

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

May 3, 2024

[REDACTED], VICE PRESIDENT  
GDL FARMS CORPORATION  
3455 DAVISVILLE ROAD  
ATTN: PCH ADMINISTRATOR  
HATBORO, PA, 19040

RE: PERSONAL CARE/MEMORY CARE @  
THE PARK  
3455 DAVISVILLE ROAD  
HATBORO, PA, 19040  
LICENSE/COC#: 12790

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2024, 04/10/2024 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:** PERSONAL CARE/MEMORY CARE @ THE PARK      **License #:** 12790      **License Expiration:** 07/26/2024  
**Address:** 3455 DAVISVILLE ROAD, HATBORO, PA 19040  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** MDIVINCENZO@GLORIADEICOMMUNITIES.COM

**Legal Entity**

**Name:** GDL FARMS CORPORATION  
**Address:** 3455 DAVISVILLE ROAD, ATTN: PCH ADMINISTRATOR, HATBORO, PA, 19040  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 06/06/2009      **Issued By:** CWOPA - Upper Moreland

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 82      **Waking Staff:** 62

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 04/10/2024

**Inspection Dates and Department Representative**

04/09/2024 - On-Site: [REDACTED]  
04/10/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
<b>License Capacity:</b> 113	<b>Residents Served:</b> 52		
<b>Secured Dementia Care Unit</b>			
<b>In Home:</b> Yes	<b>Area:</b> SDCU	<b>Capacity:</b> 48	<b>Residents Served:</b> 24
<b>Hospice</b>			
<b>Current Residents:</b> 6			
<b>Number of Residents Who:</b>			
<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 52		
<b>Diagnosed with Mental Illness:</b> 0	<b>Diagnosed with Intellectual Disability:</b> 0		
<b>Have Mobility Need:</b> 30	<b>Have Physical Disability:</b> 0		

**Inspections / Reviews**

04/09/2024 Full  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/06/2024

Inspections / Reviews (*continued*)

## 05/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 05/03/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82c - Locking Poisonous Materials

1. 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 04/09/24, there was an unlabeled cup of blue liquid that appeared to be mouthwash on the bathroom sink which was unlocked, unattended, and accessible in resident #'s room. Not all the residents of the home, including resident#1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept ( [redacted] ) - 05/03/2024)

Cup immediately discarded by Director of Nursing at time of inspection on 4/9. Staff in serviced by Director Of Nursing on reg.82.c A reminder added to daily assignment sheets to secure all poisonous materials after Resident use by Director Of Nursing on 4/11. Director Of Nursing and or Charge Nurse/MedTech will do room rounds monthly and as needed to ensure continued compliance. See attached tools. In-service completed on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ( [redacted] ) - 05/03/2024)

103c - Food Protected

2. Requirements

2600.

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

Description of Violation

On 04/09/24 at 12:15pm, there was uncovered tomato soup stored in a crock pot on the counter in memory care 1. On 04/09/24 at 12:15pm, there was an uncovered grilled cheese sandwich stored on the serving counter in the memory care 1.

Plan of Correction

Accept ( [redacted] ) - 05/03/2024)

Lunch was in progress at this time. Plate of food was immediately discarded and soup was immediately covered by Director of Dietary services at time of inspection on 4/9. Director of Dietary Services has spoken to and in-serviced all dietary staff on reg 103.c on April 11 and 12th. Going forward Director of Dietary Services, the Assistant Director of Dietary Services and or cooks on duty will ensure before, during and after meals plates will be covered and the soup tureen will be covered after each serving is plated or not in current use daily at meals. See attached in service sheets and docs.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ( [redacted] ) - 05/03/2024)

103e - Left Overs

3. 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.

## 103e Left Overs (continued)

**Description of Violation**

On 4/9/24, there was an unlabeled, undated left over frozen smoothie in the kitchen freezer and a bag of dinner rolls in the kitchen fridge of Memory Care 1.

**Plan of Correction**

Accept (█) - 05/03/2024)

The undated smoothie and bag of dinner rolls were discarded immediately by the Director of Dietary Services at time of inspection on 4/9. The Director of Dietary services has spoken with and in serviced dietary staff on reg 103.e on April 11 and 12th. Going forward the Director of Dietary Services, Assistant Director of Dietary services and line cooks on duty will ensure continued compliance by random observational checks. See in service sheets and postings.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (█) - 05/03/2024)

## 105g - Lint Removal and Duct Cleaning

**4. 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 4/9/24, at 10:25am, there was an approximate 1 inch accumulation of lint in the lint trap of the Memory Care 2 laundry dryer. There were no clothes in the dryer at the time.

**Plan of Correction**

Accept (█) - 05/03/2024)

Lint trap cleaned immediately by Director of nursing at time of inspection on 4/9. Staff on duty reminded and staff in serviced by Director of Nursing on the importance Reg 105.g. Staff member left to deliver laundry and was coming back to finish and clean lint trap. Sign laminated and posted at dryer on 4/11 in addition to sign off sheet. Director of Nursing to ensure continued compliance. See tools attached

In service completed on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (█) - 05/03/2024)

## 161d - Dietary Needs

**5. Requirements**

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**Description of Violation**

On █, resident #2 was prescribed a mechanical soft diet. However, on █, the resident was served grilled cheese sandwich with the crust.

