

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

February 3, 2025

[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 11/21/2024, 11/22/2024 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:** 01/30/2022 **Issued By:** Department of Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 102 **Waking Staff:** 77

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 11/21/2024

**Inspection Dates and Department Representative**

11/21/2024 - On-Site [REDACTED]  
11/22/2024 - Off-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 81 **Residents Served:** 72  
**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:** 71  
**Diagnosed with Mental Illness:** 4 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 30 **Have Physical Disability:** 1

**Inspections / Reviews**

11/21/2024 Partial  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/26/2024

Inspections / Reviews *(continued)*

01/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/11/2025

01/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/17/2025

02/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

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 [REDACTED], at 6:40pm, a verbal conversation was overheard in the Cedar West hallway Staff person A, spoke to resident [REDACTED] in an angry and disrespectful tone This incident was overheard and observed by staff person B who was working in [REDACTED] office. This incident was reported to staff person C on [REDACTED] around 6:50pm. However, this allegation of abuse was not reported to the Area Agency on Aging.

Repeat violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] 01/08/2025)

15a refers to Cedar's West as the location where the incident occurred, it actually occurred in Cedar's East

- 1. Incident was reported to the local area on aging on 11/7/24. Upon making the verbal report to Adult Protective Services, with the intention of making follow up written report, PCHA was instructed by COSA representative that a written report was not needed.
- 2. All PC administrative staff will be trained on the requirement of making report to COSA despite direction of on-call COSA representative based on 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 the Suspected Resident Abuse and Investigation Requirements Reporting Matrix by 1/10/25 by Director of HR/PCHA.
- 3. PCHA began reporting and CEO verifying all reporting of allegations of abuse on 9/5/24. This reporting and auditing will continue through 3/31/25 to include verification of verbal and written reporting to COSA.
- 4. PC Administrative staff will be inserviced on the ongoing plan of correction audit and verification reporting to CEO by PCHA by 1/7/25 to ensure that in the absence of PCHA, reporting and verifying remains ongoing . This will include tracked to ensure reports to COSA are also made. The reporting matrix will also be reviewed and distributed as part of the training.

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented [REDACTED] - 02/03/2025)

42c Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [REDACTED], at 6:40pm, staff person A, overheard staff person B communicating to resident [REDACTED] in a harsh loud tone about not entering the room of [REDACTED] while personal care is being completed by staff. Staff person B stated the following: " You need to learn that you cannot come into [REDACTED] room." Resident [REDACTED], responded with, "Ok I will learn that." Staff person B, responded in a disrespecting yelling tone with the following statement: "Yeah, well learn that, learn that, learn that."

42c Treatment of Residents (continued)

Repeat violation: [REDACTED] et al.

Plan of Correction

Accept ([REDACTED] - 01/06/2025)

42c "staff person A, overheard staff person B communicating to resident [REDACTED] in a harsh loud tone about not entering the room of [REDACTED], while personal care is being completed by staff. Staff person B stated the following: " You need to learn that you cannot come into [REDACTED] room." Resident [REDACTED] responded with, "Ok I will learn that." Staff person B, responded in a disrespecting yelling tone with the following statement: "Yeah, well learn that, learn that, learn that." Staff person A and B are mixed up in this description.

1. Staff person [REDACTED] was immediately suspended pending investigation.
2. Staff person A was educated on customer service, abuse and neglect, resident rights, stress management, dementia and respect and compassion prior to returning to the position.
3. Effective 12/18/24, Resident will receive visits by social worker, PCHA or designee every 1 2 weeks for the next 60 days.
4. Effective 12/18/24 Staff person A will be observed weekly and met with by PCHA, HR or designee every 2 3 weeks for the next 60 days to discuss and all areas of education and staff person A's performance.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([REDACTED] - 02/03/2025)

42o - Associate/Communicate

3. Requirements

2600.

42.o. A resident has the right to freely associate, organize and communicate with others privately.

Description of Violation

On [REDACTED] staff person A, made a statement for the spouse of resident [REDACTED] to leave the room while personal care assistance for resident [REDACTED] was being complete.

Plan of Correction

Accept ([REDACTED] - 01/06/2025)

1. Social worker, met with resident [REDACTED] on [REDACTED] who stated that [REDACTED] would feel more comfortable with [REDACTED] not being present in the room during care.
2. Staff person A will be trained on documenting resident's preferences and adding to support plan by [REDACTED].
3. Effective 12/20/24, resident will be met with every 2 4 weeks through 3/20/24 by social worker, PCHA or designee to determine if resident continues to prefer husband to leave the room while care is being performed.
4. Outcome of meetings with resident will be documented in resident's chart and support plan will reflect resident's choice.

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented ([REDACTED] 02/03/2025)

183e - Storing Medications

4. Requirements

183e Storing Medications (continued)

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] the pill pack for [redacted] prescribed for resident [redacted] was taped due to a tear in the packaging. According to the manufacturer's instructions, medication shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Plan of Correction

Accept [redacted] - 01/08/2025)

1. Nurse wasted medication prior to inspector leaving the building.
2. Personal Care nursing staff will be re-educated by 1/10/25 on proper medication administration and storage by staff educator.
3. Pharmacy cart audits will be done monthly beginning 12/25 and continuing through 3/25 and quarterly thereafter ongoing.
4. Neighborhood nurses will audit at least 2 resident medications a day to ensure proper storage effective 1/10/26.
5. Chart auditing will continue ongoing. Compliance with auditing will be checked weekly by Nurse Manager or designee for 12 weeks.

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented [redacted] - 02/03/2025)

185a Implement Storage Procedures

5. 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

Resident [redacted] is prescribed [redacted] tablets as needed for pain. On [redacted] at 2:20pm the [redacted] tablets for pain medication was not available in the home.

Plan of Correction

Accept [redacted] - 01/08/2025)

1. [redacted] as needed was available for resident, however reason for medication only specified "for temperature" and not for "pain and temperature".
2. A separate order for [redacted] as needed was placed for "pain" and received on 11/23/24.
3. All [redacted] as needed order will be reviewed to ensure medications are available and have the proper reason listed by Nurse Manager or designee by 1/27/25. Orders out of compliance or mislabeled for appropriate use will be corrected within 24 hours of finding.
4. Pharmacy cart audits will be done monthly beginning 12/25 and continuing through 3/25 and quarterly thereafter ongoing.
5. Neighborhood nurses will audit at least 2 resident medications a day to ensure proper storage effective 1/10/26. This auditing will continue through 3/31/25. This will be checked weekly by Nurse Manager to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented [redacted] - 02/03/2025)