

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

July 1, 2025

[REDACTED]
227 EVERGREEN ROAD OPERATIONS LLC
[REDACTED]

RE: SANATOGA COURT
227 EVERGREEN ROAD
POTTSTOWN, PA, 19464
LICENSE/COC#: 13614

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/10/2025 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: SANATOGA COURT License #: 13614 License Expiration: 06/20/2025
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: 227 EVERGREEN ROAD OPERATIONS LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 66 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 04/10/2025

Inspection Dates and Department Representative

04/10/2025 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information License Capacity: 85 Residents Served: 50
Secured Dementia Care Unit In Home: Yes Area: Homestead Capacity: 10 Residents Served: 10
Hospice Current Residents: xx
Number of Residents Who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 16 Have Physical Disability: 3

Inspections / Reviews

04/10/2025 - Partial Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 05/11/2025
05/12/2025 POC Submission Submitted By: [Redacted] Date Submitted: 06/27/2025
Reviewer: [Redacted] Follow Up Type: POC Submission Follow Up Date: 05/17/2025

Inspections / Reviews *(continued)*

05/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/12/2025

07/01/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 05/12/2025)

On April 10, 2025, the Executive Director promptly secured the signature of Resident [REDACTED] on a contract.

The Executive Director also conducted an in-service training for the Director of Marketing and Admission, emphasizing the necessity of obtaining resident signatures on residential agreement contracts for compliance purposes.

The Executive Director reviewed existing resident agreement contracts to verify resident signatures and will conduct monthly audits of new resident contracts for the next three months

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

Implemented [REDACTED] - 07/01/2025)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [REDACTED] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] - 05/12/2025)

On April 10, 2025, the Executive Director promptly obtained the resident's signatures of the Resident Rights and Compliant Procedures

The Executive Director inserviced the Director of Marketing and Admission on the resident rights and compliant procedure in the agreement contract.

The Executive Director conducted audit current agreement contracts to ensure the Resident Rights and Compliant Procedure signed by residents within the agreement

For the subsequent three months, the Executive Director will audit NEW contracts to ensure the inclusion of signed resident rights and compliant procedures

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

Implemented [REDACTED] - 07/01/2025)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at breakfast, resident [REDACTED] reported to resident [REDACTED] that the caregiver who assisted [REDACTED] early in the morning was rude, rushing the resident to hurry since the staff had other residents to take care of before going home. The home identified the staff as staff A.

Plan of Correction

Directed [REDACTED] 05/27/2025)

Staff member A received an Individual Performance Improvement Plan (IPIP) and counseled conduct behavior. [REDACTED] received retraining in direct care of residents.

The Executive Director conducted an in-service training for all current staff, which included a review of Resident Rights.

The Executive Director also routinely discusses a resident right during Resident Council Meetings.

The Executive Director and DHW will be responsible for maintaining compliance by conducting resident interviews weekly for 3 months or until compliance is met to ensure they are being treated with dignity and respect.

Proposed Overall Completion Date: 08/20/2025

Directed POC: Only the overall completion date has been directed to 6/10/25

Directed Completion Date: 06/10/2025

Implemented [REDACTED] - 07/01/2025)

57c 2 Hours/Day

4. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [REDACTED] there were 50 residents in the home, including 16 residents with mobility needs, requiring a total minimum of 66 hours of direct care service. On this date, only 62 hours of direct care staffing was provided.

On [REDACTED], there were 50 residents in the home, including 16 residents with mobility needs, requiring a total minimum of 66 hours of direct care service. On this date, only 61.5 hours of direct care staffing was provided.

Plan of Correction

Directed [REDACTED] - 05/27/2025)

Immediate action was taken on 4/10/25 to engage the home recruiters for hiring qualified staff to cover direct care hours for residents.

The Executive Director conducted an in-service with the Human Resources Manager, emphasizing the critical need to find qualified employees to address staffing shortages.

