

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

November 15, 2024

[REDACTED]
LEVITTOWN AL, LLC
[REDACTED]

21st floor
[REDACTED]

RE: THE ADDISON OF WOODBOURNE
PLACE
2619 TRENTON ROAD
LEVITTOWN, PA, 19056
LICENSE/COC#: 15086

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/26/2024 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 ADDISON OF WOODBOURNE PLACE License #: 15086 License Expiration: 01/02/2025
 Address: 2619 TRENTON ROAD, LEVITTOWN, PA 19056
 County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: shoffman@seniorlifestyle.com

Legal Entity

Name: LEVITTOWN AL, LLC
 Address: [REDACTED]
 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: 34 Waking Staff: 26

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 09/26/2024

Inspection Dates and Department Representative

09/26/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 48 Residents Served: 22
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

09/26/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/14/2024

10/17/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/13/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/14/2024

Inspections / Reviews *(continued)*

11/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 8:00pm, two staff members and Resident [redacted] were in Apartment [redacted]. The resident was standing with a walker when the staff members left them unattended. The resident lost their balance, fell backward, and hit their head. They were transported to the local hospital for evaluation and treatment. However, this incident was not reported to the department until 3/4/24.

Plan of Correction

Accept ([redacted] - 10/17/2024)

The Health & Wellness Director(HWD), or designee, will report to the Executive Director if there is an occurrence that is potentially a reportable event. A Reportable Incident will be completed and submitted to the Department within 24 hours of the incident occurring, as required.

The Executive Director will discuss, with current department heads present, reportable incidents during the quarterly Quality Assurance review by 10/31/24 and 1/31/25.

The Executive Director will inservice the HWD, medtechs and current department heads on 2600.16c, pertaining to Reportable Incidents and requirements for reporting by 10/31/24.

Inservice sign-in sheets will be available for review by the Department.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ([redacted] - 11/15/2024)

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted], between 6:00pm and 6:00am, and on 9/15/24 for all shifts, there were 22 residents present in the home. However, during this period, no staff member trained in first aid was on duty.

Plan of Correction

Accept ([redacted] - 10/17/2024)

CPR/First Aid training was completed on 9/26/24 for 7 employees and another training will be completed by 10/31/24 for any remaining employees requiring this training.

The Executive Director will review the monthly schedule prior to posting to verify compliance with having 1 staff member on all shifts who is trained in CPR/First Aid from 11/1/24-1/31/25.

The Executive Director and Health & Wellness Director will review the schedule weekly to verify there is 1 staff member trained on CPR/First Aid for each shift from 11/1/24-1/31/25.

The Executive Director will inservice the HWD and Lead Medtech on regulation 2600.63a, pertaining to CPR/First Aid requirements by 10/31/24.

Inservice sign-in sheets will be available for review by the Department.

CPR/First Aid training will be reviewed by the Executive Director, with current department heads, during the quarterly Quality Assurance meeting by 10/31/24 and 1/31/25.

63a - First Aid/CPR Training (continued)

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented [redacted] - 11/15/2024)

125b - Combustible Restrictions

3. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [redacted] there was a 20 lb. steel propane tank, unsecured and accessible to residents, on the patio area adjacent to the dining area, where residents can freely come and go.

Plan of Correction

Accept [redacted] - 10/17/2024)

The 20lb steel propane tank was removed from the patio area adjacent to the dining area and stored properly by the Director of Dining Services on the date of survey, 9/26/24.
Environmental rounds were completed by the Maintenance Director 10/1/24 to look for any combustible material that may be accessible to residents.
The Maintenance Director, or designee, will complete environmental rounds weekly and any areas of concerns with combustible materials stored improperly will be removed, stored properly and reported immediately to the Executive Director from 11/1/24-1/31/25. Audits will be made available for review by the Department.
Environmental rounds will be reviewed by the Executive Director, with current department heads present, during the quarterly Quality Assurance review meeting by 10/31/24 and 1/31/25.
The Executive Director will in-service the maintenance team, Director of Dining Services and dining staff on regulation 2600.125b regarding proper storage of combustible materials by 10/31/24 .

