

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

January 14, 2025

[REDACTED]  
LEVITTOWN AL, LLC  
[REDACTED]

21st floor  
[REDACTED]

RE: THE ADDISON OF WOODBOURNE  
PLACE  
2619 TRENTON ROAD  
LEVITTOWN, PA, 19056  
LICENSE/COC#: 15086

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/04/2024 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: THE ADDISON OF WOODBOURNE PLACE License #: 15086 License Expiration: 01/02/2025  
 Address: 2619 TRENTON ROAD, LEVITTOWN, PA 19056  
 County: BUCKS Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: LEVITTOWN AL, LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] 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: 34 Waking Staff: 26

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint, Provisional, Incident Exit Conference Date: 11/04/2024

**Inspection Dates and Department Representative**

11/04/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 48 Residents Served: 24  
 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: 24  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 10 Have Physical Disability: 10

**Inspections / Reviews**

11/04/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/28/2024

12/04/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/03/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/04/2025

Inspections / Reviews *(continued)*

01/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2025

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.

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

## Plan of Correction

Accept [REDACTED] - 12/04/2024)

Resident [REDACTED] signed the resident-home contract on [REDACTED]. Resident [REDACTED] refused to sign the resident-home contract after several attempts; each attempt and refusal was noted on the contract.

Current resident records will be audited by the Executive Director, or designee, by 11/30/24 to verify resident, payer (if different) and/or [REDACTED] designated person have each signed the contract, or there is a notation regarding an attempt to obtain the signature and reason signature was not obtained. Audit form will be available for review by the Department.

Executive Director or designee will audit new residents' electronic paperwork within the first 72 hours to verify all required signatures are obtained, or a notation made regarding attempts and reason a signature was not obtained.

Process is ongoing

Executive Director will in-service the administrative staff and Community Relations Director on 2600.25b regulation requirement regarding obtaining resident signature acknowledging review of the contract, or noting attempts made if signature cannot be obtained and reason signature was not obtained. Completed by 12/15/24. The Inservice sign-in sheet will be made available for review by the Department.

Contract audits will be reviewed by the Executive Director with current department directors during the quarterly Quality Assurance Review meetings; completed by 1/31/25.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/14/2025)

## 65g - Annual Training Content

## 3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

## Description of Violation

Staff person A and Staff person B did not receive fire safety training conducted by a fire safety expert or by a staff person trained by a fire safety expert during the 2023 training year.

65g - Annual Training Content (continued)

Plan of Correction

Accept [REDACTED] 12/04/2024)

An audit of current employee training records was completed by the Executive Director to verify current staff members received annual training conducted by a fire safety expert or by a staff person trained by a fire safety expert during the 2023 training year. Any staff member found not to have completed fire safety training for 2023, will complete training no later than 12/31/2024. Audit and Inservice sign-in sheet will be available for review by the Department.

The Executive director will Inservice current department heads on regulation 2600.65g requirement regarding required annual training by a fire safety expert by 12/15/2024

Fire Safety training will be reviewed by the Executive Director with current department directors during the quarterly Quality Assurance Review meetings; completed by 1/31/25.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/14/2025)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], a jar of [REDACTED] belonging to Resident [REDACTED] was found in their room, covered and stained with white cream.

Plan of Correction

Accept [REDACTED] 12/04/2024)

The jar of [REDACTED] was removed from Resident [REDACTED] room and cleaned on day of survey. Environmental rounds will be completed by the Health & Wellness Director, or designee, by 11/30/2024, looking for any items, such as ointments, that are covered or stained with its contents. Items will be removed, cleaned and returned to the resident's room.

Ongoing environmental rounds of resident rooms will be completed by Health & Wellness Director, or designee, looking for any items, such as ointments, that are covered or stained with its contents. Items will be removed, cleaned and returned to the resident's room. Rounds will be completed weekly from 12/1/2024 – 2/28/2025.

Completed forms will be available for review by the Department.

The Executive Director will in-service the Health & Wellness Director and MedTechs on regulation 2600.85a, the violation and the plan to maintain sanitary conditions by 12/15/2024. Inservice sign-in sheet will be available for review by the Department.

Environmental Rounds will be reviewed by the Executive Director with current department directors during the quarterly Quality Assurance Review meetings; completed by 1/31/25.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/14/2025)

96a - First Aid Kit

5. Requirements

2600.

96a First Aid Kit (continued)

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the wellness office does not include eye coverings.

