



Pennsylvania
Department of Human Services

Sent via e-mail [REDACTED]

May 30, 2025

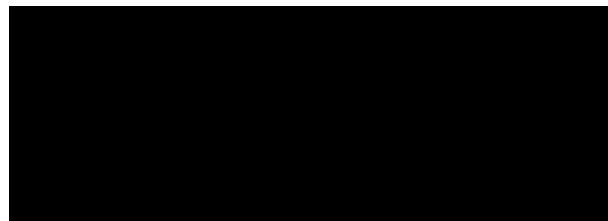
[REDACTED]
Administrator
LCS Doylestown, LLC

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 May 16, 2025 and May 30, 2025 of the above facility, we have determined that your submitted plan of correction for the April 23, 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,



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: *119* Waking Staff: *89*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *04/23/2025*

Inspection Dates and Department Representative

04/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *129* Residents Served: *82*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory care* Capacity: *32* Residents Served: *30*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *82*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *37* Have Physical Disability: *1*

Inspections / Reviews

04/23/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2025*

Inspections / Reviews (*continued*)

05/13/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/29/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/16/2025

05/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/29/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/30/2025

05/30/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/29/2025
Reviewer: [REDACTED] Follow-Up Type: Exception

81b - Resident Personal Equipment

1. 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

Resident 1 has an upside down large u-shaped bedside mobility device that is slide between [REDACTED] mattress and boxspring. The device is not attached to the bed at all and slide out easily when pulled creating an approximately 1 ft entrapment zone between the device and the mattress.

Resident 2 has an upside down large u-shaped bedside mobility device with extensions to the floor that is slide between [REDACTED] mattress and boxspring. The device is not attached to the bed at all and slide out easily when pulled creating an approximately 1 ft entrapment zone between the device and the mattress.

Resident 3 has a bedside mobility device with extensions to the floor that was covered with a loose pillowcase. This was not provided by the manufacturer and does not meet FDA guidelines.

Plan of Correction

Accept ([REDACTED]) - 05/16/2025)

All bedside devices were removed between 5/1/25 and 5/5/25 by the Plant Operations Director. Another safer suggestion was sent to families by the Director of Nursing to better meet the guidelines. Therapy services, the Director of Nursing, and the Plant Operations Director will install, secure, and evaluate devices as they are ordered. Each device will be securely strapped to the bed frame to ensure the resident's safety when using the device. The devices and security straps will be audited on a monthly basis by the Plant Operations Director to ensure that they are in the proper condition for ongoing use. These audits will begin on 6/1/25 and will continue indefinitely.

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

82c - Locking Poisonous Materials

2. 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

At 9:35 am, secret deodorant, with a manufacturer's label indicating "if swallowed contact poison control", was unlocked, unattended, and accessible to residents in the bedroom of memory care resident 4. Not all the residents of the home, including resident 4, have been assessed capable of recognizing and using poisons safely.

Repeat violation: 07/08/2024, 04/24/2024 et al

Plan of Correction

Accept ([REDACTED]) - 05/16/2025)

The poisonous materials were immediately removed from the resident's bedroom and were locked in a secured cabinet. The Memory Care Director spoke with the resident's family regarding the poisonous materials on 4/25/25. The resident's family was made aware that all poisonous materials must be directly brought to the Memory Care Director in order for them to be secured properly. Effective immediately, the caregivers, Memory Care Director, and housekeeping staff will do daily spot checks when entering the resident's apartment, to ensure that all poisonous materials are securely stored in a locked cabinet. The Memory Care Director is responsible for ensuring that these

82c - Locking Poisonous Materials (continued)

spot checks are done on a daily basis, effective immediately (5/15/25).

Licensee's Proposed Overall Completion Date: 05/15/2025

85e - Trash Outside Home

3. 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 at 8:50 am, the ground around the fenced in dumpster area was covered almost entirely in loose garbage including disposable cups and to go containers.

Repeat Violation: 3/19/2024, et al

Plan of Correction

Accept ([redacted]) - 05/16/2025

Director of Health Care Services began training all care staff, including the overnight staff, about the importance of sanitation on 5/14/25. The Maintenance team will do daily spot checks of the dumpster area upon arrival at the community at approximately 9:00 AM each day. Spot checks will also be completed by the culinary team on a daily basis throughout the duration of their shift. Spot checks will begin effective immediately (5/15/25) and will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/15/2025

109b - Rabies Vaccination

4. 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 4/23/2025, 4 cats were present at the home. The home does not have a current certificate of rabies vaccination for 2 of the cats. Their rabies vaccinations expired 6/13/2024 and 1/27/2025.

Plan of Correction

Accept ([redacted]) - 05/16/2025

The Business Office Manager received 1 of 2 overdue vaccination records. Another reminder email was sent to the family member of the resident whose cat needs an updated vaccination on 4/23/25. If the records are not received by 5/19/25, the Executive Director will send an email of eviction notice for the cat to the resident's responsible party. The Business Office Manager recorded the vaccine expiration dates for each animal residing in the community on [redacted] calendar, with reminders occurring a month prior to the expiration date. The Business Office Manager will reach out to each resident's responsible party one month prior to the expiration, in order to get updated records in a timely fashion. The due dates will also be marked in the Business Office Manager's calendar when any new animal comes into the community. This practice has been put into place immediately (5/15/25), and will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/15/2025

123b - Emergency Procedures Posted

5. Requirements

2600.

