

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

February 20, 2025

[REDACTED] ED  
WHITEMARSH CONTINUING CARE RETIREMENT COMMUNITY  
4000 FOX HOUND DRIVE  
LAFAYETTE HILL, PA, 19444

RE: THE HILL AT WHITEMARSH -  
OAKLEY HALL ASSISTED LIVING  
4000 FOX HOUND DRIVE  
LAFAYETTE HILL, PA, 19444  
LICENSE/COC#: 13902

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2025 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,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE HILL AT WHITEMARSH - OAKLEY HALL ASSISTED LIVING* License #: *13902* License Expiration: *03/22/2025*

Address: *4000 FOX HOUND DRIVE, LAFAYETTE HILL, PA 19444*

County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *WHITEMARSH CONTINUING CARE RETIREMENT COMMUNITY*

Address: *4000 FOX HOUND DRIVE, LAFAYETTE HILL, PA, 19444*

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *05/11/2007* Issued By: *Whitemarsh Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

**Inspection Information**

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

Reason: *Renewal* Exit Conference Date: *01/03/2025*

**Inspection Dates and Department Representative**

*01/03/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *38* Residents Served: *22*

**Special 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: *17* Have Physical Disability: *0*

**Inspections / Reviews**

**01/03/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/07/2025*

**02/07/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *02/19/2025*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2025*

Inspections / Reviews (*continued*)

## 02/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/20/2025

## 02/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 1/3/25 at 10:15am, the narcotics log book was left unsecured and unattended on top of the fourth floor medication cart.

On 1/3/25 at 1:45pm, the medication cart computer was left unlocked and unattended leaving resident's personal information available to residents and visitors.

Plan of Correction

Accept (████ - 02/10/2025)

Immediate correction - Place Narcotic Log Book inside medication cart in locked Narcotic Drawer and immediately have Nurse on Duty sign off computer when walking away from cart

Corrective Action - Administrator or Designee to provide Inservice to all nursing Staff on Confidentiality of Records, including placement of Narcotic Logbook in Medication Cart and logging off computer when walking away from the Medication Cart

Administrator or Designee will do random audits weekly x4 weeks and then monthly after to ensure Narcotic Logbook is kept in locked Narcotic drawer and that staff are signed off computer when not in use

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (████ - 02/20/2025)

65f Ancillary staff orientation

2. Requirements

2800.

65.f. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A whose first day of work was █████ did not receive a general orientation to their specific job functions.

Ancillary staff person B whose first day of work was █████ did not receive a general orientation to their specific job functions.

Plan of Correction

Accept (████ - 02/10/2025)

Immediate Action - Both ancillary staff persons Record of Employee Orientation was amended by the Dietary Manager indicating they did receive orientation to their specific job

Corrective Action - Department Manager or Designee will make sure Record of Orientation for each staff person is completed in its entirety and put in staff person's HR file upon completion of their orientation

65f Ancillary staff orientation (continued)

HR Staff will conduct random audits of employee files monthly to ensure that all employee orientation is documented correctly

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (████) - 02/20/2025)

65j Annual training content

3. Requirements

2800.

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

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff person C, hired on █████, did not receive in person fire safety training during training year 2024.

Repeat Violation Date: 1/29/24

Plan of Correction

Accept (████) - 02/10/2025)

Immediate Action - Provide Staff C with taped video presentation of in person fire safety training from 2024

Corrective Action - In Person Fire Safety Training will be video taped for anyone unable to attend. This will be uploaded to Relias. Administrator or Designee will be responsible for making sure all staff attend training or have access to taped presentation. In Person Fire Safety Training to be scheduled for spring 2025. Upon completion, Administrator and HR will audit employee files to ensure all had Inservice.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (████) - 02/20/2025)

81b Resident equip – good repair

4. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 has a bedside mobility device present on the side of the bed. The device is attached to the bed with a strap around the box spring and bars that slide under the top mattress. The device is not securely attached to the bed frame. It moves from side to side easily along the bed and away from the mattress creating a hazardous area.

