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

April 9, 2025

ROSEMARIE KOCKHILL, EXECUTIVE DIRECTOR
1425 HORSHAM SNF OPERATIONS LLC
1425 HORSHAM ROAD
Suite 303
NORTH WALES, PA, 19454

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

Dear Ms. Rosemarie Kockhill,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2025 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,
Christina Eberhart

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE INN AT HORSHAM CENTER FOR JEWISH LIFE* **License #**: *14706* **License Expiration**: *10/26/2025*

Address: *1425 HORSHAM ROAD, NORTH WALES, PA 19454*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: *Dana Kinkead* **Phone**: *215-371-3000* **Email**: *dkinkead@Horshamhc.com*

Legal Entity

Name: *1425 HORSHAM SNF OPERATIONS LLC*

Address: *1425 HORSHAM ROAD, Suite 303, NORTH WALES, PA, 19454*

Phone: *2153713000* **Email**: *DKINKEAD@HORSHAMHC.COM*

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**: *33* **Waking Staff**: *25*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *03/20/2025*

Inspection Dates and Department Representative

03/20/2025 - On-Site: Latoya Barnes, Joshua Eisenberg

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: *1*

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: *3* **Have Physical Disability**: *0*

Inspections / Reviews

03/20/2025 - Full

Lead Inspector: *Latoya Barnes* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/10/2025*

04/02/2025 - POC Submission

Submitted By: *Dana Kinkead* **Date Submitted**: *04/09/2025*

Reviewer: *Christina Eberhart* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/07/2025*

Inspections / Reviews *(continued)*

04/02/2025 - POC Submission

Submitted By: *Dana Kinkead* **Date Submitted**: *04/09/2025*

Reviewer: *Christina Eberhart* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/24/2025*

04/09/2025 - Document Submission

Submitted By: *Dana Kinkead* **Date Submitted**: *04/09/2025*

Reviewer: *Christina Eberhart* **Follow-Up Type**: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Directed (CE - 04/02/2025)***

On March 20th 2025 administrator reviewed staff person A's credentials and was able to obtain a copy of their high school diploma. This document has been placed in staff records by administrator to verify compliance. An internal audit will be conducted of all personal care staff records by HR director or designee HR staff by May 1st, 2025 Effective immediately all new hires will be required to submit proof of their high school diploma, GED, or active registry status to HR before their start date. Please see attached.

Proposed Overall Completion Date: 05/01/2025

Directed Completion Date: *04/22/2025*

Implemented (CE - 04/09/2025)

65b - Rights/Abuse 40 Hours

2. 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:
2. Emergency medical plan.
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on 2/4/2025. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Plan of Correction ***Directed (CE - 04/02/2025)***

Staff person B will complete training by Inn Administrator on the following topics: emergency medical plan and reporting of reportable incidents and condition by May 30th 2025. A review of training records will be conducted by Inn Administrator and or HR director by May 1st 2025. An audit will be completed by Inn Administrator every time there is a new hire. Please see attached.

Proposed Overall Completion Date: 05/01/2025

Directed Completion Date: *04/22/2025*

Implemented (CE - 04/09/2025)

65g - Annual Training Content

3. Requirements

2600.

65g - Annual Training Content *(continued)*

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

Description of Violation

Staff person A did not receive training in resident rights during training year January 2024 to December 2024.
Staff person C did not receive training in resident rights during training year January 2024 to December 2024.

Plan of Correction ***Directed (CE - 04/02/2025)***

Staff person A and Staff person C will be trained by Inn Administrator on Resident Rights by May 1st 2025. Please see attached. A review of training records will be conducted by Inn Administrator by May 1st 2025. An review of training records will be completed by Inn Administrator every time there is a new hire.

Proposed Overall Completion Date: 05/01/2025

Directed Completion Date: *04/22/2025*

Implemented (CE - 04/09/2025)

65i - Training Record

4. 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 the date, source, content or copies of certificates received for staff person A.

Plan of Correction ***Directed (CE - 04/02/2025)***

The Administrator and HR Department will complete a review of all staff training records by May 1st, 2025. The homes record of direct care staffing will include the date, source, content or copies of certificates for all staff including staff member A. HR will be trained on maintaining training records. Inn Administrator will conduct an audit every time there is a new hire. HR director or designee will conduct quarterly audits. Please see attached.

Proposed Overall Completion Date: 05/01/2025

Directed Completion Date: *04/22/2025*

Implemented (CE - 04/09/2025)

96b - First Aid Location

5. Requirements

2600.
96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person D, E and F did not know the location of the first aid kit.

96b - First Aid Location *(continued)*

Plan of Correction ***Directed (CE - 04/02/2025)***

on 3/31/2025 staff were informed of the first aid kit locations along with staff persons D,E, and F by Administrator. A in-service training was conducted to review first aid kit locations. A quarterly audit will be completed by Administrator or designee to ensure staff are aware of location and contents are in first aid kit. Please see attached.

Proposed Overall Completion Date: 05/01/2025

Directed Completion Date: *04/22/2025*

Implemented (CE - 04/09/2025)

124 - Notice to Fire Department

6. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction ***Directed (CE - 04/02/2025)***

On 3/31/2025 Administrator Submitted written notification to the fire department regarding the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency. by 05/01/2025 a compliance checklist will be completed quarterly by administrator to track the status of written notification. Please see attached.

Proposed Overall Completion Date: 05/01/2025

Directed Completion Date: *04/22/2025*

Implemented (CE - 04/09/2025)

162c - Menus Posted

7. 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

The home's menu for the week of 3/16/2025-3/22/2025 was posted. However, the menu for 1 week in advance was not posted.

Plan of Correction ***Directed (CE - 04/02/2025)***

The current weekly menu was immediately posted by Dining Service Manager on 3/20/2025 while surveyors were on site. A check list has been created by administrator and was presented to dining services manager on 03/31/2025. The Administrator or designee must verify bi-weekly checklist to confirm compliance. The Inn dietary manager is

162c - Menus Posted (continued)

posting menus 2 weeks in advance. Please see attached.

Proposed Overall Completion Date: 05/01/2025

Directed Completion Date: *04/22/2025*

Implemented (CE - 04/09/2025)

185a - Implement Storage Procedures

8. 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

On 3/16/2025 at 8:30am, the glucometer for resident 1 documented blood sugar of 119 but it was documented as 192 on medication administration record (MAR).

On 3/17/2025 at 5:45am, the glucometer for resident 1 documented blood sugar of 141, but it was not documented on the medication administration record (MAR).

On 3/20/2025 at 9:24am, the glucometer for resident 1 documented blood sugar of 161 but it was documented as 168 on the medication administration record (MAR).

Plan of Correction ***Directed (CE - 04/02/2025)***

On 3/20/2025 The incorrect documentation was immediately addressed by the nursing staff and the correct blood glucose reading was documented. By 5/01/2025 The nurse will conduct random audits of glucose readings and MAR documentation bi-weekly for the next three months. A reporting mechanism has been established by administrator for staff to report any discrepancies. By 5/01/2025 staff will be trained by administrator on the importance of accurate documentation, Proper use of Glucometers, MAR Documentation protocol, Identifying and reporting discrepancies, Audit and Compliant Measures. Please see attached.

Proposed Overall Completion Date: 05/01/2025

Directed Completion Date: *04/22/2025*

Implemented (CE - 04/09/2025)