

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

November 8, 2024

[REDACTED]  
DUNWOODY VILLAGE INC

[REDACTED]  
ATTN:PERSONAL CARE SERVICES  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2024 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: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *C 1* Date: *01/30/2002* Issued By: *Dept of L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *08/05/2024*

**Inspection Dates and Department Representative**

*08/05/2024 On Site* [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *81* Residents Served: *70*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Cedars West* Capacity: *20* Residents Served: *16*

**Hospice**  
 Current Residents: *3*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*  
 Diagnosed with Mental Illness: *49* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *22* Have Physical Disability: *1*

**Inspections / Reviews**

**08/05/2024 - Partial**  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *11/08/2024*

**11/08/2024 - POC Submission**  
 Submitted By: [Redacted] Date Submitted: *11/08/2024*  
 Reviewer: [Redacted] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

11/08/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at 3:00pm, resident [redacted] reported that staff member A had hit [redacted] on the shoulder. The home did not develop and implement a plan of supervision or suspend staff person A.

Plan of Correction

Accept [redacted] - 11/08/2024)

- 1. Human Resources, PCHA, PC Unit Manager and Memory Care Unit Manager will be trained on this regulation by CEO by 9/14/24.
- 2. Beginning 8/30/24, All allegations of abuse will be reviewed with CEO or designee immediately or as soon as possible to ensure staff are being suspended pending investigation as appropriate.
- 3. Beginning 8/30/24, Plan for supervision of employee(s) will be developed by PCHA, reviewed with HR and submitted to DHS if appropriate for approval prior to bringing employee back through 11/29/24.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented [redacted] - 11/08/2024)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] there was one camera outside the lobby of the care center, two cameras in the lobby, and one camera by the elevator. No signs indicated that these cameras were recording. Staff person C stated that the signs had been removed to make room for wreaths.

Plan of Correction

Accept [redacted] 11/08/2024)

- 1. All maintenance and security staff will be inserviced on 42s and posting signs if recording devices are being used in the vicinity by 9/30/24.
- 2. Beginning 8/30/24, all cameras near entrances to or in licensed PC areas will be audited weekly to ensure signage remains in place through 11/30/24.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented [redacted] - 11/08/2024)

42x - Safeguard

3. Requirements

2600.

42x - Safeguard (continued)

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

In the beginning of July 2024, and unknown person accessed the Cedar Wing and stole credit cards from resident [redacted], resident [redacted] and resident [redacted]'s [redacted] wallet. The home does not have a system to safeguard residents belongings.

Plan of Correction

Accept ([redacted] - 11/08/2024)

1. All maintenance, PC staff will be inserviced on this regulation by 9/30/24 by PCHA. General staff will also be nserviced
2. All resident's and rooms will be audited by PCHA, Social Worker or designee to ensure all residents have lock boxes and keys by 9/30/24. Those residents found to not have lock boxes and keys will received new or replacement boxes provided by 11/15/24.
3. All new residents will be provided with a lock box and key automatically upon admission. Resident, family or POA will sign off when receiving their lock box/key.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented ([redacted] - 11/08/2024)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [redacted] scheduled work hour on 4/10/2023. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and resident rights.

Plan of Correction

Accept ([redacted] - 11/08/2024)

1. Nurse educator, scheduler and Human Resources will be educated on this regulation by PCHA by 9/15/24.
2. Nurse educator with support from scheduler and HR will monitor all new hires, create a training plan to meet this requirement and log the trainings beginning 9/15/24 through 11/29/24.
3. PCHA will audit PC new hire log weekly and education plans to ensure the trainings in this requirement will be met within the first 40 hours through 11/29/24.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented ([redacted] - 11/08/2024)

## 65e - 12 Hours Annual Training

**5. 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 D received only 3 hours and 38 minutes of annual training in training year 1/1/2023-12/31/2023.*

*The training hours for direct care staff person E cannot be verified because of incomplete information in the training records.*

**Plan of Correction****Accept** [REDACTED] - 11/08/2024)

*Training for staff person E well-exceeds the 12 required hours due to him obtaining his PCHA training and orientation in addition to the communities training hours.*

1. Staff educator and personal care staff will be inserviced by 9/30/24.
2. All current PC staff will have 2024 trainings audited by 9/30/24 to determine how many hours of training they have.
3. PC staff will be notified of training hours needed to complete the 12-hours and regulatory training needs by 10/30/24 with a list of opportunities to complete training by the end of the year.
4. Any staff out of compliance with regulatory training requirements will be removed from schedule on 11/29/24 until training hours are completed.

**Licensee's Proposed Overall Completion Date: 11/08/2024**

**Implemented** [REDACTED] - 11/08/2024)

## 65f - Training Topics

**6. Requirements**

2600.

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

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 D did not receive training in personal care service needs of the resident, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, medication self-administration training, and safe management techniques*

65f - Training Topics (continued)

during training year 1/1/2023-12/31/2023.

Direct care staff person E did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, safe management techniques during training year 1/1/2023-12/31/2023.

Plan of Correction

Accept [redacted] - 11/08/2024)

Employee E did complete the annual training through his PCHA class and orientation outlines in 65f (see attached, abeled #2a-d). Therefore, I am requesting that this portion of the violation which refers to staff person E be removed.

