

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

April 18, 2025

[REDACTED]
Wyncote Care Center LLC
[REDACTED]

RE: WYNCOTE CARE CENTER
208 Fernbrook Ave
Wyncote, PA, 19095
LICENSE/COC#: 15264

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2025 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: WYNCOTE CARE CENTER **License #:** 15264 **License Expiration:**
Address: 208 Fernbrook Ave, Wyncote, PA 19095
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: Wyncote Care Center LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 11/18/1992 **Issued By:** Dept of Health

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 18 **Waking Staff:** 14

Inspection Information

Type: Partial **Notice:** Announced **BHA Docket #:**
Reason: New **Exit Conference Date:** 02/24/2025

Inspection Dates and Department Representative

02/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served:** 12

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 12
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 6 **Have Physical Disability:** 0

Inspections / Reviews

02/24/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/24/2025

03/25/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/17/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/28/2025

Inspections / Reviews *(continued)*

03/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/18/2025

04/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 11:15 AM, blue binders containing residents' files including protected health information, were unlocked, unattended, and accessible in an unlocked closet in the unlocked doctor's office.

Plan of Correction

Accept [REDACTED] - 03/27/2025)

This was corrected on 02/24/2025; it was determined that the door was shut but the lock had not latched. All DCS will be in-serviced by 4/7/2025 on the importance of safeguarding resident's records. Additionally, The PCHA will routinely check the record's room door daily (added to daily Outlook calendar), as well as a weekly audit, for the next 4 weeks, beginning 04/07/2025 to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/07/2025

Implemented [REDACTED] - 04/18/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [REDACTED] has a beside mobility device that is not properly secured to [REDACTED] bed frame. The device is attached to a wooden board which slid under the bed frame between the mechanism that raises and lowers the head of the bed. The device moves from side to side approximately 6 inches to either side and is obstructing the bed from completely lowering.

Plan of Correction

Accept [REDACTED] - 03/27/2025)

The bed enabler was properly secured to the resident's bed by the EVS Director on 02/24/2025. DCS and EVS team members will be in-serviced by the PCHA, no later than, 04/07/2025 on the proper placement/stability of a bed enabler. Additionally, all DCS will be educated on reporting issues/concerns regarding the proper placement/stability of bed enablers, by 04/07/2025. The PCHA will check the proper placement of all bed enablers weekdays, during walking rounds. This item has been added to the PCHA's Outlook calendar 03/24/2025.

Licensee's Proposed Overall Completion Date: 04/07/2025

Implemented [REDACTED] - 04/18/2025)

85a - Sanitary Conditions

3. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:53 AM, a cookie, cardboard boxes, papers and tissues were jammed behind a dresser on the right

85a Sanitary Conditions (continued)

side of the room in the PC family lounge.

Plan of Correction

Accept (████ - 03/27/2025)

This was corrected on 02/24/2025. The Housekeeping Manager will in service housekeeping team members, by 04/07/2025 on the process for cleaning and maintaining the condition of PC sun porch. The Housekeeping Manager will conduct weekly rounds, for the next four weeks, following the education of the housekeeping team members, to confirm compliance of care of the PC sun porch (family lounge).

Licensee's Proposed Overall Completion Date: 04/07/2025

Implemented (████ - 04/18/2025)

87 - Lighting**4. Requirements**

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The light above the toilet in the bathroom near room █████ is not working and does not turn on.

The light in the shower in the bathroom near room █████ is not working. When the shower curtain is closed there is very little visibility.

Plan of Correction

Accept (████ - 03/27/2025)

All of the lights were replaced by EVS team members on 02/24/2025. All Direct Care Staff have been re educated on how to submit an electronic work request to ensure that environmental issues are reported in a timely manner to ensure resident and staff safety. The DCS will be re educated by 04/07/2025. The PCHA will monitor the DCS reporting process, following their re education, for the next four weeks to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/07/2025

Implemented (████ - 04/18/2025)

88a - Surfaces**5. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The wallpaper is peeling down from the ceiling in the hallway near room █████

There is a fist size circular area on the wall where the plaster and paint has cracked off towards the floor in front of the bathroom near room █████

Plan of Correction

Directed (████ - 03/27/2025)

The wallpaper by room █████ was repaired 02/25/2025.

The plaster outside of the bathroom by RM █████ will be repaired no later than 04/07/2025. All Direct Care Staff will be re educated on how to submit an electronic work request to ensure that environmental issues are reported in a

88a Surfaces (continued)

timely manner to ensure resident and staff safety. The DCS will be re educated by 04/07/2025. The PCHA will monitor the DCS reporting process, following their re education, for the next four weeks to ensure compliance.

Directed Plan of Correction:

In addition to the above plan of correction, the administrator or designee shall conduct a weekly walkthrough of all resident accessible areas to ensure that floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards, and to ensure that any issues that are present have been reported correctly through the work order request as indicated. Weekly walkthrough shall continue for 4 weeks then shall be conducted at least monthly for 5 months. Documentation of audits shall be kept and made available for Department review upon request.

Directed Completion Date: 04/07/2025

Implemented [redacted] - 04/18/2025)

100a - Exterior - Free of Hazards

6. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The concrete ramp outside of the activities area is eroding where the slabs meet creating divots and areas with loose stone.

