

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

May 20, 2025

[REDACTED]  
MCAP WILLOW GROVE OPERATOR LLC

[REDACTED]  
ATTN LADONNA LEWIS  
[REDACTED]

RE: COMMONWEALTH SENIOR LIVING  
AT WILLOW GROVE  
1120 YORK ROAD  
WILLOW GROVE, PA, 19090  
LICENSE/COC#: 13994

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2025, 03/27/2025 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:** COMMONWEALTH SENIOR LIVING AT WILLOW GROVE **License #:** 13994 **License Expiration:** 10/08/2025  
**Address:** 1120 YORK ROAD, WILLOW GROVE, PA 19090  
**County:** MONTGOMERY **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** MCAP WILLOW GROVE OPERATOR LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 02/15/1990 **Issued By:** Commonwealth of PA L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 131 **Waking Staff:** 98

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 03/27/2025

**Inspection Dates and Department Representative**

03/24/2025 - On-Site: [REDACTED]  
03/27/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 122	<b>Residents Served:</b> 70		
Secured Dementia Care Unit			
<b>In Home:</b> Yes	<b>Area:</b> 2nd floor	<b>Capacity:</b> 52	<b>Residents Served:</b> 21
Hospice			
<b>Current Residents:</b> 4			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 67		
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 1		
<b>Have Mobility Need:</b> 61	<b>Have Physical Disability:</b> 3		

**Inspections / Reviews**

03/24/2025 Partial  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/24/2025

Inspections / Reviews *(continued)*

## 04/30/2025 POC Submission

Submitted By: [REDACTED], Date Submitted: 05/12/2025

Executive Director

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/15/2025

## 05/20/2025 Document Submission

Submitted By: [REDACTED], Date Submitted: 05/12/2025

Executive Director

Reviewer: [REDACTED] Follow Up Type: Not Required

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. 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 [REDACTED], at 9:02 AM, a computer on each of 2 medication carts was unlocked, unattended and open to the home's medication administration program, revealing resident medical information to anyone that walked by on the 3rd floor.

At 9:07 AM, a computer on the medication cart was unlocked, unattended and open to the home's medication administration program, revealing resident medical information to anyone that walked by on the 2nd floor. There was also a yellow resident assignment book sitting on the counter that contained resident hygiene information.

At 9:20 a red binder containing resident care summaries was unlocked, unattended, and accessible on the 1st floor medication cart.

### Plan of Correction

Accept [REDACTED] - 04/30/2025)

All binders were removed from the unsecure areas in real time. In servicing of all staff on regulation 17 Resident confidentiality began on 4/14/2025 by the ED and ARCD and will be completed on or before 5/5/2025.

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

Implemented [REDACTED] - 05/20/2025)

## 42b - Abuse

### 2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

### Description of Violation

During the 11 PM to 7 AM shift on [REDACTED], staff person A witnessed staff person B and staff person C having an altercation in the closet on the second floor. In a statement staff person A wrote "I heard a lot of tussling and banging from two co-workers. I overheard that they may have had a gun on their person and that [REDACTED] might have been thrown to the ground".

On [REDACTED] staff person B went to the local police department and admitted to a detective that on [REDACTED], they and Staff Person C were arguing during the 11p-7a shift. Staff Person B stated that [REDACTED] had retrieved staff person C's Taurus handgun out of [REDACTED] vehicle in the parking lot and brought it inside the home and gave it to staff person C around 11:30PM. Staff person B also admitted to leaving the home for at least an hour around 12a-1a to retrieve [REDACTED] own taurus handgun from [REDACTED] residence, loading it backwards and returning to the home with the intent to shoot staff person C. Staff person B also admitted that [REDACTED] had left their handgun in [REDACTED] bag on the desk of the open and accessible nursing station located in the SDCU dining area at some point throughout the night. Staff person B also admitted to the detective that both Staff person B and C were drinking [REDACTED] and smoking [REDACTED] during

**42b Abuse (continued)**

*this shift and that Staff person B was walking around the home with a cup of hot water in an attempt to find Staff person C and throw the hot water on them.*

*Per staff interviews there is at least one resident in the SDCU does not sleep well and wanders through out this area during the night.*

*Video recordings retained by the home show Staff person B and C having a physical altercation in the home's employee lounge on the [REDACTED] 11p 7a shift. Another video recording on this same date shows staff person C standing near the second floor elevator in the home's SDCU while holding a gun in their hand by their side. These incidents lead to the terminations of Staff persons B and C.*

**Plan of Correction****Accept [REDACTED] - 04/30/2025)**

*In servicing on regulation 42b Abuse began on 4/14/2025 by ED and/or designee. In addition to regulation specifics OAPSA was also in serviced. This in servicing will be completed by 5/5/2025. A call was placed to the local Ombudsman on 4/23/25 by ED to have additional training on abuse, neglect, and mandated reporting given to staff within the next 30 days. ED or designee will also choose a type of abuse and review at monthly " All Staff" meeting held on the last Thursday of each month thru the end of the year.*