1. All personal care staff and staff educator will be inserviced by 9/30/24.
2. All current PC staff will have 2024 trainings audited for required topics by 9/30/24.
3. PC staff will be notified of required topic missing by 10/30/24 with a list of opportunities to complete training by the end of the year.
4. Any staff out of compliance with regulatory training requirements will be removed from schedule on 11/29/24 until training topics are completed.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented [redacted] - 11/08/2024)

65i - Training Record

7. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include date, source, content, length of each course and copies of any certificates received,.

Plan of Correction

Accept [redacted] - 11/08/2024)

1. Nurse educator, PC Managers, PC Social worker and Leadership Team will be inserviced on this regulation by 9/30/24.
2. Completed trainings for 2024 will be updated, where possible, with information to meet this regulation.
3. All trainings provided to PC staff will be audited by PCHA through 11/29/24 to ensure the requirements of this regulation are met.
4. Trainings going forward will include all elements of this regulation.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented [redacted] - 11/08/2024)

85e - Trash Outside Home

8. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home (continued)

Description of Violation

On 8/5/2024 at 9:51 am there was a full uncovered gray trash can containing used masks, water bottles, soda cans and other garbage in front of the care center entrance.

Plan of Correction

Accept ( [redacted] ) - 11/08/2024)

1. All maintenance, security and housekeeping staff will be educated on the requirements of this violation by PCHA by 9/30/24.
2. All trash cans outside but near personal care will be audited to ensure they have lids by 9/13/24.
3. All trash cans near or on PC outside areas will be audited weekly by facility staff though 11/29/24.
4. PCHA will review findings of audit weekly.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented ( [redacted] ) - 11/08/2024)

141a 1-10 Medical Evaluation Information

10. 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 [redacted] medical evaluation dated 5/29/2024 did not include special health or dietary needs of the resident.

Plan of Correction

Directed ( [redacted] ) 11/08/2024)

1. Personal care nurse managers, LPN's and RN's and administrative assistant will be inserviced by PCHA by 9/30/24 on the requirements of this regulation.
2. By 10/15/24, all DME's will be audited by PC, Memory Care Nurse Manager or designee for proper completion in line with this regulation.
3. Beginning 9/3/24, all new DME's will be reviewed by PC and Memory Care Nurse Manager for completion and compliance with this regulation.
4. PCHA will meet with nurse manager weekly to review upcoming DME's required and audit weekly for full completion and follow up beginning the week of 9/9/24 through 11/29/24.

Directed Completion Date: 11/08/2024

141a 1-10 Medical Evaluation Information (continued)

Implemented [redacted] 11/08/2024)

227g -Support Plan Signatures

11. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted] However, the resident did not sign the support plan.

Resident [redacted] participated in the development of [redacted] support plan on [redacted] However, the assessor did not sign the support plan.

Plan of Correction

Accept [redacted] - 11/08/2024)

1. Nurse Managers, Social Worker and Administrative Assistant as well as all LPN's and RN's will be educated on this regulation and the reason it is important to include the resident in communication and developing their support plan by 9/30/24.
2. Effective 9/9/24, Nurse Manager's on PC and Memory Care will be responsible for getting support plan's reviewed and signed by the resident and family in some cases when they are completed.
3. Beginning 9/13/24, PCHA will meet with the Nurse Managers weekly to review RASPs that need to be signed and status until signature is obtained. Review will continue through 11/29/24.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented [redacted] 11/08/2024)

233c - Key-Locking Devices

12. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the single door exit in dining area, double door exits next to the kitchen, or exit to the patio in the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept [redacted] - 11/08/2024)

1. All Memory Care nurses, aids, security, housekeepers and dietary staff will be inserviced on this requirement.
2. Signs with exit codes have been placed closer to each key pad exit device on 8/5/24.
3. Beginning 9/3/24, exit codes by each key pad will be audited daily to ensure proper placement and compliance

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented [redacted] - 11/08/2024)

252 - Record Content

13. Requirements

2600.

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

**Description of Violation**

*Resident [REDACTED] record does not include an inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.*

*Resident [REDACTED] record does not include an inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.*

*Resident [REDACTED] record does not include an inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.*

**Plan of Correction**

**Accept ([REDACTED] - 11/08/2024)**

- 1. Social Worker, Administrative Assistant, Admissions Department and Nurse Manager's for PC and Memory Care will be inserviced on the details of this requirement by 9/9/24.*
- 2. Resident's were notified of the opportunity to complete an inventory of belongings and that the resident's file will be checked to determine if one is already in place on 8/28/24. Resident's who do not have an inventory, will have the opportunity to complete one and those that do have one will have an opportunity to update their inventory.*
- 3. All residents files will be audited to determine if a belonging's inventory is in place by 9/30/24.*
- 4. Social Worker will be responsible for providing an opportunity for new residents to complete an inventory upon move-in and for completion of inventories for existing residents as stated above. This will be tracked on a log through 11/30/24.*
- 5. Log will be reviewed with PCHA weekly to ensure compliance with POC and regulation.*

**Licensee's Proposed Overall Completion Date: 11/08/2024**

**Implemented ([REDACTED] - 11/08/2024)**