Plan of Correction

Accept (████) - 02/07/2025)

Immediate Action - Properly secure the bed enabler bar to Resident #1. Audit of all rooms with enabler bars to make sure all enablers are secure

Corrective Action -Inservice Training to all staff on Bed Enabler Safety.

Dayshift, when staff making bed with enabler, check to make sure it is properly secured to bed frame. Evening Shift, will check as they are assisting Resident to bed to make sure enabler is secure

81b Resident equip – good repair (continued)

Proposed Overall Completion Date: 02/06/2025

Licensee's Proposed Overall Completion Date: 02/06/2025

Implemented (█) - 02/20/2025)

91 Telephone Numbers

5. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in resident room #408.

Plan of Correction

Accept (█) - 02/10/2025)

Immediate Action - secure emergency telephone numbers, including nearest hospital and fire department on telephone in Resident #█ Audit all Resident rooms to ensure they have emergency telephone numbers secured to their telephone

Corrective Actions - Monthly Resident telephone audits to ensure emergency telephone numbers are secured to telephone in Resident rooms by Administrator or designee.

Proposed Overall Completion Date: 2/28/25

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 02/20/2025)

96a First aid kit

6. Requirements

2800.

96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

The first aid kit located in the fourth floor office does not include antiseptic. The antiseptic wipes that were included in the kit expired in 10/2024.

Plan of Correction

Accept (█) - 02/07/2025)

Immediate Action - Replace expired antiseptic wipes in First Aid Kit - new expiration date 4/02/2026

Corrective Action- Weekly Audit conducted by Nursing Staff of First Aid Kit to ensure all contents are not expired

Licensee's Proposed Overall Completion Date: 05/30/2025

96a First aid kit (continued)

Implemented (████) - 02/20/2025)

141a Medical evaluation

7. Requirements

2800.

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:

- 3. Medical information pertinent to diagnosis and treatment in case of an emergency.

Description of Violation

The medical evaluation for resident # 1 dated █████, does not include any information regarding what the residence should do in the case of a medical emergency related to the resident’s diagnoses. This area of the form is blank.

Repeat Violation Date: 1/29/24

Plan of Correction

Accept (████) - 02/07/2025)

Immediate Action - Amend medical evaluation of Resident #1 to indicate what action to be taken with each listed diagnosis. Audit remaining Resident medical evaluations and amend any that are missing this information

Corrective Action - As each annual medical evaluation comes due, Administrator or Designee to audit form to make sure all information related to diagnosis and treatment in written in correctly

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (████) - 02/20/2025)

183e Storing Medications

8. Requirements

2800.

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

Resident #2 is prescribed Diclofenac Sodium Gel 1%, apply four grams on left knee topically four times daily. Manufacturer's instructions indicate this gel should be discarded six months after opening. There is no open date indicated on the prescription.

Resident #3 is prescribed ear wax removal drops, instill three drops in both ears for four days for wax removal. Manufacturer's instructions indicate these drops should be discarded six weeks after opening. There is no open date indicated on the prescription.

On 1/3/25, The following medication card was observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation: Resident #4's Metolazone 2.5mg tab

## 183e Storing Medications (continued)

**Plan of Correction****Accept ( [REDACTED] - 02/07/2025)**

*Immediate Action - Label medications with date and remove ear wax drops as treatment had ended. Immediately remove medication in blister pack that was punctured and obtain new blister pack for Residents # 4*

*Inservice for all Nursing Staff on procedure for organizing all prescription medications, OTC medications and CAM in a manner under proper conditions of sanitation, temperature, moisture and in accordance with the manufacturer's instructions*

*Corrective Action - Monthly Medication Cart Audits to ensure all medications are labeled and stored properly, following all manufacture instructions*

**Licensee's Proposed Overall Completion Date: 05/30/2025**

**Implemented ( [REDACTED] - 02/20/2025)**