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

**Implemented [REDACTED] - 05/20/2025)****42s - Privacy****3. 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 [REDACTED] multiple cameras were in place throughout the facility and recording. Cameras were angled to view down resident room hallways, towards medication carts, and in common areas including common living rooms and common dining room areas. The home provided recorded video footage of the second floor dining area and living room where several residents were visible moving throughout the areas. There are no signs posted near these cameras indicating that video recording is in progress.*

*Video recording of the homes entrances and exits and the interior corridors leading to the entrances and exits is permitted provided that: Residents are informed at admission that these areas are subject to video recording and Signs indicated that images are being recorded are posted int [REDACTED] areas that are being recorded. All other recording of interior areas (unless completely inaccessible to residents) is a violation of resident privacy.*

**Plan of Correction****Accept [REDACTED] - 04/30/2025)**

*ED sent email to company home office IT and risk management departments respectfully and supplied list of all cameras that need to be disconnected as per regulation 42s on 4/16/2025. Email verification received that this will be completed by 4/23/2025 by IT department. Please see attached email as verification. All staff in servicing on regulation 42s began on 4/16/2025 and will be completed on or before 5/5/25 by ED or designee.*

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

42s - Privacy (continued)

Implemented [REDACTED] 05/20/2025)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [REDACTED], but did not have a criminal history background check requested until [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/30/2025)

Staff person A no longer employed at community. A complete audit of employee files was started on 4/14/2025 by business office manager and was completed on 4/18/2025. ED reviewed findings of audit on 4/18/2025 any instances of non-compliance regarding regulation 51 were corrected by 4/21/2025. Business office manager created an audit spreadsheet to track compliance. Business office manager will review all new hire files with ED or designee monthly to ensure criminal history check has been completed prior to employee starting orientation. First review of new hire files began 4/23/2025 as new hire orientations are held every other Tuesday monthly as needed. All department heads / hiring managers were in serviced by ED on regulation 51 this was completed 4/23/2025.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented ([REDACTED] 05/20/2025)

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

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.

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

Plan of Correction

Accept ([REDACTED] - 04/30/2025)

Both staff person A and Staff person B no longer work at community. A complete audit of employee files was started on 4/14/2025 by business office manager and was completed on 4/18/2025. ED reviewed findings of audit on 4/18/2025 any instances of non-compliance regarding regulation 54a will be corrected for all current employees by 5/5/2025. Business office manager created an audit spreadsheet to track compliance. Business office manager will provide an updated audit spreadsheet monthly to the ED or designee to confirm we have a copy of a high school diploma, GED or active registry status on the Pennsylvania nurse's aide registry for each direct care staff person. All

**54a - Direct Care Staff (continued)**

department heads / hiring managers were in serviced by ED on regulation 51 this was completed 4/23/2025.

**Licensee's Proposed Overall Completion Date:** 04/23/2025

**Implemented** [REDACTED] - 05/20/2025)

**65d - Initial Direct Care Training****6. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the date the staff person completed and passed the Department-approved direct care training course could not be determined as [REDACTED] certificated did not contain a completion date.

**Plan of Correction**

**Accept** [REDACTED] - 04/30/2025)

Staff person A is no longer employed at the community. A complete audit of employee files was started on 4/14/2025 by business office manager and was completed on 4/18/2025. ED reviewed findings of audit on 4/18/2025 any instances of non-compliance regarding regulation 65d will be corrected by 5/5/2025. Business office manager will provide an updated audit spreadsheet monthly to the ED or designee to confirm we have a department approved direct care certificate with a visible completion date for each direct care staff person. All department heads / hiring managers were in serviced by ED on regulation 65a this was completed 4/23/2025.

**Licensee's Proposed Overall Completion Date:** 04/23/2025

**Implemented** [REDACTED] - 05/20/2025)

**82c - Locking Poisonous Materials**

7. 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 [REDACTED] NDC Morning fresh disinfectant cleaner, with a manufacture's label indicating "DANGER: KEEP OUT OF REACH OF CHILDREN. CORROSIVE. Causes irreversible eye damage and skin burns. Do not get in eyes, on skin or on clothing. May be fatal if absorbed through the skin. Harmful if swallowed." was unlocked, unattended, and accessible to residents in the Secure Dementia Care Unit (SDCU) kitchen behind the sink. Not all the residents of the home, including residents of SDCU, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 04/30/2025)

The poisonous material was removed and secured in a locked cabinet in real time on 3/24/25. All memory care cabinets will have new locking devices installed by 5/5/2025. In servicing of all staff regarding the locking of poisonous materials according to regulation 82c was begun on 4/14/2025 by ED and ARCD and will be completed by 5/5/2025. ED, ARCD, PD or designee began spot checks daily on 4/14/2025 to ensure regulatory compliance and this will be on going.

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

Implemented [REDACTED] - 05/20/2025)

85a - Sanitary Conditions

8. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 6:00 AM, the first-floor residential halls smelled heavily of urine. At 9:00 AM the odor was still present.