Plan of Correction

Accept [redacted] - 12/04/2024)

A set of goggles were placed in the first aid kit on the day of survey, 11/4/2024.

Heath & Wellness Director, or designee, will attach a list of required first aid kit items to the first aid kits no later than 11/30/24.

All first aid kits were audited by the Lead MedTech on 11/21/24. Any missing items were replaced. Audit forms completed and turned into Executive Director for review.

The Executive Director will Inservice the Health & Wellness Director and current MedTechs on regulation 2600.96a, the violation and the plan to verify that first aid kits contain all required items by 12/15/2024. Inservice sign in sheet will be available for review by the Department.

Completed first aid kit audits will be reviewed by the Executive Director with current department directors during the quarterly Quality Assurance Review meetings; completed by 1/31/25.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 01/14/2025)

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted], a jar of [redacted] belonging to Resident [redacted] was found in their room and was not labeled with the resident's name.

Plan of Correction

Accept [redacted] - 12/04/2024)

The name of Resident [redacted] was written on the jar of [redacted] on day of survey.

Environmental rounds will be completed by the Health & Wellness Director, or designee, by 11/30/2024, to verify that any OTC meds and CAM that belong to a resident are identified with the resident's name.

Ongoing environmental rounds of resident rooms will be completed by Health & Wellness Director, or designee, to check that all residents' OTC meds and CAMs are identified with that resident's name. Rounds will be completed weekly from 12/1/2024 - 2/28/2025. Completed forms will be available for review by the Department.

The Executive Director will Inservice the Health & Wellness Director and current MedTechs on regulation 2600.184b, the violation and the plan to verify OTC meds and CAM are identified with a resident's name by 12/15/2024.

Inservice sign in sheet will be available for review by the Department.

Environmental Rounds will be reviewed by the Executive Director with current department directors during the quarterly Quality Assurance Review meetings; completed by 1/31/25.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 01/14/2025)

## 187a - Medication Record

## 7. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

## Description of Violation

Resident [REDACTED] prescription for [REDACTED], take 30 milliliters by mouth as needed, was discontinued on [REDACTED]. However, the medication is still listed as a current prescription on their medication administration record.

## Plan of Correction

Accept [REDACTED] - 12/04/2024)

The [REDACTED] Suspension was removed from the Resident 1's MAR on 11/4/24 by the Health & Wellness Director .

The Health & Wellness Director will audit current residents eMAR for discontinued physician orders to verify that any discontinued medications have been removed by 11/30/24.

The Health & Wellness Director, or designee, will check the eMAR system for any notifications of discontinued medications to verify they are discontinued on the eMAR, 5x/week from 12/1/24-12/31/24; 3x/week from 1/1/25-1/31/25; 1x/week from 2/1/25-2/28/25.

The Executive Director will Inservice the Health & Wellness Director and Med Techs on the audit process and the company's medication policy to verify the process for discontinued medications by 12/15/24. The Inservice sign-in sheets will be made available for review by the Department.

Discontinued Medication check forms will be reviewed by the Executive Director with current department directors during the quarterly Quality Assurance Review meetings; completed by 1/31/25.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] 01/14/2025)

## 227d - Support Plan Medical/Dental

## 8. Requirements

2600.

227d - Support Plan Medical/Dental (*continued*)

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**

On [REDACTED] a bedside mobility device was present on Resident [REDACTED] bed to assist them with turning and repositioning. However, resident's assessment and support plan, dated [REDACTED], does not indicate the following:

- Any risks associated with the device.
- The resident's ability to use the device safely for the purpose it was intended.
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

**Plan of Correction**

Accept [REDACTED] - 12/04/2024)

The support plan for Resident [REDACTED] dated [REDACTED], was updated on day of survey 11/4/2024, by the Executive Director to include any risks associated with the device; the resident's ability to use the device safely for the purpose it was intended; and identification of the specific device to be used whether a cover is required to meet FDA guidelines.

The community currently does not have any other residents who use a bed mobility device.

The Executive Director, or designee, will complete an audit of the resident RASP within 48 hours of move-in or start of use of bed mobility device to verify anyone who is using an approved bed mobility device has information on the resident assessment and support plan that includes all required information as outlined in this regulation. Ongoing The Executive Director will in-service the Health & Wellness Director on regulation 2600.227d, the violation and plan of correction by 12/15/2024.

Bed mobility devices/RASP updates will be reviewed by the Executive Director with current department directors during the quarterly Quality Assurance Review meetings, as appropriate; completed by 1/31/25

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 01/14/2025)