



Pennsylvania  
Department of Human Services

Sent via e-mail [REDACTED]

May 30, 2025

[REDACTED]  
Administrator  
LCS Doylestown, LLC

RE: The Solana Doylestown  
1621 Easton Road  
Warrington, Pennsylvania 18976  
License #: 14531

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on March 18, 2025 and May 2, 2025 of the above facility, we have determined that your submitted plan of correction for the February 11, 2025 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *THE SOLANA DOYLESTOWN* License #: *14531* License Expiration: *09/11/2025*  
Address: *1621 EASTON ROAD, WARRINGTON, PA 18976*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *LCS DOYLESTOWN LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *09/22/2014* Issued By: *CWOPA*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *115* Waking Staff: *86*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *02/11/2025*

**Inspection Dates and Department Representative**

02/11/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *129* Residents Served: *79*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *scdu* Capacity: *32* Residents Served: *28*

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *36* Have Physical Disability: *0*

**Inspections / Reviews**

**02/11/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/15/2025*

Inspections / Reviews (*continued*)

03/18/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/28/2025

05/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate.

The boiler certificates for the home's three boilers have been expired since 8/31/2020.

Plan of Correction

Accept (█ - 03/18/2025)

Boiler was inspected each year. proper certificate was not displayed. Executive Director now registered from PA Department of Labor Industry to prevent certificates getting lost in mail or sent to corporate office. License hung immediately by ED.

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented (█ - 05/02/2025)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 2/11/2025, the home's Memory care unit had an Amazon Alexa in the common area with no signs posted about audio recording.

Plan of Correction

Accept (█ - 03/18/2025)

Amazon Alexa was removed immediately by Memory Care Director. No Alexa's will be used in any common areas in the community going forward. Any apartment that has an Alexa has a sign posted about audio recording outside their apartment.

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented (█ - 05/02/2025)

81b - Resident Personal Equipment

3. Requirements

2600.

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

On 2/11/2024, resident 1's bedside mobility device had an opening measuring 11 inches x 7 inches. The device was

**81b - Resident Personal Equipment (continued)**

not covered.

**Plan of Correction**

Accept (█) - 03/18/2025)

A new cover was ordered to cover the bedside mobility device. LCS will be enforcing a new policy where we will no longer have bedside mobility devices at all effective April 2025 eliminating any issues.

Licensee's Proposed Overall Completion Date: 03/14/2025

**82c - Locking Poisonous Materials****4. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**Description of Violation**

On 2/11/2024, Clorox disinfecting wipes with a manufacture's label indicating "contact poison control", was unlocked, unattended, and accessible in resident 2's. Not all the residents of the home, including resident 2, have been assessed capable of recognizing and using poisons safely.

On 2/11/2024, Acetone Nail Polish remover with a manufacture's label indicating "contact poison control", was unlocked, unattended, and accessible in resident 2's room. Not all the residents of the home, including resident 2, have been assessed capable of recognizing and using poisons safely.

On 2/11/2024, Dermasil body wash with a manufacture's label indicating "contact poison control", was unlocked, unattended, and accessible in resident 2's room. Not all the residents of the home, including resident 2, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: 7/8/2024, 4/24/2024 et al

**Plan of Correction**

Accept (█) - 03/18/2025)

Poisonous materials were immediately locked up by executive director. Effective immediately all care assignments will be assigned to check for all poisonous materials to be locked. Memory care director to do 2-3 room spot checks daily effective immediately. Private duty caregivers were also spoken with on 2.11.25 by memory care director about the importance of notifying us when done using products so community staff can lock away.

Licensee's Proposed Overall Completion Date: 03/15/2025

**85d - Trash Receptacles****5. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

On 2/11/2025, at approximately 2:00 pm, there was an full, uncovered, unattended trash can in the Memory Care kitchenette.

**Plan of Correction**

Accept (█) - 03/18/2025)

Inservice was completed on the importance of covering trash receptacles at all time on 3/10/25 by memory care director. memory care director to continue to do spot checks. When meals are not being served, trash cans will be

85d - Trash Receptacles (continued)

stored in housekeeping closets.

Licensee's Proposed Overall Completion Date: 03/15/2025

85e - Trash Outside Home

6. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/11/2025, at approximately 1:15 pm, there were two mattresses and a broken enabler bar outside the dumpster area in the rear of the home.

