

# RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE

(RENEWALS ONLY)

INSTRUCTIONS: Regional Program Office completes form, makes two copies, keeps one copy and forwards the original and one copy to the Licensing Office. (This form is to be used for RENEWALS ONLY.)

REGION <b>SOUTHEAST</b>	COUNTY <b>DELAWARE</b>	
NAME AND ADDRESS OF AGENCY/FACILITY <b>DUNWOODY VILLAGE</b>	FACILITY E-MAIL <b>ASTEVENS@DUNWOO</b>	
<b>3500 WEST CHESTER PIKE,</b>		
NEWTOWN SQUARE      19073	LEGAL E-MAIL <b>SSMYTH@DUNWOODY.ORG</b>	
MAILING ADDRESS OF FACILITY <b>ATTN:PERSONAL CARE SERVICES</b>		
<b>3500 WEST CHESTER PIKE</b>		
NEWTOWN SQUARE      PA 19073	TELEPHONE NO. <b>610-359-4400</b>	
NAME OF LEGAL ENTITY <b>DUNWOODY VILLAGE INC</b>	FEIN/SSN.	
CURRENT CERTIFICATE NUMBER <b>&gt; 145250</b>	TYPE OF CONTROL <b>&gt;</b>	<input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE
EFFECTIVE DATE <b>&gt; FROM 12/22/2020      TO 12/22/2021</b>	IF PRIVATE <b>&gt;</b>	<input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT

TYPE OF FACILITY & TYPE OF SERVICE PROVIDED:

**ADULT RESIDENTIAL FACILITIES**

**PERSONAL CARE HOMES**

DATE(S) OF  
INSPECTION

**> 8/30/21 and 8/31/21**

RECOMMENDATIONS:

<input checked="" type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input checked="" type="checkbox"/> J REGULAR <input type="checkbox"/> PROVISIONAL	IF PROVISIONAL <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/> FOURTH
		SCORE <input type="checkbox"/> PERIOD FROM _____ TO _____
<input type="checkbox"/> CERTIFICATE NOT RECOMMENDED	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION	<input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER
LIST REGULATION CHAPTER <b>2600</b> Personal Care Home		FIRE SAFETY APPROVAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE <b>1/30/2002</b>
		LICENSED CAPACITY <b>81/20</b>
		CURRENT CENSUS <b>68/15</b>

LIST ANY RESTRICTIONS TO OCCUPANCY OR WAIVERS OF REGULATION

*Mia Johnson*  
SIGNATURE - PERSON MAKING RECOMMENDATION

Department of Human Services  
Bureau of Human Service Licensing

November 4, 2021

NORMAN VETTLER , ADMINISTRATOR  
DUNWOODY VILLAGE INC  
3500 WEST CHESTER PIKE  
ATTN:PERSONAL CARE SERVICES  
NEWTOWN SQUARE, PA 19073

RE: DUNWOODY VILLAGE  
3500 WEST CHESTER PIKE  
NEWTOWN SQUARE, PA, 19073  
LICENSE/COC#: 14525

Dear Mr. Vettler ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/30/2021, 08/31/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: DUNWOODY VILLAGE License #: 14525 License Expiration Date: 12/22/2021  
Address: 3500 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073  
County: DELAWARE Region: SOUTHEAST

**Administrator**

Name: Adrienne Stevens Phone: 6103594400 Email: astevens@dunwoody.org, miajohnson@pa.gov

**Legal Entity**

Name: DUNWOODY VILLAGE INC  
Address: 3500 WEST CHESTER PIKE, ATTN:PERSONAL CARE SERVICES, NEWTOWN SQUARE, PA, 19073  
Phone: 6103594400 Email: SSMYTH@DUNWOODY.ORG

**Certificate(s) of Occupancy**

Type: C-1 Date: 01/30/2002 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 84 Waking Staff: 63