The Human Resource Department has located three EEs since the inspection and have several in the pipeline of candidates to provide care to the residents.

57c 2 Hours/Day (continued)

The Executive Director and HR Department are meeting twice weekly to monitor staffing needs and ensure appropriate requisitions are in place for open positions. Community attending job fairs at hospitals, nursing schools to locate qualified candidates.

The Executive Director, DHW and HR will be responsible for maintaining compliance by having daily labor meetings for 4 weeks and then ongoing weekly until compliance is maintained.

Proposed Overall Completion Date: 08/20/2025

Directed POC: Only the overall completion date has been directed to 6/10/25

Directed Completion Date: 06/10/2025

Implemented [redacted] - 07/01/2025)

57d - Waking Hours

5. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted] a total of 66 hours of direct care was required. However, only 47 of the required hours, or 71 percent, were provided during waking hours.

On [redacted] a total of 66 hours of direct care was required. However, only 46.5 of the required hours, or 70 percent, were provided during waking hours.

Plan of Correction

Directed [redacted] - 05/27/2025)

Immediate action was taken on 4/10/25 to engage the home recruiters for hiring qualified staff to cover direct care hours for residents.

The Executive Director conducted an in service with the Human Resources Manager, emphasizing the critical need to find qualified employees to address staffing shortages.

The Human Resource Department has located three EEs since the inspection and have several in the pipeline of candidates to provide care to the residents.

The Executive Director and HR Department are meeting twice weekly to monitor staffing needs and ensure appropriate requisitions are in place for open positions. Community attending job fairs at hospitals, nursing schools to locate qualified candidates.

The Executive Director, DHW and HR will be responsible for maintaining compliance by having daily labor meetings for 4 weeks and then weekly until compliance is maintained.

Proposed Overall Completion Date: 08/20/2025

Directed POC: Only the overall completion date has been directed to 6/10/25

Directed Completion Date: 06/10/2025

Implemented [redacted] - 07/01/2025)

60a - Staff/Support Plan

6. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home has not had any staff who is trained to administer medications during the overnight shift since [REDACTED]. There are several residents, including resident [REDACTED], who have orders for medications on an as needed basis (PRN). In addition, there have been only two staff members scheduled during the night shift since [REDACTED] for a total of 50 residents, 16 of whom have a mobility need. There is insufficient staffing to evacuate residents in the event of an emergency.

Plan of Correction

Directed [REDACTED] - 05/27/2025)

Immediate action was taken on 4/10/25 to engage the home recruiters for hiring qualified staff to cover direct care hours for residents.

The Executive Director conducted an in-service with the Human Resources Manager, emphasizing the critical need to find qualified employees to address staffing shortages.

The Human Resource Department has located three EEs since the inspection and have several in the pipeline of candidates to provide care to the residents.

The Executive Director and HR Department are meeting twice weekly to monitor staffing needs and ensure appropriate requisitions are in place for open positions. Community attending job fairs at hospitals, nursing schools to locate qualified candidates.

The Executive Director, DHW and HR will be responsible for maintaining compliance by having daily labor meetings for 4 weeks and then weekly until compliance is maintained.

Proposed Overall Completion Date: 08/20/2025

Directed POC: Only the overall completion date has been directed to 6/10/25

Directed Completion Date: 06/10/2025

Implemented [REDACTED] - 07/01/2025)

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] a blister card of [REDACTED] with an expiration date of [REDACTED] was still in the home's medication cart.

Plan of Correction

Directed [REDACTED] - 05/27/2025)

The Executive Director performed immediate action on April 10, 2025, to remove the expired [REDACTED] blister card from the medication cart.

183e - Storing Medications (continued)

The Executive Director conducted an in service for the LPNs and MedTechs emphasizing the importance of maintaining medication carts free of expired medications.

The DHW or designated staff will conduct weekly cart audits beginning May 27. Weekly cart audits to be continued ongoing. Documentation of cart audits to be reviewed weekly with the Executive Director. DHW and ED are responsible for maintaining compliance.