Plan of Correction

Accept ( ) - 03/18/2025

Mattresses and enabler bars were removed immediately by maintenance director. Nothing will be left near or around dumpsters. Mattresses will be disposed in a private dumpster that is larger with lids. Maintenance to call when needing this dumpster.

Licensee's Proposed Overall Completion Date: 03/15/2025

97 - Elevators/Lifting Devices

7. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The homes two elevators do not have a certificate of operation from the Department of Labor and Industry or appropriate local building authority. The last one expired on 9/30/2024.

Plan of Correction

Accept ( ) - 03/18/2025

Elevator was inspected, certificate was no displayed. Executive Director, now registered with PA department of labor & industry to get access at any time. Certificates were hung immediately by the executive director.

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented ( ) - 05/02/2025

103e - Left Overs

8. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 2/11/2025, there was unlabeled, undated leftovers from a restaurant found in the memory care kitchenette refrigerator.

**103e - Left Overs (continued)****Plan of Correction**

Accept (█) - 03/18/2025

Memory Care Director did an in-service on regulation of unlabeled and undated food being stored in the kitchenette refrigerator on 3/10/25. Employees no longer able to store any food in that fridge, only in employee break room. Labeled and dated. Memory care director to check fridge daily effective immediately with no end date.

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented (█) - 05/02/2025

**103i - Outdated Food****9. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

On 2/11/2025, there was undated ice cream in the main kitchen walk in freezer.

On 2/11/2025, there was unlabeled, undated white substance in a metal container possibly ranch dressing in Memory care kitchenette refrigerator.

**Plan of Correction**

Accept (█) - 03/18/2025

Memory Care Director did an in-service on regulation of unlabeled and undated food being stored in refrigerators on 3/10/25. Culinary Director to do daily walk throughs, effective immediately, for all food dated and labeled properly with no end date.

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented (█) - 05/02/2025

**105g - Lint Removal and Duct Cleaning****10. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

On 2/11/2025, there was an approximate 1/2 inch accumulation of lint in the lint trap of the Memory care Dryer. There were no clothes in the dryer at the time.

**Plan of Correction**

Accept (█) - 03/18/2025

Memory care director made audit form for them and lead housekeeper to continuously check lint traps throughout the day. All to initial and keep track. Effective immediately with no end date.

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented (█) - 05/02/2025

107a - Emergency Preparedness

11. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

Staff person 3, does not have the emergency preparedness plan for the local municipality.

Plan of Correction

Accept (█ - 03/18/2025)

ED has reached out to Bucks County for their emergency preparedness plan. Upon receipt, it will be added to emergency preparedness binder. Annually when the emergency preparedness binder is updates, the ED will reach out annually for updated plans for the local municipality.

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented (█ - 05/02/2025)

107d - Procedure Emergency Management Agency Submission

12. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been sent to the Emergency management office.

Plan of Correction

Accept (█ - 03/18/2025)

ED has reached out to Bucks County management office to make sure that we have the correct person to send our emergency preparedness plan to. Awaiting a response, then will send the emergency preparedness plan immediately. Going forward, ED will send it annually to the emergency management office. Plan was sent to Doylestown office 12/11/24 but not emergency management office in addition.

Licensee's Proposed Overall Completion Date: 03/15/2025

109b - Rabies Vaccination

13. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 2/11/2025, there were 2 cats present at the home. The home does not have a current certificate of rabies vaccination for them.

Plan of Correction

Accept (█ - 03/18/2025)

Business office manager reached out to both families for updated vaccines. Business office manager will do quarterly audits of pet files to make sure none go expired effective immediately.

Licensee's Proposed Overall Completion Date: 03/14/2025

162c - Menus Posted

14. Requirements

162c - Menus Posted (*continued*)

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 2/9/2025 was posted. However, the menu does not include breakfast.*

**Plan of Correction**

Accept (█ - 03/18/2025)

*Breakfast menu was posted immediately by Culinary Director. Breakfast does not have different specials daily the options do stay the same. Menu will remain posted indefinitely.*

**Licensee's Proposed Overall Completion Date:** 03/14/2025

Implemented (█ - 05/02/2025)

## 181c - Self-administration Assessment

**15. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**Description of Violation**

*Resident 4 self-administers medications to include MiraLAX and Ibuprofen; however, resident 4 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.*

**Plan of Correction**

Accept (█ - 03/18/2025)