Plan of Correction

Directed [redacted] - 03/27/2025)

All Direct Care Staff will be re educated on how to submit an electronic work request to ensure that environmental issues are reported in a timely manner to ensure resident and staff safety. The DCS will be re educated by 04/07/2025. The PCHA will monitor the DCS reporting process, following their re education, for the next four weeks to ensure compliance.

Directed Plan of Correction:

In addition to the above plan of correction, the administrator or designee shall conduct a weekly walkthrough of all resident accessible areas to ensure that floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards, and to ensure that any issues that are present have been reported correctly through the work order request as indicated. Weekly walkthrough shall continue for 4 weeks then shall be conducted at least monthly for 5 months. Documentation of audits shall be kept and made available for Department review upon request.

Directed Completion Date: 04/07/2025

Implemented [redacted] - 04/18/2025)

103d - Storing Food Off Floor

7. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On [redacted] at 10:11 AM, a case of water and crate of milk was stored on the floor in the basement. At 11:33 AM

103d Storing Food Off Floor (continued)

the crate of milk was still on the floor..

Plan of Correction

Accept [redacted] - 03/27/2025)

This was corrected on 02/24/2025. The crate of milk that was on the floor was milk that was "removed" from the refrigerator, because it expired, and was replaced with milk that was delivered this day. The Surveyor was here during the time of the delivery. When the Surveyor went back and discovered the milk in a crate on the floor, [redacted] went alone. The Surveyor did not inquire about the milk from the Dining Services Manager that was available. [redacted] would have explained that the milk was on the ground because it was going to be discarded appropriately, since the arrival of the new milk replaced it in the refrigerator.

Regardless, The Dining Services Manager will re educate dining team members on protocol for stocking and removing food items so that they are not on the floor. The Dining Services Manager will in service team members no later than 04/14/2025. Once all Team members have been educated, the Dining Services Manager will perform weekly audits, beginning 04/14/2025, for the next 4 weeks, to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented [redacted] - 04/18/2025)

103f - Refrigerator/Freezer Temps

8. 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 [redacted] at 10:12 AM the temperature in the basement freezer was 10 degrees Fahrenheit and at 11:33 AM it was 9 degrees Fahrenheit.

Plan of Correction

Accept [redacted] 03/27/2025)

This was corrected on 02/24/2025. The freezer temperature was elevated because of food deliveries that occurred while the surveyor was on site. Because of the ongoing deliveries, the freezer door was open for about an hour. When the Surveyor went to go recheck the temperature, it was only moments after the final delivery items were put away in the freezer. The Surveyor did not inquire about the conclusion time of the delivery, because [redacted] went to the freezer independently and did not speak with the Dining Services Manager, who was onsite at the time.

Regardless, The Dining Services Manager will re educate dining team members on protocol for maintaining proper freezer temperatures. The Dining Services Manager will in service team members no later than 04/14/2025. Once all Team members have been educated, the Dining Services Manager will perform weekly audits, beginning 04/14/2025, for the next 4 weeks, to ensure compliance. The Dining Services Manager perform weekly audits for the next four weeks, to ensure that all freezer temps are within the regulatory guidelines (below 0)

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented [redacted] - 04/18/2025)

132c Fire Drill Records

9. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [REDACTED] 7:10 AM does not include the number of residents evacuated, this section is blank.

Plan of Correction

Accept [REDACTED] - 03/25/2025)

The EVS Director was in-serviced on 01/30/2025. The PCHA will audit next 4 fire drills and related documentation to ensure the log is being filled out correctly.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 04/18/2025)

132h Designated Meeting Place

10. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill.

Description of Violation

During the fire drill on [REDACTED] at 7:10 AM, all residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. According to staff person A, during the fire drill that occurred on [REDACTED] at 7:10 AM, any resident who was in their room that is located behind fire rated doors remained in their room and did not move to a designated meeting area. During this drill all resident rooms were behind a fire rated door and did not evacuate to a designated meeting place.

Plan of Correction

Accept [REDACTED] - 03/27/2025)

The EVS Director to review the protocol for routine fire drills in Persona Care, as outlined by our fire safety expert, no later than, 03/31/2025. Residents are reminded and quizzed on the location of approved designated fire safe areas at monthly Resident Council meetings. The PCHA will quiz team members weekly to ensure their understanding and location of designated fire safe areas. PCHA will audit this beginning 03/31/2025 for the next 4 weeks to ensure understanding and compliance

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] - 04/18/2025)

162c Menu Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [REDACTED] was posted. However, the next weeks menu was not posted.

162c Menus Posted (continued)**Plan of Correction****Accept** [REDACTED] - 03/27/2025)

The Surveyor educated the Dining Services Manager regarding regulation 162c on 02/24/2025. Since this was corrected at the time of the survey and continues to be followed. The Dining Services Manager post two week menus regularly (see attached photo for verification). The Dining Service Manager will begin auditing the weekly posting of the menus beginning 03/31/2025 for the next four weeks to confirm compliance.

Licensee's Proposed Overall Completion Date: 03/31/2025**Implemented** [REDACTED] 04/18/2025)