- 2) 2/28/24 contracted pharmacy Nurse Liaison, completed an audit of all medication carts and any expired meds were discarded as per Federal and EPA guidelines. Beginning 3/21/24, medication carts will be audited monthly by contracted pharmacy Nurse Liaison through June 2024 and quarterly thereafter ongoing.
- 3) Medications of resident's who self-medicate all or a portion of their medications will be reviewed monthly by PC Unit Manager or designee beginning 4/1/24, to ensure they are not expired and that the contents of regulation 183f are followed. Thereafter, resident's who self medicate will have applicable medications reviewed quarterly by PC Unit Manager or designee ongoing.
- 4) All nursing staff will be inserviced by PC unit manager on 183f, Discontinued Medications by 4/15/24.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented (████) - 04/18/2024)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #1's ██████████ does not include the following:

- Resident name
- Name of medication
- Date of prescription issue
- Instructions for administration
- Name and title of prescriber

Plan of Correction

Accept (████) - 03/28/2024)

- 1) Resident's ██████████ was discontinued as resident was not using and no longer needed the suppository.
- 2) 2/28/24 contracted pharmacy Nurse Liaison audited all med carts and errors were corrected immediately. An internal or contracted cart audit will continue to be completed at monthly by contracted pharmacy Nurse Liaison through 6/30/24.
- 3) PC Unit Manager will ensure all nursing staff will be inserviced on proper labeling of resident's medications as required by the regulation by 4/1/24. They will also be inserviced on item #2 and #4 on this plan.
- 4) A new-orders check process has been in place to verify all new orders including medications. PCHA updated the New orders Check System to ensure to contents of regulation 184a are met more effectively. PCHA will inservice PC Unit Manager who will train all nurses by 4/1/24 and the new process will be implemented by 4/1/24.

184a - Resident's Meds Labeled (continued)

Proposed Overall Completion Date: 04/15/2024

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented (████) - 04/18/2024)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed ██████████ as needed. On ██████████ medication was not available in the home.

Resident #3 is prescribed ██████████ as needed. On ██████████ ██████████ medication was not available in the home.

Plan of Correction

Accept (████) - 03/28/2024)

- 1) Resident #3's ██████████ and ██████████ was discontinued on ██████████
- 2) 2/28/24 contracted pharmacy Nurse Liaison audited all med carts and errors were corrected immediately. A contracted med cart audit will continue by Nurse Liaison monthly through 6/30/24 and quarterly thereafter ongoing.
- 3) All nursing staff will be inserviced by 4/1/24 by PC Unit Manager on proper storage procedures and ensuring resident's medication is available to the residents and other elements of regulation 185a. Nurses will also be inserviced on a new requirement for Nurses to audit each resident medications monthly by PC Unit Manager.
- 4) A new-orders check process has been in place to verify all new orders including medications. This process was updated by PCHA to ensure the contents of regulation 184a are met. PC Unit manager was inserviced by PCHA. PC Unit Manager will educate all nursing staff on the new process by 4/1/24. The new process will be implemented by 4/1/24.

Proposed Overall Completion Date: 04/15/2024

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented (████) - 04/18/2024)

202 - Prohibitions

10. Requirements

202 - Prohibitions (continued)

2600.  
202. The following procedures are prohibited:

**Description of Violation**

*On 2-15-24 at 1:30pm, resident in room # 169, had a magnetic ribbon that read "Stop Do Not Enter Stop", which posed a deterrent for the resident's leaving or entering the room.*

**Plan of Correction**

**Accept (████ - 03/28/2024)**

- 1) "Stop Do Not Enter Sign" was removed from resident's door on 2/15/24.
- 2) All Personal Care staff will be educated by PCHA or PC Unit Manager on Prohibition and regulation 2600.202 by 4/15/24.
- 3) Walking rounds will be conducted weekly by PCHA or PC Social Worker throughout the Personal Care neighborhoods to identify any violations of this regulation beginning 3/11/24 and will continue for 90 days.

Licensee's Proposed Overall Completion Date: 04/15/2024

**Implemented (████ - 04/18/2024)**

227d - Support Plan Medical/Dental

**11. Requirements**

2600.  
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*The following support plans for the resident's did not document the need for special diets:*

*The assessment for resident #4, dated ██████ does not indicate the resident has a need for Heart Healthy diet. The resident's support plan, dated ██████ does not document how this need will be met.*

*The assessment for resident #5, dated ██████ does not indicate the resident has a need for Heart Healthy and Mechanical Soft diet. The resident's support plan, dated ██████ does not document how this need will be met.*

*The assessment for resident #6, dated ██████, does not indicate the resident has a need for no added sodium and no concentrated sweets diet. The resident's support plan, dated ██████ does not document how this need will be met.*

**Plan of Correction**

**Accept (████ - 03/28/2024)**

- 1) The support plans for resident #4, #5 and #6 will be updated by PC unit Manager or PCHA with the pertinent medical information by 3/30/24.
- 2) PC Unit Manager, PC Nursing Staff, Administrative Assistant, and PC Social Worker will be educated on

227d Support Plan Medical/Dental (continued)

2600.227.d by 3/30/24 by PCHA on the requirements of this regulation.

3) All support plans will be audited by PC Unit Manager or PCHA and corrections will be made OR a new support plan will be completed by 4/15/24.

4) Effective 4/1/24, for the next three months, all new support plans will be audited by PCHA or designee to ensure ongoing compliance with this regulation is being met.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [redacted] - 04/18/2024)

252 - Record Content

12. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The following content was missing from the resident's face sheet :

Resident # 2's record does not include the eye color, hair color, and social security number.

Resident # 3's record does not include the eye color, hair color, and social security number.

Repeated Violation 10/3/22

Plan of Correction

Accept [redacted] - 03/28/2024)

1) Resident #2 & 3's record has been updated to include the eye color, hair color and social security number.

2) Administrative Assistant, Admissions Department, TR, Medical Records, Social Worker and PC Unit manager will be inserviced on the requirements of 252, record content by 3/30/24 by PCHA.

3) All resident records will be audited by Administrative Assistant and updated to include eye color, hair color and social security number by 4/30/24.

4) All records will reviewed by Administrative Assistant upon admission to include eye and hair color and social security number for the next three months through 6/30/24 to ensure ongoing compliance with this regulation

Proposed Overall Completion Date: 04/15/2024

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented ([redacted] - 04/18/2024)