

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

August 14, 2024

[REDACTED], EXECUTIVE DIRECTOR  
1425 HORSHAM SNF OPERATIONS LLC  
1425 HORSHAM ROAD  
[REDACTED]  
NORTH WALES, PA, 19454

RE: THE INN AT HORSHAM CENTER  
FOR JEWISH LIFE  
1425 HORSHAM ROAD  
NORTH WALES, PA, 19454  
LICENSE/COC#: 14706

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/06/2024, 06/10/2024 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: *THE INN AT HORSHAM CENTER FOR JEWISH LIFE* License #: *14706* License Expiration: *10/26/2024*  
Address: *1425 HORSHAM ROAD, NORTH WALES, PA 19454*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *1425 HORSHAM SNF OPERATIONS LLC*  
Address: *1425 HORSHAM ROAD, [REDACTED], NORTH WALES, PA, 19454*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/22/2001* Issued By: *PA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Incident* Exit Conference Date: *06/10/2024*

**Inspection Dates and Department Representative**

06/06/2024 - On-Site: [REDACTED]  
06/10/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
License Capacity: *58* Residents Served: *30*  
Secured Dementia Care Unit  
In Home: *No* Area: Capacity: Residents Served:  
Hospice  
Current Residents: *0*  
Number of Residents Who:  
Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

06/06/2024 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/01/2024*

07/09/2024 - POC Submission  
Submitted By: [REDACTED] Date Submitted: *07/19/2024*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/14/2024*

Inspections / Reviews *(continued)*

07/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/02/2024

08/14/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

62 - Contact List

1. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The staff list provided by the home on 6/6/2024 did not include staff person A, who has worked for the home since [redacted] or staff person B, who started [redacted]. Both are current resident assistants/med-techs.

Plan of Correction

Accept ([redacted] - 07/16/2024)

On 6/21/24 administrator immediately updated audit of staff list. Staff person A and Staff person B were added to the staff list. On 6/21/24 Administrator conducted an internal audit of the staff list against payroll records and schedules. On 6/24/24 Administrator and DON reviewed the importance of maintaining a staff list. A audit will be completed on 08/01/2024 by Administrator against staff list and payroll each time a new staff member is hired. Please see attached for staff list and education on importance of maintaining a staff list.

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented ([redacted] - 08/14/2024)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

- 1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
- 2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person C received only 7.75 hours of annual training in training year 2023.

Plan of Correction

Accept ([redacted] - 07/16/2024)

On 6/19/2024 Administrator met with [redacted] Consulting Services. Administrator was trained by [redacted] to properly navigate our Relias System. Relias provides extensive training modules and tracking capabilities. Administrator will inform all direct care staff of updated training requirements by 7/25/24. Moving forward staff person C will receive a minimum of 12 hours of training annually. Please see attached Enrichment In-services, Relias Training, and Medication Administration Training. By 08/01/2024 Direct care staff persons shall have at least 12 hours of annual training relating to their job duties by HR director and Administrator. Staff person orientation shall be included in the 12 hours of training for the first year of employment completed by HR manager and Administrator. A monthly Audit will be completed by Administrator to maintain compliance. Monthly Audits will begin 08/01/2024.

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented ([redacted] - 08/14/2024)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

**65f - Training Topics (continued)**

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

*Direct care staff person C did not receive training in the following topics during training year 2023:*

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.

**Plan of Correction**

**Accept ( [REDACTED] - 07/16/2024)**

*On 6/19/2024 Administrator met with [REDACTED] Consulting Services. Administrator was trained to properly navigate system. On 6/29/24 all training topics have been sent to [REDACTED] Consulting Services for a staff training plan. Topics sent were*

1. Medication self-administration training
2. Instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.

*Administrator will have training's in place by 7/25/2024. Staff Person C will receive training on the topics listed above by 7/25/2024 by relia and or administrator. Administrator will complete monthly audits beginning 08/01/2024 to maintain compliance.*

**Licensee's Proposed Overall Completion Date: 08/01/2024**

**Implemented ( [REDACTED] - 08/14/2024)**

**65g - Annual Training Content****4. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.

65g - Annual Training Content (continued)

- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

Staff person C did not receive training in the following during training year 2023:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 5. Falls and accident prevention.

**Plan of Correction**

Accept (█) - 07/16/2024)

Staff person C will receive training by a Fire Safety expert by 7/25/2024 for the following.

- 1. Fire Safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Falls and accident prevention.

This process has begun. A Fire and Safety expert came out on 07/01/2024 to train staff on Fire Safety and Emergency Preparedness. A Fire Safety Expert is scheduled to come out again on 07/12/2024 to complete another training. In addition Maintenance staff are signed up to take the Fire Safety and Emergency Preparedness class to be able to continue to train Inn staff by 09/01/2024. Administrator will complete monthly audits beginning 08/01/2024 to maintain compliance.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented (█) - 08/14/2024)

89b - Hot Water Temperature

**5. Requirements**

- 2600.
- 89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

On 6/10/2024 at approximately 10:45 am, the hot water temperature in the bathroom sink in room 116 was 124.5 degrees. At 11:26 am, the sink reached 124.5 degrees Fahrenheit in room 123.

**Plan of Correction**

Accept (█) - 07/16/2024)

On 6/10/2024 Hot water temperature was lowered to 119 degrees F by the maintenance team. This was completed as surveyor was on site. A thorough inspection was completed on 6/10/24 to identify any malfunctions or issues by property manager. Training has been provided to Administrator and Director Of Plant Operations on 06/25/2024 importance of water temperature regulation. A monthly Audit will be completed by the Director Of Plant Operations and or maintenance staff beginning 08/01/2024 to maintain temperature in compliance with state regulations.

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented (█) - 08/14/2024)

107d - Procedure Emergency Management Agency Submission

**6. Requirements**

- 2600.

**107d - Procedure Emergency Management Agency Submission (continued)**

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

**Description of Violation**

*The home could not verify having submitted written emergency procedures to a local emergency management agency.*

**Plan of Correction**

**Accept ( ) - 07/16/2024)**

*On 6/21/2024 Administrator submitted Emergency procedures to local emergency management agency.*

*Administrator and Director Of Plant Operations were in-serviced on 06/24/2024 by Executive Director to ensure the local emergency agency will receive updated copy annually. Please see attached in-service. on 06/25/2024*

*Administrator received letter to verify that emergency written procedures have been submitted to the local emergency management agency. Please see attached letter. Administrator will conduct a quarterly audit to ensure Emergency Procedures are submitted to a local emergency management agency beginning 08/01/2024.*

**Licensee's Proposed Overall Completion Date: 08/01/2024**

**Implemented ( ) - 08/14/2024)**

**141a 1-10 Medical Evaluation Information****7. 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**

*Resident #1's Documentation of Medical Evaluation dated [REDACTED] did not indicate the resident's cognitive functioning.*

**Plan of Correction**

**Accept ( ) - 07/09/2024)**

*On 6/10/2024 Medical Evaluation was immediately corrected by DON for resident #1. This was completed as surveyor was on site. Inservice was completed for DON on 06/24/2024 by Administrator. On 06/25/2024 DON and Administrator reviewed process to check residents cognitive functioning. On 06/25/2024 Audit was completed on all resident DME's to ensure they are in compliance. Please see attached*

**Licensee's Proposed Overall Completion Date: 06/25/2024**

**Implemented ( ) - 08/14/2024)**