

Department of Human Services  
Bureau of Human Service Licensing

March 2, 2021

[REDACTED], EXECUTIVE DIRECTOR  
STATESMAN WOODS AID OPCO LLC  
2619 TRENTON ROAD  
LEVITTOWN, PA 19056

RE: WOODBOURNE PLACE  
2619 TRENTON ROAD  
LEVITOWN, PA, 19056  
LICENSE/COC#: 13955

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

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: *WOODBOURNE PLACE* License #: *13955* License Expiration Date: *07/11/2021*  
Address: *2619 TRENTON ROAD, LEVITOWN, PA 19056*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2159436611* Email: [REDACTED]

**Legal Entity**

Name: *STATESMAN WOODS AID OPCO LLC*  
Address: *2619 TRENTON ROAD, LEVITTOWN, PA, 19056*  
Phone: *2159436611* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/06/1997* Issued By: *Township of Middletown*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *01/11/2021*

**Inspection Dates and Department Representative**

*01/11/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *48* Residents Served: *34*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *32*

**Inspections / Reviews**

**01/11/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/06/2021*

Inspections / Reviews *(continued)*

2/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/01/2021*

3/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 07/10/20, at 2:30 pm, resident#1 reported \$60 dollars missing from [redacted] wallet. This incident was reported to staff person A on 7/10/20 at 2:30 pm. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept

2600.15a

- The Executive Director (ED) reported allegation of misappropriation to the Pennsylvania Area on Aging on 2/5/2021. (Attachment A)
- The ED and/or designee will audit internal incident reports that occurred and grievances/complaints that were received over the preceding thirty days to ensure that an incident or allegation that required reporting under 2600.15.a was reported as per the regulation. The audit will be completed by 2/5/202. (Attachment B)
- The Regional Director of Care Services (RDCS) in-serviced the ED and Care Service Manager (CSM) on regulation on 1/28/2021. (Attachment C)
- The ED will in-service current staff on 2600.15a regulation by 2/10/2021. (Attachment D)
- The ED and/or designee will review internal incidents and complaints by the following business day during the morning Stand-up Meeting to verify that an incident or allegation that requires reporting under 2600.15.a was reported timely to the Pennsylvania Area on Aging, until 5/30/20. (Attachment E)
- Audit results will be reviewed at the Monthly QI meeting x 3 months. The Committee will direct further interventions as required to maintain/sustain compliance. (Attachment F)

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Completion Date: 05/30/2021

Document Submission

Implemented

- \*The ED and/or designee will audit internal incident reports that occurred and grievances/complaints that were received over the preceding thirty days to ensure that an incident or allegation that required reporting under 2600.15.a was reported as per the regulation. The audit will be completed by 2/5/202. (Attachment B)-Complete
- \*The ED will in-service current staff on 2600.15a regulation by 2/10/2021. (Attachment D)-Complete
- \*The ED and/or designee will review internal incidents and complaints by the following business day during the morning Stand-up Meeting to verify that an incident or allegation that requires reporting under 2600.15.a was reported timely to the Pennsylvania Area on Aging, until 5/30/20. (Attachment E) -Still pending completion
- Audit results will be reviewed at the Monthly QI meeting x 3 months. The Committee will direct further interventions as required to maintain/sustain compliance. (Attachment F)-Still pending completion

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 8/7/2020, for resident #2 was not signed by the resident.

Plan of Correction

Accept

2600.25b

- ED presented contract to resident #2 and was signed by the resident on 01/11/2021. (Attachment G)
- The ED and/or designee will audit current resident contracts and validate signatures as required under regulation 2600.25.b. Resident contracts identified to require a signature(s) will be presented to the appropriate party for signing by 2/20/21. (Attachment H)
- The RDCS provided training to the ED on regulation 2600.25.b on 1/28/2021. (Attachment I)
- The ED will provide training to the CSM and Community Relations Manager (CRM), on regulation 2600.25.b by 2/10/2021. (Attachment\_J)
- The ED and/or designee will validate the presence of required contract signatures of new residents by the next business day, after contract signing until 5/30/2021. (Attachment K)
- Audit results will be reviewed at the monthly QI meeting x 3 months. The Committee will direct further interventions as required to maintain/ sustain compliance. (Attachment L)