*Director of health care services did an in-service on all medication technicians on 2/13/25 on regulations for self medication administration. Medication technicians to spot check apartments when administering medications. Director of health care services to check apartments monthly in addition to effective immediately with no end date.*

**Licensee's Proposed Overall Completion Date:** 03/15/2025

## 183b - Meds and Syringes Locked

**16. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On 2/11/2025, MiraLAX was on resident 4's counter and was unlocked, unattended, and accessible to residents. Resident 4 states they do not lock the door to their room.*

*On 2/11/2025, Ibuprofen was on resident 4's counter and was unlocked, unattended, and accessible to residents. Resident 4 states they do not lock the door to their room.*

183b - Meds and Syringes Locked (*continued*)**Plan of Correction**

Accept (█) - 03/18/2025)

Director of health care services did an in-service on all medication technicians on 2/13/25 on regulations for self medication administration. Medication technicians to spot check apartments when administering medications. Director of health care services to check apartments monthly in addition to effective immediately with no end date.

Licensee's Proposed Overall Completion Date: 03/15/2025

## 183e - Storing Medications

**17. Requirements**

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 2/11/2025, resident 5's Gabapentin 300 mg had a puncture on pills 12, 14, and 21. The pill remained in the card.

On 2/11/2025, resident 6's Trazodone 50 mg tab had a puncture on pill slot 13. The pill remained in the card.

On 2/11/2025, 3 loose pills were located in the memory care unit medication cart. One white oblong pill, one red circular pill, and a half of an orange oblong pill.

On 2/11/2025, 1 loose pill was located in the second-floor medication administration cart.

**Plan of Correction**

Accept (█) - 03/18/2025)

Director Health care services conducted an in-service on 2.13.25 regarding proper medication disposal in addition to lose medication on the cart. All medication technician to do audits on their carts per shift. Director of nursing to check all carts month. Effective immediately with no end date. Lose pills were immediately disposed of by director of health services.

Licensee's Proposed Overall Completion Date: 03/15/2025

## 184b - Labeling OTC/CAM

**18. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

On 2/11/2025, a package of OTC Aspirin was located in the memory care unit medication cart and was not labeled with a resident's name.

**Plan of Correction**

Accept (█) - 03/18/2025)

OTC medication was immediately labeled by director of health care services. Inservice was completed by director of health care services on 2/13/25. Medication technicians to audit their carts per shift. Director of nursing to audit carts monthly. effective immediately with no end date.

Licensee's Proposed Overall Completion Date: 03/15/2025

## 185a - Implement Storage Procedures

**19. Requirements**

185a - Implement Storage Procedures (continued)

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 2/2/2025, resident 7's glucometer was showing a reading of 146 at 4:00 pm. It was documented on the medication administration record as 148.

On 2/9/2025, resident 7's glucometer was showing a reading of 228 at 4:00 pm. It was documented on the medication administration record as 111.

On 2/10/2025, resident 7's glucometer was showing a reading of 290 at 4:00 pm. It was documented on the medication administration record as 270.

Plan of Correction

Accept ( [redacted] - 03/18/2025)

Director of Health Care Services did an audit on 2.13.25 with all medication technicians on all details regarding glucometers (info attached). Medication technicians to audit on each shift and nurse to audit monthly. Effective immediately with no end date.

Licensee's Proposed Overall Completion Date: 03/15/2025

224a - Preadmission Screen Form

20. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 8 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on [redacted]

Resident 9 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on [redacted]

Resident 10 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction

Accept ( [redacted] - 03/18/2025)

Director of health care services did an audit on all residents the week of 2.10.25. Anyone previously admitted with no prescreen now has an addendum. Triple check in place between health services assistant, LPN, and director of health care services. Effective immediately with no end date.

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented ( [redacted] - 05/02/2025)

251e - Records Availability

21. Requirements

2600.

251.e. Resident records shall be made available to the resident and the resident's designated person during normal working hours.

Description of Violation

On 1/21/2025, resident 11's designated person requested [REDACTED] record from staff person 3 however, the staff person refused to make all of the resident 11's record available. Staff person 3 refused to provide the reportable incidents from the record.

Plan of Correction

Accept ( [REDACTED] - 03/18/2025)

In working with compliance, [REDACTED], was advised to refer family to DHS local office for reportable. In speaking with DHS, reportables are allowed to be sent to families. Reportable were sent the next business day. Going forward, should any family request reportable, they will be presented immediately upon request.

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented ( [REDACTED] - 05/02/2025)