**Plan of Correction**

Accept (█) - 05/03/2024)

The Residents crust was immediately removed from the grilled cheese sandwich by the Director of Dietary Services at the time of inspection on 4/9. The Director of Dietary Services spoke to and in serviced the dietary staff on

161d - Dietary Needs (continued)

reg161.c 4/11 and 4/12. The Director of Dietary Services reviewed current protocols and developed new tools to ensure residents receive the correct diet and continued compliance is maintained. The Director Of Dietary services, Assistant Director of Dietary services and line cooks on duty will ensure residents with special diets are served the correct meals. ongoing see attached tools.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ( ) - 05/03/2024)

182c - Medication Administration

6. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Resident #3 is prescribed [redacted]; instill 1 drop in each eye four times daily at [redacted] p.m. On [redacted], there was a staff initial for [redacted] on MAR, which was not administered to the resident. The home did not complete documentation in accordance with § 2600.187 (relating to medication records) for resident #3, who requires this assistance to take Systane eye drops four times a day.

Plan of Correction

Accept ( ) - 05/03/2024)

Staff person present and stated she signed in error. Initials circled for incorrect administration time, noted on back and initialed when given at the prescribed time of inspection on 4/10. Staff person verbally counseled to be aware as she documents administration times. Med cart audits to be completed monthly by Charge Nurse/Med tech. Director of Nursing will ensure continued compliance. See Attached tool.

In-service completed on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ( ) - 05/03/2024)

183e - Storing Medications

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

On [redacted], an open bottle of [redacted] and an open bottle of [redacted] long-lasting were in the medication cart without an open date. According to the manufacturer's instructions medication must be discarded 6 months after opening.

Plan of Correction

Accept ( ) - 05/03/2024)

Licensed Nurse, staff member present, determined date bottle was opened and dated appropriately at time of inspection on 4/10. Director Of Nursing checked Medication carts to ensure all medications contained in the carts are dated on 4/11. Med date checks added to tool and Med Carts will be audited monthly and as needed by Charge Nurse/Med Techs. Laminated sign posted inside med carts. Director of Nursing to ensure continued compliance. See attached tool.

183e - Storing Medications (continued)

In-service completed on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (████) - 05/03/2024)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #4's ██████████ are being stored in an old box that does not have the correct pharmacy label.

Plan of Correction

Accept (████) - 05/03/2024)

Licensed nurse present at time of inspection, removed medication from expired box at time of inspection on 4/10 and labeled the actual unexpired bottle with date and ordered a new pharmacy label. Cart audits to be done by Charge Nurse/Med Tech monthly. Director of Nursing will ensure audits are completed to ensure continued compliance with reg 184.a See attached tool.

In-service completed on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (████) - 05/03/2024)

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #4 is prescribed ██████████ instill one drop in the left eye at ██████████. This medication was administered on ██████████; however, it is not included on resident #4's medication administration record.

Resident #5 is prescribed ██████████, take 2 tablets by mouth every 4 hours as needed for pain/temp. This medication is not included on resident #5's medication administration record.

Plan of Correction

Accept (████) - 05/03/2024)

Audit of Medication Administration Record completed by Director of Nursing on 4/10 with corrections made by the Director of Nursing to the two Resident records. Med Cart audit tool in place and will be completed monthly and as needed by the Charge Nurse/Med Tech. The Director of Nursing will ensure continued compliance of reg187.a See tool.

In-service completed on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/30/2024

187a Medication Record (continued)

Implemented (████) - 05/03/2024)

187b Date/Time of Medication Admin.

10. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed ██████████, 1 tablet by mouth at █████ (bedtime). Resident #3's April 2024 medication administration record does not include the initials of the staff person who administered ██████████ 5mg on 04/09/24 at 8pm.

Plan of Correction

Accept (████) - 05/03/2024)

On 4/10 Med Tech present, Director of Nursing confirmed the number of Medications remaining in blister pack indicated dose was administered and Med Tech confirmed she did give medication and initialed MAR. Director of Nursing added Mar to cart audit check list to prevent documentation omissions by nursing staff. Cart audits to be completed monthly by Charge nurse/Med techs and as needed. Director of Nursing to monitor to ensure continues compliance with reg187.b

In-service completed on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (████) - 05/03/2024)

187d Follow Prescriber's Orders

11. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed ██████████, take 1 tablet by mouth 2 times daily at 8am and 8pm. However, resident #5 was not administered ██████████ on ██████████.

Plan of Correction

Accept (████) - 05/03/2024)

Agency Nursing staff on duty at time of omission, will not be permitted to return to our community as of 4/10. Cart Audits will be conducted by the Charge Nurse/MedTechs monthly and as needed. Director of Nursing will be responsible to ensure continued compliance of reg187d. See attached tool.

In-service completed on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (████) - 05/03/2024)

225a Assessment 15 Days

12. Requirements

2600.

225a Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #6 was admitted on [REDACTED] however, the resident's assessment was not completed until [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/03/2024)

Support Plan Coordinator noted error in date documented on current support plan and was made aware of discrepancy by the Director of Nursing on 4/11. Support Plan Coordinator stated she made an error in documentation of date, that it had been done prior to date listed. Director Of Nursing audited all support plans for correct dates on 4/15 and 4/16 and no additional errors were found. Director of Nursing and or Support Plan Coordinator will conduct random chart audits monthly to ensure continued compliance of reg225a

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ([REDACTED] - 05/03/2024)

227d - Support Plan Medical/Dental

13. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #4, dated [REDACTED], does not indicate any type of allergy. However, per resident #4's medical evaluation, the resident is allergic to shellfish, aspartame and adhesives. The resident's support plan dated [REDACTED], does not document how this need will be met.

Plan of Correction

Accept [REDACTED] - 05/03/2024)

Director of Nursing immediately added Shellfish allergy to support plan in the space designated for "other information" at time of inspection on 4/10. When Director of Nursing completed audit for deficiency reg225.a, on 4/15 and 4/16 she completed and added any allergies for residents to the section designated for "Other Information" Allergies will be added to this section upon any changes and on all new admissions. The Director of Nursing and Support Plan Coordinator will ensure continued compliance of reg227.d by random chart checks, ongoing.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ([REDACTED] - 05/03/2024)