



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 26 2017

Ms. Gail Dooley,
Assisted Living Administrator
Simpson Meadows
101 Plaza Drive
Downingtown, Pennsylvania 19335

RE: Simpson Meadows
License #: 141180


Dear Ms. Dooley:

As a result of the Department of Human Services' annual licensing inspections on January 30, 2017 and January 31, 2017, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences).

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,


Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

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| PCH Name: Simpson Meadows | | License Number: 141180 |
| Address: 101 Plaza Drive Downingtown, Pennsylvania 19335 | | County: Chester |
| Administrator: Gail Dooley | | |
| Legal Entity Name: Same | | |
| Legal Entity Address: Same | | |
| Certificate(s) of Occupancy: C2, LP (L&I) 12/17/99 | | |
| Type of Inspection: Full | | |
| Reason(s) for Inspection(s): Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site: January 30 & 31, 2017 Denise Gillespie and Dale Rosenblat | | |
| Off-Site Inspection Dates and Inspectors, if Applicable: NA | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 81 | Number of Residents who: | |
| Number of Residents Served: 54 | Receive Supplemental Security Income: 0 | |
| Secured Dementia Care Unit in Home: Yes | Are 60 Years of Age or Older: 52 | |
| Area: McKendree Gardens | Have Mental Illness: 0 | |
| Secured Unit Capacity, if Applicable: 18 | Have an Intellectual Disability: 0 | |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 | Have a Mobility Need: 21 | |
| Number of Current Hospice Residents: 7 | Have a Physical Disability: 0 | |
| Number of Hospice Residents in past year: 15 | | |

REVISED

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation

§ 2800.187. Medication records.

(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.

Violation

Resident #1 is prescribed Novolog, to be administered 3 times a day before meals. On 1/26/17 at 4:00 pm, 1 unit of insulin was administered to Resident #1, but it was not recorded on the Medication Administration Record. On 1/27/17 at 11:00 am, the resident was administered 1 unit of insulin but it was not recorded on the Medication Administration Record.

Plan of Correction

The corrected Injectable MAR was presented to the inspectors 1/31/2017 during our annual survey. Documentation showing the dosage was missing and has since been added. The nursing staff was notified of the correction to the form and in-serviced on the change on 1/31 and 2/1/17. The Administrator or designee will audit the Injectable MAR at the beginning of each month to ensure the medication record captures all required information per regulation 2800.187. The corrected Injectable MAR is attached showing the dosage to be documented.

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| Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Gail B Doolay</u> | |
| Signature of Legal Entity Representative (Required on all pages) <u>Gail B Doolay</u> | Date <u>3/29/17</u> |
| DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of <u>3-29-17</u> (Date) | Plan of correction implementation status as of <u>3-29-17</u> ; (Date) |
| The above plan of correction was approved by <u>GE</u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented |