

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

April 11, 2024

[REDACTED], REGIONAL DIRECTOR
STATESMAN WOODS AID OPCO LLC
2619 TRENTON ROAD
LEVITTOWN, PA, 19056

RE: WOODBOURNE PLACE
2619 TRENTON ROAD
LEVITOWN, PA, 19056
LICENSE/COC#: 13955

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: WOODBOURNE PLACE **License #:** 13955 **License Expiration:** 07/11/2024
Address: 2619 TRENTON ROAD, LEVITOWN, PA 19056
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: Sherri Hoffman **Phone:** 724-287-2171 **Email:** shoffman@seniorlifestyle.com

Legal Entity

Name: STATESMAN WOODS AID OPCO LLC
Address: 2619 TRENTON ROAD, LEVITTOWN, PA, 19056
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/06/1997 **Issued By:** Township of Middletown

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 39 **Waking Staff:** 29

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/15/2024

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Residents Served:** 23

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 23
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 16 **Have Physical Disability:** 1

Inspections / Reviews

02/15/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/14/2024

03/14/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/04/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/04/2024

Inspections / Reviews *(continued)*

04/11/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

44g - Telephone Number

1. Requirements

2600.

44.g. The telephone number of the Department’s personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center, and the personal care home complaint hotline are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 03/14/2024)

The telephone numbers of the department's personal care home regional office, Pennsylvania Protection & Advocacy Inc, the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline were posted in a conspicuous and public place in the home 2/15/2021.

The Executive Director or designee will complete rounds to verify that the telephone numbers remain posted in a public area, and this will be documented on the Environmental Rounds form. Rounds will be completed 5x/week from 4/1-4/30; 3x/week from 5/1-5/31; and 1x/week from 6/1-6/30. Completed rounds forms will be made available for the Department for review.

The Executive Director will Inservice the current managers and staff on regulation 2600.44g completion date by 4/12/2024.

The in-service sign in sheet will be made available to the Department for review.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented () - 04/11/2024)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 03/14/2024)

A copy of staff person A's high school diploma was obtained on 2/16/2024.

The Office Manager, or designee, will complete an audit of current employee files to ensure all Direct Care Staff persons have the required qualifications (HS diploma, GED or active registry status on the PA nurse aide registry) in their file by 3/31/2024. Any discrepancies will be reported to the Executive Director

The Office Manager, or designee, will audit the employee file of all newly hired Direct Care Staff persons on date of

54a - Direct Care Staff (continued)

hire to verify the required qualifications are included in their file .

The Executive Director will in-service the Office Manager on this violation, regulation 2600.54a and a plan to correct by 3/8/2024.

The Executive Director will in-service current managers and frontline staff on this violation, regulation 2600. 54a and the plan to correct by 3/31/2024.

The in-service sign in sheets will be made available to the Department for review. New employee files will be audited quarterly to ensure adherence.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [REDACTED] - 04/11/2024)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 2/15/24, covered bedside mobility devices on Resident 1's and Resident 2's beds, with openings measuring 7 inches wide by 11 inches long, were not securely attached to the structure of the beds. The bar is attached to a wood board which slides under the mattresses. Although there were straps around the boards under the mattress, they were not fully secure which poses possible hazardous conditions for the residents.

Plan of Correction

Accept [REDACTED] - 03/14/2024)

The facility's regional director spoke with Resident 1's & Resident's 2's Responsible Parties to make them aware of the potential hazard and the need to securely attach the devices to the structure of the resident's beds on 2/15/2024. The covered bedside mobility devices will be securely attached to the bed(s) no later than 3/31/2024. (see attached pic) Initial rounds will be completed by the Maintenance Manager, or designee, of all resident rooms to ensure any bedside mobility devices present are securely attached to the bed by 3/31/2024 and will be documented on the Environmental Rounds form. Rounds will be completed 5x/wk 4/1-4/30; 3x/week 5/1-5/31; and 1x/week 6/1-6/30/2024. Completed Environmental Rounds form will be made available to the Department for review .

The Executive Director will Inservice the Maintenance Manager on the violation, regulation 2600.81b and the plan to correct by 3/8/2024.

The Executive Director will Inservice all managers and staff on the violation, regulation 81b and the plan to correct by 3/31/2024 .

The Executive Director will discuss bedside mobility devices and expectations during the Quality Assurance Review with current managers in attendance by 3/31/2024

The Inservice sign-in sheets will be made available to the Department for review. All bed mounted enabling devices will be inspected monthly to ensure they are securely attached.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [REDACTED] - 04/11/2024)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at [redacted] and [redacted], Staff person B, was observed using their bare, ungloved fingers to remove the medication from the blister cards to put the medication into a small cup during the medication pass for Resident 3 and Resident 4.

On [redacted] at [redacted], Staff person C, was observed using their bare ungloved fingers to remove the medication from the blister cards to put the medication into a small cup during the medication pass for Resident 5.