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented [redacted] - 11/15/2024)

162c - Menus Posted

4. 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 [redacted], the menu for the week of 9/15/24 to 9/28/24, was posted. However, the weekly menu for the upcoming week was not displayed in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] 10/17/2024)

The Director of Dining Services posted the menu for the week of 9/29/24 to 10/5/24 on the date of survey, 9/26/24.
The Direct of Dining Services, or designee, will post the weekly menu on Sunday each week as of 9/29/24.
The Executive Director, or designee, will complete environmental rounds to verify the weekly menus are posted 1 week in advance in a conspicuous and public place in the home from 11/1/24-1/31/25.
Completed Environmental Rounds form will be made available for review by the Department.
Environmental Rounds will be reviewed by the Executive Director, with current department heads, during the quarterly Quality Assurance review meeting, by 10/31/24 and 1/31/25.

162c - Menus Posted (continued)

The Executive Director will inservice the Director of Dining Services and dining staff on regulation 2600.162c by 10/31/24. The inservice sign-in sheet will be made available for review by the Department.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ([redacted] - 11/15/2024)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] prescription for [redacted] tablets, take 2 tablets by mouth every 4 hours as needed for pain, was discontinued on 5/22/24. However, the medication is still listed as a current prescription on their medication administration record.

Plan of Correction

Accepted [redacted] 10/17/2024)

The [redacted] take 2 tablets by mouth every 4 hours as needed for pain was removed from Resident [redacted] MAR on 9/26/24.

The Health & Wellness Director will complete an audit of physician orders vs the MAR for current residents to verify that any discontinued medications are not on the current MAR by 10/31/24.

The HWD, or designee, will complete a weekly audit of physician orders vs the MAR for current residents to verify that any discontinued medications are not on the current MAR from 11/1/24-1/31/25.

Medication audits will be reviewed by the Executive Director, with current department heads, at the quarterly Quality Assurance review meeting by 10/31/24 and 1/31/25.

The Health & Wellness Director, or designee, will inservice current Medtechs on the company's Medication Disposition standard by 10/31/24. The inservice sign-in sheet will be made available for review by the Department.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented [redacted] - 11/15/2024)

187b - Date/Time of Medication Admin.

6. Requirements

187b - Date/Time of Medication Admin. (continued)

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take 1 tablet by mouth every 8 hours as needed for anxiety. However, their medication administration record does not include the initials of the staff person who administered medication on 9/1/24 at 7:05pm, 9/2/24 at 8:00pm, 9/7/24 at 7:00pm, 9/8/24 at 7:00pm, 9/11/24 at 7:00pm, 9/16/24 at 7:00pm, 9/17/24 at 9:00pm, 9/21/24 at 8:00pm, 9/22/24 at 8:00pm, 9/24/24 at 8:00pm, and 9/25/24 at 7:00pm.

Resident [REDACTED] is also prescribed [REDACTED], take 1 tablet by mouth every 8 hours as needed for pain. However, their medication administration record does not include the initials of the staff person who administered medication on 9/9/24 at 11:50pm, 9/24/24 at 12:00pm, 9/25/24 at 3:47pm, and 9/26/24 at 6:00am.

Plan of Correction

Accept ([REDACTED] - 10/17/2024)

A MAR to Narcotic Sheet audit will be completed by the Health & Wellness Director to verify the MAR included the documentation of the staff person who administered any narcotic by 10/31/24.

The HWD, or designee, will complete weekly audits of the MAR to Narcotic Count Book to verify compliance from 11/1/24-1/31/25. Audits will be made available for review by the Department.

MAR to Narcotic Count Book audits will be reviewed by the Executive Director, with current department heads, during the quarterly Quality Assurance review meeting by 10/31/24 and 1/31/25.

The Health & Wellness Director will complete an inservice on the company's PA Medication Policy for current Medtechs, including documenting medications upon administration by 10/31/24.

The inservice sign-in sheet will be made available for review by the Department.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ([REDACTED] - 11/15/2024)