

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

November 25, 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 10/09/2024 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: *91* Waking Staff: *68*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *10/09/2024*

Inspection Dates and Department Representative

10/09/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *81* Residents Served: *69*

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: *69*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

10/09/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/01/2024*

11/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/22/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/22/2024*

Inspections / Reviews *(continued)*

11/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2024

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

On or about [redacted], resident [redacted] told staff person A that [redacted] was afraid of staff person B and that staff person B was mean to [redacted]. Resident [redacted] referred to staff person B as "[redacted]". However, this allegation of abuse was not reported to the local area agency on aging until [redacted] at 1:45 PM.

Repeat violation 2/14/24 et al.

Plan of Correction

Accept [redacted] - 11/04/2024)

- 1. Nurse who failed to report suspected abuse was immediately suspended and terminated for this infraction.
- 2. PC Administrator or designee will re-educate beginning 11/15/24 with completion 12/15/24. Each nurse will be required to take a quiz demonstrating their understanding of the abuse reporting requirement and the training presented.
- 3. Beginning 11/15/24 and continuing for 90 days, PC administrator or designee will audit each nurse on each shift on personal care to verify that they have not seen, heard or suspect any abuse. This will occur either in-person, on the phone or nurse will need to sign a form stating that they have not seen, heard or suspect any abuse. Nurses name, shift and date will also be recorded.
- 4. Any suspected abuse will be reported to the department and COSA as outlined in the regulation.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 11/25/2024)

16c - Written Incident Report

2. 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 or about [redacted], resident [redacted] told staff person A that [redacted] was afraid of staff person B and that staff person B was mean to [redacted]. Resident [redacted] referred to staff person B as "[redacted]". The home did not report this incident to the department until [redacted].

Repeat violation 4/11/2024.

Plan of Correction

Accept [redacted] - 11/04/2024)

- 1. Nurse who failed to report suspected abuse was immediately suspended and terminated for this infraction.
- 2. PC Administrator or designee will re-educate beginning 11/15/24 with completion 12/15/24. Each nurse will be required to take a quiz demonstrating their understanding of the abuse reporting requirement and the training presented.
- 3. Beginning 11/15/24 and continuing for 90 days, PC administrator or designee will audit each nurse on each shift

16c Written Incident Report (continued)

on personal care to verify that they have not seen, heard or suspect any abuse. This will occur either in person, on the phone or nurse will need to sign a form stating that they have not seen, heard or suspect any abuse. Nurses name, shift and date will also be recorded.

4. Any suspected abuse will be reported to the department and COSA as outlined in the regulation.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (████ - 11/25/2024)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident home contract, dated 4/15/2024, for resident █████ was not signed by the resident. There was no indication the resident was given the opportunity to sign.

The resident home contract, dated 7/30/2024, for resident █████ was not signed by the resident. There was no indication the resident was given the opportunity to sign.

Plan of Correction

Accept (████ - 11/04/2024)

- 1. Social worker, admissions and AA will be educated on this regulation by 11/15/24.
- 2. All resident contracts will be audited to ensure residents, administrator or designee and the payor and designated person if any have signed or that the resident had been offered to sign by 11/15/24.
- 3. All previous contracts missing one of these signatures will have signature obtained. Resident may decline to sign and this will be noted.
- 4. Beginning 11/15/24, all new contracts will be reviewed by administrator or designee after being signed to ensure completion. Administrator will initial to indicate it has been reviewed and is in compliance.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (████ - 11/25/2024)

42c - Treatment of Residents

4. Requirements

2600.

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

Description of Violation

On or about █████, resident █████ reported to staff person A that they were afraid of staff person B and that staff person B was mean to █████. On █████ resident █████ reported to a nurse practitioner that staff person B pressures █████ to take medication and does not give █████ space to ask questions.

When interviewed, resident █████ reported that █████ is careful around staff member B and won't ask questions to staff

42c Treatment of Residents (continued)

member B. Resident [redacted] became visibly upset when discussing interactions with staff person B.

Repeat violation 2/14/24 et al.

Plan of Correction

Accept [redacted] - 11/04/2024)

1. Staff person B was suspended and upon her return staff person B was re educated on treating residents with dignity and respect, customer service, handling resident's with anxiety and abuse prior to return.
2. Staff person B was transferred to another neighborhood to ensure resident feels comfortable and secure.
3. Staff person B was mandated to attend three sessions with EAP.
4. Social worker or administrator will meet with resident every 1 2 weeks for three months.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 11/25/2024)

62 - Contact List

7. 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

Staff person E, the administrator, maintains a list of staff persons that does not include substitute staff.

Plan of Correction

Accept [redacted] - 11/04/2024)

1. PCHA has been granted access to the system that houses employee names, addresses and phone numbers. Training on accessing this information will be completed by 11/15/24.
2. Both staffing agencies have been contacted and will be providing a spread sheet with current substitute staff's name, address and phone number by 11/15/24.
3. Going forward, if new substitute staff are scheduled to start at Dunwoody, their contact information will be sent over with the credentialing information prior to start date. Contact information and will be maintained in administrator's office.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 11/25/2024)

65a - FS Orientation 1st Day

8. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
 1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

65a - FS Orientation 1st Day (continued)

- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff person c, whose first day of work was [REDACTED], did not receive orientation on the following topics: telephone use and notification of emergency services.

Plan of Correction

Accept [REDACTED] - 11/04/2024)

- 1. After reviewing contents of training provided to direct care staff, substitute personnel and volunteers, staff person C did receive the orientation to the topics covered in 65a, however, sign off sheet does not fully reflect that these topics are covered in this training.
- 2. HR and Educator will be trained on this violation by 11/15/24 as well as the new sign off sheet that will be used which full reflecting the education provided.
- 3. A new sign off sheet reflecting all topics covered FS Orientation 1st Day (65a) will be updated by 11/15/24.
- 4. Effective 11/15/24, all new, ancillary, substitute staff or volunteers will be educated and sign off on all the requirements in 65a.
- 5. All new staff hired will be audited by HR, Administrator or Educator ensuring that they have completed the educational requirements.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (MS - 11/25/2024)

234a - Admission Support Plan

9. Requirements

- 2600.
- 234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on 4/15/2024. However, the resident's initial support plan was completed on 4/19/2024.

Plan of Correction

Accept [REDACTED] - 11/04/2024)

- 1. PC Dementia Unit Manager, social worker, PC Unit Manager and AA will be educated on this requirement by PCHA by 11/15/24.
- 2. PC Dementia Unit Manager will keep a log indicating move-in date and date RASP is due as well as actual completion date of RASP for 90 days beginning 11/15/24.
- 3. Log and RASP will be reviewed with PCHA or designee weekly for 90 days.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [REDACTED] - 11/25/2024)