**Inspection**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 08/31/2021

**Inspection Dates and Department Representative**

08/30/2021 - On-Site: Evelyn Perez

08/31/2021 - On-Site: Evelyn Perez

**Resident Demographic Data as of Inspection Dates****General Information**

License Capacity: 81 Residents Served: 68

**Secured Dementia Care Unit**

In Home: Yes Area: Memory Care Capacity: 20 Residents Served: 15

**Hospice**

Current Residents: 4

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67

Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 2

Have Mobility Need: 16 Have Physical Disability: 0

## Inspections / Reviews

08/30/2021 - Full

Lead Inspector: *Evelyn Perez*Follow-Up Type: *POC Submission*Follow-Up Date: *10/07/2021*

11/1/2021 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *11/04/2021*

11/4/2021 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

## 25c2 - Fee Schedule

## 1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

## Description of Violation

*The home charges specified amounts for individual personal needs services. The resident-home contract, dated 09/30/19, for resident 1 does not include a fee schedule of actual amounts charged for available services.*

*The home charges specified amounts for individual personal needs services. The resident-home contract, dated 12/18/19, for resident 2 does not include a fee schedule of actual amounts charged for available services.*

*The home charges specified amounts for individual personal needs services. The resident-home contract, dated 12/21/20, for resident 3 does not include a fee schedule of actual amounts charged for available services.*

*The home charges specified amounts for individual personal needs services. The resident-home contract, dated 12/29/20, for resident 4 does not include a fee schedule of actual amounts charged for available services.*

*The home charges specified amounts for individual personal needs services. The resident-home contract, dated 02/10/21, for resident 5 does not include a fee schedule of actual amounts charged for available services.*

*The home charges specified amounts for individual personal needs services. The resident-home contract, dated 03/26/21, for resident 6 does not include a fee schedule of actual amounts charged for available services.*

## Plan of Correction

Accept

*All new contracts being signed by Personal Care Residents will receive a copy of their fee schedule and a copy will be placed on their chart. New fee schedules that are updated annually by Dunwoody's Accounting office are sent to the residents. When the new fee schedules are sent to the residents, a copy will be placed on the resident's chart.*

## Responsible Parties:

*The Accounting office sends out fee schedules. Unit Social Worker is responsible for ensuring that new residents have a copy of their fee schedule and also that one is on the resident's chart.*

Completion Date: 09/01/2021

## Document Submission

Implemented

*The Accounting office sends out fee schedules. Unit Social Worker is responsible for ensuring that new residents have a copy of their fee schedule and also that one is on the resident's chart. We will update fee schedules as costs and fees change.*

## 97 - Elevators/Lifting Devices

## 1. 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).

## 97 - Elevators/Lifting Devices (continued)

**Description of Violation**

*Elevator #8 does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority. The posted elevator certificate expired on 09/30/18.*

**Plan of Correction****Accept**

*The inspection of the elevator had taken place in June 17, 2021. However, a copy of the Certificate of Operation was not provided. On September 9, 2021 we received a copy of the Certificate of Operation and an accompanying letter acknowledging the safe and operational condition of the #8 elevator, from The Liberty Elevator Experts Company.*

*Responsible Party:*

*Assistant Facilities Director is responsible for the operation and inspections of the elevators.*

**Completion Date:** 09/09/2021

**Document Submission****Implemented**

*We received verification that the elevators in question were inspected and passed this inspection. Documentation is in the attachments.*

## 103f - Refrigerator/Freezer Temps

**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 08/31/21, at 10:35 am, the temperature in the freezer was 22 degrees Fahrenheit and at 1:05 pm it was -4 degrees Fahrenheit.*

*On 08/31/21, at 10:38 am, the temperature in the refrigerator was 52 degrees Fahrenheit and at 1:05 pm it was 32 degrees Fahrenheit.*

**Plan of Correction****Accept**

*The Freezer and refrigerator temperatures were above the allowable temperatures when checked at 10:35 on 8/31/21. These units were in need of repair and an outside refrigeration repair service was contacted and repaired these units, which were low on refrigerant. They were repaired the same day it was discovered 8/31/21. By 1:00 PM on 8/31/21 the units were operating properly and they were below the required temperature thresholds. Refrigerator and freezer temperatures are recorded and posted on the appliances. They are monitored daily.*

