

Department of Human Services
Bureau of Human Service Licensing

October 14, 2021

[REDACTED], DIRECTOR OF OPERATIONS
LCS DOYLESTOWN LLC
400 LOCUST STREET, SUITE 820
Suite 820
DES MOINES, IA 50309

RE: THE SOLANA DOYLESTOWN
1621 EASTON ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14531

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/14/2021, 09/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE SOLANA DOYLESTOWN* License #: *14531* License Expiration Date: *09/11/2022*
Address: *1621 EASTON ROAD, WARRINGTON, PA 18976*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *267-282-4168* Email: [REDACTED]

Legal Entity

Name: *LCS DOYLESTOWN LLC*
Address: *400 LOCUST STREET, SUITE 820, Suite 820, DES MOINES, IA, 50309*
Phone: *2155095401* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/22/2014* Issued By: *Township of Doylestown*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *104* Waking Staff: *78*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/15/2021*

Inspection Dates and Department Representative

09/14/2021 - On-Site: [REDACTED]

09/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *129* Residents Served: *71*

Secured Dementia Care Unit

In Home: *Yes* Area: *Secured Unit* Capacity: *30* Residents Served: *28*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *33* Have Physical Disability: *0*

Inspections / Reviews

09/14/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/08/2021*

10/6/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/08/2021*

10/14/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. 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.

Plan of Correction

Accept

Staff member was removed from ADL service until documentation is provided to community.

All new care staff hired will not be permitted to work prior to submitting their diploma/GED or nurse aide registry.

BOM/ED and/or designee will audit new hire paperwork prior to start date.

Completion Date: 09/15/2021

Document Submission

Implemented

Staffing schedule for person A

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Person B, whose first day of work was [REDACTED] did not receive orientation.

Plan of Correction

Accept

Staff b has completed the orientation training as of 10/6/21, All staff will complete orientation prior to working in the community. BOM/ED and/or designee will be responsible for auditing all new hire paperwork prior to any employee start dates.

Completion Date: 10/06/2021

Document Submission

Implemented

Orientation Person B

65b - Rights/Abuse 40 Hours

1. Requirements

65b - Rights/Abuse 40 Hours (continued)

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person B completed his/her 40th scheduled work hour on 11/20/20. However, this staff person did not complete the training.

Plan of Correction**Accept**

Staff person B completed this training as of 10/4/21. All new hires will complete required training for each department within the first 40 hours of start date, BOM/ED and/or designee will be responsible to audit all new hire paperwork at end of first week.

Completion Date: 10/04/2021

Document Submission**Implemented**

Orientation and direct department training

65d - Initial Direct Care Training**1. Requirements**

2600.

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

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person A, hired on [REDACTED] began providing unsupervised ADL services on 9/5/21. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction**Accept**

Staff A was removed from ADL services until competency test has been passed. DOHS will be responsible for assuring all ADL services are given by CNA's or have passed the competency test.

This will be audited by the BOM/ED and/or designee.

Completion Date: 09/16/2021

Document Submission**Implemented**

Staffing schedule for person A

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.

82c - Locking Poisonous Materials *(continued)***Description of Violation**

Crest Toothpaste, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in Resident Bedroom 103. Not all the residents of the home, including those in the secured dementia care unit, have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept**

Tooth paste was immediately removed, all care staff was reeducated to place any item containing warning labels must be locked and secured immediately after use. DOHS/Memory Director or designee will monitor room during and after care to assure items are locked and secure from residents.

Completion Date: 09/30/2021

Document Submission**Implemented**

Hazardous Material in Memory Care education

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident Bedroom 115B does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept**

A stand light was placed next to bedside as of 9/16/21. Environmental services will monitor memory care rooms to assure bedside lights are in place.

Completion Date: 09/16/2021

Document Submission**Implemented**

Light Picture for room 115B

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self-administers medications and stores medications in their room. On 9/15/21 at 9:35 A.M., there were several unlocked, unattended medications in Resident #1's bedroom.

181d -Storing Medication (continued)**Plan of Correction****Accept**

*DOHS has reeducated resident #1 on the importance and safety of locking her door when leaving the room.
DOHS and/or designee will monitor door to assure it has been locked, if these issues continue, DOHS will have medication stored in medication rooms or place resident on medication program.*

Completion Date: 10/04/2021

Document Submission**Implemented**

Resident 1 education