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Completion Date: 05/30/2021

Document Submission

Implemented

- The ED and/or designee will audit current resident contracts and validate signatures as required under regulation 2600.25.b. Resident contracts identified to require a signature(s) will be presented to the appropriate party for signing by 2/20/21. (Attachment H)-Complete
- The ED will provide training to the CSM and Community Relations Manager (CRM), on regulation 2600.25.b by 2/10/2021. (Attachment\_J) -Complete
- The ED and/or designee will validate the presence of required contract signatures of new residents by the next business day, after contract signing until 5/30/2021. (Attachment K and K1) -Still pending completion
- Audit results will be reviewed at the monthly QI meeting x 3 months. The Committee will direct further interventions as required to maintain/ sustain compliance. (Attachment L)-Still pending completion

42x - Safeguard

1. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident’s money and property.

42x - Safeguard (continued)

**Description of Violation**

On 07/10/20, at 2:30 pm, resident#1 reported \$60 dollars missing from [REDACTED] wallet. The home failed to provide a system for safeguarding the resident's money.

**Plan of Correction**

Accept

2600.42x

- The RDCS trained the ED on regulation 2600.42.x on 1/28/2021. (Attachment M)
- Resident #1 will be provided with a wall-mounted lockbox on 2/12/2021 by ED to safeguard money and property. (M1)
- The ED or designee will audit the need for current residents to receive a wall-mounted lockbox to safeguard their money and property by 2/10/2021. (Attachment N)
- The ED will in-service the current community staff on regulation 2600.42.x by 2/10/2021. (Attachment O)
- The Executive Director or designee will audit the need for residents upon move in to receive a wall-mounted lockbox to safeguard their money and property until 5/30/2021. (Attachment P)
- Audit results will be reviewed at the monthly QI meeting x 3 months. The Committee will direct further interventions to maintain/sustain compliance. (Attachment Q)

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Completion Date: 05/30/2021

**Document Submission**

Implemented

Resident #1 will be provided with a wall-mounted lockbox on 2/12/2021 by ED to safeguard money and property. (M1) -Complete

- The ED or designee will audit the need for current residents to receive a wall-mounted lockbox to safeguard their money and property by 2/10/2021. (Attachment N) -Complete
- The ED will in-service the current community staff on regulation 2600.42.x by 2/10/2021. (Attachment O) - Complete
- The Executive Director or designee will audit the need for residents upon move in to receive a wall-mounted lockbox to safeguard their money and property until 5/30/2021. (Attachment P) -Pending Completion
- Audit results will be reviewed at the monthly QI meeting x 3 months. The Committee will direct further interventions to maintain/sustain compliance. (Attachment Q)-Pending Completion

183d - Prescription Current

**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (continued)

**Description of Repeat Violation**

On 01/11/21, Amitriptyline 25mg take 3 tabs by mouth at night, prescribed for resident#2, was in the home's medication cart. The medication was discontinued on 6/27/2020.

Repeated Violation: - 6/4/2019, et al

**Plan of Correction**

Accept

2600.183d

- The discontinued medication was removed from the medication cart by the CSM on (date) and performed a medication cart audit on 1/11/2021. (Attachment R)
- The RDCS trained the ED and CSM on regulation 2600.183.d on 1/28/2021. (Attachment S).
- The CSM will train licensed nurses and medication technicians on regulation 2600.183.d by 2/10/2021. (Attachment T).
- The CSM and or designee will conduct weekly medication cart audits, notating the presence of discontinued medication and removing the medication in accordance with regulation 2600.183.d, until 5/1/2021. (Attachment U)
- Audit results will be reviewed at the monthly QI meeting x 3 months. The Committee will direct further interventions as required to maintain/ sustain compliance. (Attachment V)

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Completion Date: 05/01/2021

**Document Submission**

Implemented

The CSM will train licensed nurses and medication technicians on regulation 2600.183.d by 2/10/2021. (Attachment T). Complete

- The CSM and or designee will conduct weekly medication cart audits, notating the presence of discontinued medication and removing the medication in accordance with regulation 2600.183.d, until 5/1/2021. (Attachment U) -Pending Completion
- Audit results will be reviewed at the monthly QI meeting x 3 months. The Committee will direct further interventions as required to maintain/ sustain compliance. (Attachment V) -Pending Completion

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