*The units were repaired by: Wayne Zielke Jr. of Industrial and Mechanical Contractors.*

*Responsible Party:*

*The Dining Services Director is Responsible for refrigerator and freezer operations and monitoring.*

**Completion Date:** 08/31/2021

## 103f - Refrigerator/Freezer Temps (continued)

Document Submission	Implemented
<i>Documentation of the repairs to the refrigeration and freezer units provided in the attachments. Also, the unit temperatures are checked daily. A copy of this log is in the attachments.</i>	

## 130h - Inoperable Smoke Detector

## 1. Requirements

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

## Description of Violation

*The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.*

## Plan of Correction

Accept

*Our policy did not outline the emergency procedures should a smoke detector or fire alarm become inoperable. A new Smoke Detector Policy was written and reviewed with key PC staff and also with Facilities staff. The policy outlines that all residents and their rooms will be checked hourly (on the unit where the inoperable unit is located) until the smoke detectors or fire alarms become operational. Smoke detectors and fire alarms are on an automated monitoring system that will alert Facilities Staff if one becomes inoperable.*

*Responsible party for the policy is The Personal Care Administrator*

*The Assistant Facilities Director is responsible for the alarm operations*

*Completion Date: 09/10/2021*

## Document Submission

Implemented

*The new Smoke Detector policy is in the attachments*

## 183e - Storing Medications

## 1. 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 08/31/21, there was half of a white loose pill inside the med cart drawer in the Cedar West Unit.*

## 183e - Storing Medications (continued)

**Plan of Correction****Accept**

*The half of pill was disposed of immediately and the pharmacy was contacted. Medication carts will be checked at the start of each shift by the unit nurse to ensure that all medications are stored properly, the unit Nursing Director will check the medication carts monthly for three months to ensure compliance.*

*The unit nurse is responsible to check the medication carts prior to medications being administered on each shift and the unit Nursing Director will check the carts monthly*

*Responsible parties: The unit nurses and the Unit Director of Nursing.*

*Completion Date: 09/01/2021*

**Document Submission****Implemented**

*Medication cart audits are provided in the attachments.*

## 185a - Implement Storage Procedures

**1. 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**

*On 08/31/21, at 9:14 am, resident 7's medication administration record (MAR) indicates the residents glucose level was 181; however, it was not found on the glucometer.*

*On 08/31/21, at 7:43 am, resident 9's MAR indicates the residents glucose level was 110; however, it was not found on the glucometer.*

*On 08/21/21, at 11:40 pm, glucometer for resident 9 has a reading of 119; however it was not recorded on the MAR.*

*On 08/21/21, at 11:38 am, glucometer for resident 9 has a reading of 310; however it was not recorded on the MAR.*

*On 08/16/21, at 11:37 pm, glucometer for resident 9 has a reading of 115; however it was not recorded on the MAR.*

*On 08/16/21, at 12:16 am, glucometer for resident 9 has a reading of 307; however it was not recorded on the MAR.*

**Plan of Correction****Accept**

*A sample of Glucometer readings and MAR's will be checked for accuracy monthly to ensure that we are accurately using the glucometer and accurately recording the results on the MAR. The readings that were not recorded on the MAR were found to be glucometer test readings and they were not recorded because the glucometers were being tested for use. Staff will be retrained should any errors in the readings be found.*

*Responsible Party: Unit nurses and the Personal Care Nursing Director*

*Completion Date: 10/01/2021*

185a - Implement Storage Procedures (*continued*)

Document Submission	Implemented
<p><i>Glucometers readings are recorded as per orders. These are audited monthly according to the audit procedures outlined in the attachments. Any errors found will be discussed with the staff person who made the error in order to provide training and education to the staff person. We enter glucometer readings and results on a hard copy and in our EMR, Point Click Care. This can help us trend the readings over time and to see if interventions are effective. Our 11--7 shift nursing staff provide the audits and the results. They check for accuracy of the readings and the recording of the data accurately on the MAR.</i></p>	