At 6:01, the second-floor residential halls smelled heavily of urine and feces. A staff person on the second floor explained this smell was normal in the morning because they hadn't sprayed yet.

Plan of Correction

Accept [REDACTED] 04/30/2025)

In servicing of all staff on regulation 85a sanitary conditions began 4/16/2025 by ED and ARCD this will be completed by 5/5/2025. This included but not limited to removal of soiled incontinent products from resident rooms once care being provided complete., ensuring all soiled clothing is laundered timely or placed in sealed bag until laundering can be completed, trash cans have lids secure to hold in odors, trash is removed from patient rooms and unit at a minimum of once per shift but more if needed. ED, RCD, ARCD or designee will make daily spot checks on resident units to ensure that sanitary conditions are being maintained throughout the community and if issues are noted they are corrected in real time. Maintenance Director or designee will ensure all daily housekeeping is being completed as scheduled daily.

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

Implemented [REDACTED] - 05/20/2025)

103c - Food Protected

9. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [redacted] at 9:09 AM there were uncovered pans of eggs, pancakes, bacon, sausage, and oatmeal stored in a heating table in the kitchen. Next to the table were uncovered 3 red plates of prepared servings. No staff persons were in the kitchen or preparing meals at this time.

Plan of Correction

Accept [redacted] 04/30/2025)

In servicing for regulation 103c food protected for care staff and dining staff began by ED and DSD on 4/14/2025 and will be completed by 4/23/2025 Staff was in serviced on need to keep all food being stored, prepared, transported and served covered. DSD ordered new plate covers to ensure availability during meal service and DSD has begun wrapping all food with clear plastic wrap as well as physical covers being transported out of the kitchen to secured unit as an added level of protection. ED or designee will make spot checks weekly to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [redacted] - 05/20/2025)

121a Unobstructed Egress

10. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:06 AM, red STOP sign sticker was adhered to the 3rd floor fire exit stairway, creating a possible obstruction by deterring persons from using that emergency exit door in an emergency.

Plan of Correction

Accept [redacted] - 04/30/2025)

The STOP sign was removed from 3rd floor fire exit stairway door on 3/25/2025. MD and ED did physical inspection of all fire exits / doors to ensure no other instances of signage were noted. None were found. All maintenance personal and depart heads were in serviced on regulation 121a by ED on 4/16/2025.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [redacted] - 05/20/2025)

183b Meds and Syringes Locked

11. 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 [redacted] at 9:03 AM, [redacted] belonging to resident 1 was unlocked, unattended, and accessible on top of the third-floor medication cart located in the living area.

At 9:07 a small open cellophane baggie with pill crushed medication remnants was unlocked, unattended, and accessible on the second-floor medication cart.

**183b Meds and Syringes Locked (continued)**

On [REDACTED] at 6:05 AM [REDACTED] was unlocked, unattended, and accessible in the second floor closet.

**Plan of Correction**

Accept [REDACTED] - 04/30/2025)

In servicing of all medication technicians and nurses on regulation 183b was started on 4/16/2025 by ED and ARCD and will be completed by 5/5/ 2025. Inspection of medication storage rooms was completed by ARCD, and any medications found were placed in locked cabinet according to regulation. Spot checks of medication rooms and medication carts will be done weekly by ED, RCD, ARCD or designee to ensure on going compliance.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [REDACTED] 05/20/2025)

**183c - Refrigerated Meds Locked****12. Requirements**

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

**Description of Violation**

On [REDACTED] at 6:05 AM, multiple medications were stored in an unlocked refrigerator in the second floor closet including: [REDACTED] prescribed for resident [REDACTED], and a [REDACTED] prescribed for resident [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 04/30/2025)

The refrigerator lock was replaced on 3/24/25 and is in working order. In servicing of all medication technicians and nurses on regulation 183c was started on 4/16/2025 by ED and ARCD and will be completed by 5/5/ 2025. Inspection of medication storage refrigerators will be completed by RCD, ARCD or designee weekly to ensure all locking devices are in place and in working order to ensure on going compliance.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [REDACTED] - 05/20/2025)

**183d - Prescription Current****13. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On [REDACTED], [REDACTED] prescribed for resident [REDACTED], was in the home's second floor closet; however, resident [REDACTED] has not resided in the home since [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 04/30/2025)

the medication belonging to resident [REDACTED] was discarded according to state guidelines on 3/24/2025. A complete audit of all medication storage rooms and medication carts was completed on 3/25/2025 by ED, RCD and ARCD any medications found belonging to non current residents were discarded according to regulatory guidelines. In servicing of all medication technicians and nurses on regulation 183d was started on 4/16/2025 by ED and ARCD and will be completed by 5/5/ 2025. Daily inspection of medication carts and medication storage areas will be completed by med techs each shift using company audit tool to ensure no expired medications, only current resident medications, proper storage of medications and will be turned in daily to RCD, ARCD or designee. Spot checks of medication

183d Prescription Current (continued)

rooms and medication carts will be done weekly by ED, RCD, ARCD or designee to ensure on going compliance.

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

Implemented ( [REDACTED] - 05/20/2025)