Proposed Overall Completion Date: 08/20/2025

Directed POC: Only the overall completion date has been directed to 6/10/25

Directed Completion Date: 06/10/2025

Implemented (████) - 07/01/2025)

185a - Implement Storage Procedures

8. 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

The home's Management of Controlled Substances policy and procedure stipulate "Perform a complete count of all Schedule II-IV controlled drugs at the change of shifts or at any time in which narcotic keys are surrendered from one licensed nursing staff or medication aide to another." According to staff interviews, however, this shift change count has not been conducted most of the time because the overnight-shift medication technician B leaves at 07:00 AM before the oncoming day-shift medication technician C arrives around 07:30 AM. On █████ around 08:00 AM, it was found by staff C that resident █████'s █████ was one pill short; the declining inventory sheet for the medication indicated 24 as a remaining balance while the actual pill count was 23. Staff B administered the resident's previous dose at 05:00 PM on █████ with a remaining balance of 24. The home could not account for this missing one pill.

Plan of Correction

Directed (████) - 05/27/2025)

Executive Director Immediate Implemented procedures to count narcotics to ensure accuracy.

Executive Director conducted an In-service provided to LPNs and MedTechs emphasizing the importance of accurate narcotic counts

The DHW or designated staff person will conduct weekly audits of the narcotic binder beginning May 28. Weekly audit will be continued for 3 months or until compliance is met.

Proposed Overall Completion Date: 08/28/2025

Directed POC: Only the overall completion date has been directed to 6/10/25

Directed Completion Date: 06/10/2025

Implemented (████) 07/01/2025)

187b - Date/Time of Medication Admin.

9. 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 [REDACTED] is prescribed [REDACTED] every eight hours as needed. Resident [REDACTED] April medication administration record does not include the initials of the staff person who signed out and administered this medication on [REDACTED] at 07:30 AM, [REDACTED] at 08:00 AM and [REDACTED] at 07:45 AM.

Plan of Correction

Directed [REDACTED] - 05/27/2025)

The Executive Director has taken Immediate actions to appropriate LPN/MedTech initialize on [REDACTED] of medication administration for Resident [REDACTED] on [REDACTED] at 7:30 AM, [REDACTED] at 8:00 AM, and [REDACTED] at 7:45 AM

The Executive Director conducted an in service for LPNs and Med techs emphasizing the importance of adhering to the medication initialing protocol .

The DHW or designated staff person will conduct weekly audits of the MARs beginning May 28. Weekly audit will be continued for 3 months or until compliance is met.

Proposed Overall Completion Date: 08/28/2025

Directed POC: Only the overall completion date has been directed to 6/10/25

Directed Completion Date: 08/28/2025

Implemented [REDACTED] - 07/01/2025)

191 - Resident Right to Refuse

10. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [REDACTED], admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Directed [REDACTED] - 05/27/2025)

The Executive Director met with the residents to review the resident rights and the right to refuse medication.

On April 10, 2025, immediate steps were taken to remind Licensed Practical Nurses (LPNs) and Medical Technicians (MedTechs) of residents' rights regarding medication refusal in the event of an error.

Following this, meetings were held immediately with residents to discuss their rights.

The Executive Director also met with residents to review their rights, specifically including the right to refuse medication.

191 Resident Right to Refuse (continued)

The Executive Director and DHW will be responsible for maintaining compliance by conducting resident interviews weekly for 3 months or until compliance is met to ensure they are aware of all of their rights including the right to refuse medications.

Executive Director and Admissions Director will review all contracts to ensure all required signatures are present in regards to resident rights including but not limited to the right to refuse medications.

Proposed Overall Completion Date: 08/20/2025

Directed POC: *Only the overall completion date has been directed to 6/10/25*

Directed Completion Date: *08/20/2025*

Implemented [REDACTED] *07/01/2025)*