



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 04 2018

Ms. Gail Dooley  
Assisted Living Administrator/ Director of Health Wellness  
Simpson Meadows  
101 Plaza Drive  
Downingtown, Pennsylvania 19335

RE: Simpson Meadows  
License #: 141180

Dear Ms. Dooley:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 31, 2018 and August 1, 2018 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

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](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  
License Inspection Summary

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

<b>ALR Name:</b> SIMPSON MEADOWS		<b>License Number:</b> 141180
<b>Address:</b> 101 PLAZA DRIVE, DOWNINGTOWN, PENNSYLVANIA 19335		<b>County:</b> CHESTER
<b>Administrator:</b> GAIL DOOLEY, LPN		
<b>Legal Entity Name:</b> SIMPSON MEADOWS		
<b>Legal Entity Address:</b> 101 PLAZA DRIVE, DOWNINGTOWN, PENNSYLVANIA 19335		
<b>Certificate(s) of Occupancy:</b> C2 LP, CWOPA DEPT OF L&I, December 17, 1999		
<b>Type of Inspection:</b> FULL		
<b>Reason(s) for inspection(s):</b> RENEWAL		
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> July 31, 2018 AND August 01, 2018 TAHESIA THOMAS AND DENISE GILLESPIE		
<b>Off-Site Inspection Dates and Inspectors, If Applicable:</b>		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 81	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 62	<b>Receive Supplemental Security Income:</b> 0	
<b>Secured Dementia Care Unit in Home:</b> YES	<b>Are 60 Years of Age or Older:</b> 62	
<b>Area:</b> MCKENDREE GARDENS	<b>Have Mental Illness:</b> 0	
<b>Secured Unit Capacity, If Applicable:</b> 18	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served in Secured Dementia Care Unit, If applicable:</b> 18	<b>Have a Mobility Need:</b> 24	
<b>Number of Current Hospice Residents:</b> 9	<b>Have a Physical Disability:</b> 0	
<b>Number of Hospice Residents in past year:</b> 17		

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

**Regulation**  
 2800.22(a)(1)  
 The following admission documents shall be completed for each resident: Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies:  
 (I) The resident is being admitted directly to the residence from an acute care hospital.  
 (II) The resident is being admitted to escape from an abusive situation.  
 (III) The resident has no alternative living arrangement.

**Violation**  
 Resident # 1's (admitted on 08/18/17) ADME was completed on 08/30/17.

**Plan of Correction**

Admission documents will be reviewed to assure all medical evaluations received are completed within 60 days prior to admission by the Assisted Living Administrator. Assurance checks will be included in the Quality Management Plan and completed randomly for compliance through 12/18.

Printed Name and Title of Legal Entity Representative (Required on all pages) Gail B Dooley

Signature of Legal Entity Representative (Required on all pages) Gail B Dooley Date 8/24/18

**DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9/21/18</u> (Date)	Plan of correction implementation status as of <u>10/2/18</u> (Date)
The above plan of correction was approved by <u>(Signature)</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

## LICENSING INSPECTION SUMMARY

### Assisted Living Residences – 55 Pa.Code § 2800

<b>Regulation</b> 2800.183(e) Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.
<b>Violation</b> On 08/01/18, the medication cart located on the 1 <sup>st</sup> floor (McKendree Gardens) has two loose pills at the bottom of the cart that were not secured in the original pharmacy package.
<b>Plan of Correction</b>

The medication cart for McKendree Gardens will be checked at the end of each shift by the nurse or medication technician for loose pills to ensure all medications are properly secured in their original pharmacy packaging. The attached form will be used for nurses and medication technicians to sign off at the end of each shift verifying there no loose pills were found on the medication cart.

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Gail B. Deoley</u>	
Signature of Legal Entity Representative (Required on all pages) <u>Gail B. Deoley</u>	Date <u>8/01/18</u>
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>9/21/18</u> <small>(Date)</small>	Plan of correction implementation status as of _____: <small>(Date)</small>
The above plan of correction was approved by <u>[Signature]</u> <small>(Initials)</small>	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially implemented – Adequate Progress <input type="checkbox"/> Partially implemented – Inadequate Progress <input type="checkbox"/> Not implemented