123b - Emergency Procedures Posted (continued)

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

On 4/23/2025 the red binder containing the home's emergency procedures was found in a drawer behind the front desk.

Plan of Correction

Accept (█) - 05/16/2025

On 4/23/25, the Emergency Procedures binder was posted immediately in a conspicuous place at the front desk by the Executive Director. The binder is located near the Accushield visitor kiosk, and it is easily accessible to everyone. The Business Office Manager will order a wall-mounted binder holder by 5/16/25 to further allow the binder to be easily accessed at all times. The Executive Director, Business Office Manager, and front desk staff will ensure that the binder is in its proper location by doing daily spot checks. This will begin immediately (5/15/25), and it will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented (█) - 05/30/2025

183e - Storing Medications

6. 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 4/23/2025 loose pills were observed in the memory care medication cart. Two white oblong pills, one round white pill and one orange round pill. One loose white oblong pill was also observed in the second-floor medication cart.

Plan of Correction

Accept (█) - 05/13/2025

Medication Technicians will be assigned residents to audit using the attached tool. Medication technicians to audit weekly. Including visual inspection for punctures, expired medications, loose pills, all OTC's labeled, in addition to daily visual inspections. Health services to audit biweekly, and Director of Health Care Services to audit monthly. Effective as of 5/8/25. Director of Health Care services holding a meeting for all medication staff on 5/8/25. To be continued indefinitely. Pharmacy audit completed 4/24/25

Licensee's Proposed Overall Completion Date: 05/08/2025

7. 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

The following medication cards were observed to have a puncture in the foil backing with the pills still present in the packaging:

Resident 5's acetaminophen 325 mg tablets.

Resident 6's amlodipine 25 mg tablets.

Resident 7's Myrbetrig ER 25 mg tablets.

183e - Storing Medications (continued)

Resident 8's acetaminophen 325 mg tablets.

Repeat Violation: 3/19/2024, et al

Plan of Correction

Accept (█ - 05/13/2025)

Medication Technicians will be assigned residents to audit using the attached tool. Medication technicians to audit weekly. Including visual inspection for punctures, expired medications, loose pills, all OTC's labeled, in addition to daily visual inspections. Health services to audit biweekly, and Director of Health Care Services to audit monthly. Effective as of 5/8/25. Director of Health Care services holding a meeting for all medication staff on 5/8/25. To be continued indefinitely. Pharmacy Audit completed 4/24/25.

Licensee's Proposed Overall Completion Date: 05/08/2025

184b - Labeling OTC/CAM**8. 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 4/23/25, two bottles of melatonin, a bottle of 8hr arthritis relief pills and a bottle of Metamucil were observed in the second-floor medication cart and a box containing two bottles of omeprazole was observed on the 3rd floor medication cart. None of these medications were labeled with the resident's name and there was no indication of who these medications belonged to.

Plan of Correction

Accept (█ - 05/13/2025)

Medication Technicians will be assigned residents to audit using the attached tool. Medication technicians to audit weekly. Including visual inspection for punctures, expired medications, loose pills, all OTC's labeled, in addition to daily visual inspections. Health services to audit biweekly, and Director of Health Care Services to audit monthly. Effective as of 5/8/25. Director of Health Care services holding a meeting for all medication staff on 5/8/25. To be continued indefinitely. Pharmacy Audit completed 4/24/25.

Licensee's Proposed Overall Completion Date: 05/08/2025

185a - Implement Storage Procedures**9. 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 2's glucometer was not calibrated to the correct date or time.

Resident 2's 4/2025 Medication Administration Record (MAR) had the following discrepancies:

On 4/20/25, at 8:31 pm, the resident's glucometer had a reading of 130, this was documented in the MAR as 152 at 5:52 am

185a - Implement Storage Procedures (continued)

On 4/20/25, at 8:14 pm, the resident's glucometer had a reading of 198, this was documented in the MAR as 303 at 11:34 am.

On 4/20/25, at 3:11 pm, the resident's glucometer had a reading of 170, this was documented in the MAR as 178 at 4:00 pm.

Resident 9's MAR contained a reading of 193 on 4/21/2025 at 5:24 pm, however this reading was not in the resident's glucometer. On 4/22/2025, at 9:11 am, the resident's glucometer had a reading of 95, this was documented in the MAR as 94.

Plan of Correction**Accept (█ - 05/13/2025)**

Please see attached glucometer audit. Medication technicians to do weekly audits. Health Services Assistant to do biweekly. Director of Health Care Services to do random MAR reviews and weekly reviews of glucometers date and time settings including review of the MAR to glucometer reading. Effective immediately.

Licensee's Proposed Overall Completion Date: 05/08/2025