Plan of Correction Accept ([redacted] - 03/14/2024)

The Director of Health & Wellness reviewed with Staff persons B & C, the unsanitary practices observed at the time of survey and the proper and sanitary procedures to be followed during a medication pass at the time of survey, 2/15/2024.
The Director of Health & Wellness or designee will review the proper and sanitary procedures to be followed during a medication pass with current nurses/med techs by 4/12/2024.
The Director of Health & Wellness or designee will complete an Medication observation of current nurse/med tech to verify that proper and sanitary procedures are followed during a medication pass once a month from 4/1 to 6/30/2024.
The Director of Health & Wellness or Designee will Inservice current nurses/med techs on regulation 2600.85a and plan to correct by 3/31/2024.
The Executive Director will in-service current managers and staff on this regulation 2600.85a and plan to correct by 3/31/2024 .
The Inservice sign in sheets will be made available to the Department for review.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ([redacted] - 04/11/2024)

91 Telephone Numbers

5. Requirements

2600.
91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone at the reception desk.

Plan of Correction Accept ([redacted] - 03/14/2024)

The emergency telephone numbers, including the nearest hospital and fire department, were posted by the telephone at the reception desk 2/15/2024.
The Maintenance Manager, or designee, will complete audit of all telephones with an outside line to ensure emergency telephone numbers, including the nearest hospital and fire department, are posted on or by each by 3/31/2024. Environmental Rounds will be completed 5x/week from 4/1-4/30; 3x/week 5/1-5/31; and 1x/week 6/1-6/30/2024. Completed rounds will be documented on the Environmental Rounds form. The Environmental Rounds form will be made available to the Department for review.

91 Telephone Numbers (continued)

The Executive Director will in service the Maintenance Department on regulation 2600.91 and plan to correct by 3/31/2024.

The Executive Director will in service all managers and staff on regulation 2600.91 and plan to correct by 4/12/2024.

The Executive Director will discuss the Emergency telephone #'s and expectation during the Quality Assurance Review with current managers in attendance by 3/31/2024

The in service sign in sheets will be made available to the Department for review.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented () - 04/11/2024)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated, or submitted to the local emergency management agency in the year 2023.

Plan of Correction

Accept () - 03/14/2024)

The written emergency procedures will be reviewed, updated and submitted to the local emergency management agency for 2024 by the Executive Director. Written confirmation of receipt of the written emergency procedures obtained.

The Executive Director, or designee, will review, update and provide the local emergency management agency a copy of the written emergency procedures annually and written confirmation of receipt of these procedures will be obtained from the emergency management agency. Completed on 2/15/2024

The Executive Director will Inservice all current managers on regulation 2600.107d and plan to correct by 4/12/2024. The Inservice sign in sheet will be made available to the Department for review.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented (MS - 04/11/2024)

162c - Menus Posted

7. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 2/15/24, the home only posted the lunch and dinner menu for 2/15/24. However, the weekly menu for the upcoming week was not displayed in a conspicuous and public place in the home.

Plan of Correction

Accept () - 03/14/2024)

The weekly menu for the upcoming week was displayed in a conspicuous and public place at the time of survey.

162c - Menus Posted (continued)

The Director of Dining Services, or designee, will post the weekly menu on Monday each week.

The Executive Director, or designee, will complete environmental rounds to ensure the weekly menus are posted 1 week in advance in a conspicuous and public place in the home. Rounds will be completed 5x/week from 4/1-4/30; 3x/week from 5/1-5/31; and 1x/week from 6/1-6/30/2024. Rounds will be documented on the Environmental Rounds form.

Completed Environmental Rounds forms will be made available to the Department for review.

The Executive Director will in-service the Dining Services staff on this violation, the regulation and the plan to correct by 3/31/2024.

The Executive Director will in-service all managers and staff on this violation, the regulation 162c and plan to correct by 3/31/2024.

The Executive Director will discuss the posting of menus and expectation during the Quality Assurance Review with current managers in attendance by 3/31/2024

The in-service sign-in sheets will be made available to the Department for review.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [redacted] - 04/11/2024)

185a - Implement Storage Procedures

8. 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

On [redacted], Resident 5's glucometer was not calibrated to the correct time. The glucometer was set to [redacted].

Plan of Correction

Accept [redacted] - 03/14/2024)

Staff to be in serviced on the proper procedures for calibrating glucometers by 3/31/2024

The Director of Health & Wellness or designee will complete an audit of all in use glucometers to ensure the medical equipment is calibrated to the correct time by 3/31/2024.

All in use glucometers will be calibrated monthly and documented on glucometer audit form. Any discrepancies will be reported to the Executive Director immediately .

The form will be made available to the Department for review.

The in-service sheets will be made available to the Department for review. Executive Director will inspect the glucometer audit form monthly to ensure adherence.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented [redacted] - 04/11/2024)

227d - Support Plan Medical/Dental

9. Requirements

2600.

227d Support Plan Medical/Dental (continued)

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

On 2/15/24, a covered bedside mobility device was present on Resident 2's bed, with openings measuring 7 inches wide by 11 inches long. Resident 2's assessment and support plan, dated 1/9/24, does not indicate that the resident has a need for a bedside mobility device and how this need will be met.

Plan of Correction

Accept ([REDACTED] - 03/14/2024)

The Executive Director or Designee will audit current resident assessment and support plans to verify accuracy to ensure need for mobility devices are addressed. to be completed by 3/31/2024

The Executive Director will provide training for current managers and staff on Regulation 2600.227d by 3/31/2024.

The Executive Director will discuss support plans and expectations during the Quality Assurance Review with current managers in attendance by 3/31/2024

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ([REDACTED] - 04/11/2024)