



December 11, 2019

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 August 13 and 14, 2019 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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.

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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SIMPSON MEADOWS*

License Number: *14118*

Address: *101 PLAZA DRIVE,, DOWNINGTOWN, PA 19335*

County: *CHESTER*

Region: *SOUTHEAST*

Administrator

Name: *Gail Dooley*

Phone: *6102698400*

Email: *GDOOLEY@SIMPSONMEADOWS.ORG*

Legal Entity

Name: *SIMPSON MEADOWS*

Address: *101 PLAZA DRIVE, DOWNINGTOWN, PA, 19335*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *12/17/1999*

Issued By: *Dpt L&I*

Staffing Hours

Resident Support Staff:

Total Daily Staff: *73*

Waking Staff: *55*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

08/13/2019 - On-Site: David Carrion, Youn Hie Chung

08/14/2019 - On-Site: David Carrion, Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81*

Residents Served: *51*

Special Care Unit

In Home: *Yes*

Area: *Mckendree Gardens*

Capacity: *18*

Residents Served: *16*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *51*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *22*

Have Physical Disability: *0*

141b1 Annual medical evaluation

Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 02/05/19. The resident's previous medical evaluation was completed on 12/19/17.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

141.b - There is a time line attached indicating the reason behind the delay for Resident #1. The first communication to the physician was on 12/12/18. Based on the son's response to our request for an updated medical evaluation, we were advised she was seen recently by her physician. An ADME was faxed to his office to complete based on that visit. Several attempts were made to obtain the completed ADME but were unsuccessful until her appointment. The documentation attached indicates the efforts taken to obtain the ADME per the regulations.

The administrator or designee will develop and implement a tracking form to facilitate the timely completion of annual ADME's, to ensure the residents medical evaluation is completed every 365 days. The administrator or designee will schedule the residents annual medical evaluation to ensure it is completed prior to the date of the previous ADME, by November 30, 2019.

The administrator or designee will conduct an audit of all resident ADME's to ensure the medical evaluations have been completed in accordance with the regulation, starting November 30, 2019.

Legal Entity Representative

Gail B Dooley
Signature

Gail B Dooley AL Administrator 10/4/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/1/19
(Date)

Plan of correction implementation status as of 11/1/19
(Date)

The above plan of correction was approved by SLW
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

183d Current medications

Requirements

2800.

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

Description of Violation

On 08/14/19, Loperamide Hydro 2 mg tab prescribed for resident #1, was in the residence's medication's cart; however, no doctor's order was found.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

183.d – The Loperamide Hydro 2 mg tablets were removed from the apartment due to no order on file. Documentation is attached regarding the procedure for auditing medication. This procedure is in place to prevent medications without physician orders to be available.

The administrator or designee will conduct a monthly audit of the med cart during monthly recaps to ensure only prescribed medications are maintained in the cart, starting immediately.

The administrator or med trainer will conduct a training, for all staff administering medications, on the importance of checking the medications in the med cart with the MAR during the monthly recaps by November 30, 2019.

(slw 11/1/19)

Legal Entity Representative

[Handwritten Signature]
Signature

Gail B Dooley AL Administrator 10/4/19
Printed Name and Title Date

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184a Labeling

Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #1's Oxycodone 10/325 mg does not include the prescribed dosage and instructions for administration.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

184.a – A copy of the medication label and physicians order is attached for your review regarding Resident #1. The order indicates the prescribed dosage and instructions for administration. The pharmacy was contacted and a new label was requested to indicate oral administration.

The administrator or designee will check all medications with the MAR to ensure all the required information is documented on the prescription label of all resident medications, immediately and monthly thereafter during recaps.

The administrator or med trainer will conduct a training on the importance of proper labeling on all medications to all staff administering medications and how to contact the pharmacy for a corrected label, by November 1, 2019. (slw 11/1/19)

Legal Entity Representative

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Signature

Gail B Dooley AL Administrator 10/4/19
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185a Storage procedures

Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

[Redacted]

Resident #2 is prescribed Blink Gel Tears as needed. On 08/14/19, this medication was not available in the residence.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

[Redacted]

Resident #2 has a PRN order for Blink Gel Tears. A copy of the label is attached for your review. Procedure is to leave an empty box in the med cart until the new medication is received. The pharmacy delivered the Blink Gel Tears on 8/14/2019. Med techs will follow the med audit procedure attached to prevent unavailability of medication.

The administrator or designee will conduct a training on the med audit procedures to all staff administering medications on the importance of ensuring all medications are available when scheduled for administration

Legal Entity Representative by November 30, 2019. (slw 11/1/19)

Gail B. Dooley
Signature

Gail B. Dooley AL Administrator 10/4/19
Printed Name and Title Date

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187a Medication record

Requirements

2800.

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

On 08/14/19, resident #3's, 8 am medication was not administered until 9:40 am.

Plan of Correction (POC)

(Attach names as necessary. Remember that you must sign and date any attached names. Include steps to correct the violation described above and steps to prev 187.a – Resident #3 received her medication 40 minutes late per policy parameters of an hour

before/after based on administration time indicated on the MAR. This resident requested medication be given after breakfast. The Medication Assistance/Administration procedure has been changed to reflect times based on the resident's preference as to when they would like to take their medication unless the physician indicates a specific time based on the medication. A copy of this procedure is attached and will take effect November 2019. The residents request will be relayed to the med techs to ensure the medications are admitted timely. (slw 11/1/19)

Legal Entity Representative

Gail B. Dooley
Signature

Gail B. Dooley, AL Administrator 10/4/19
Printed Name and Title Date

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187d Follow prescriber's orders

Requirements

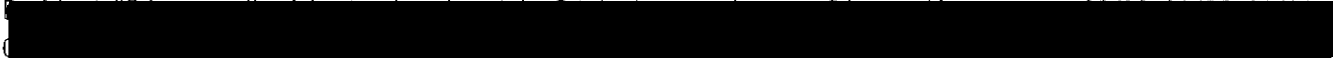
2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Methotrexate 2.5 mg tabs, take 4 tabs every Sunday. However, Methotrexate was not administered on 07/14/19 and 7/28/19.

Resident #1 is prescribed Novolog as a sliding scale at bedtime of 2 units if blood glucose is over 300. On 8/13/19, at bedtime, resident #1's blood glucose was 193, resident was administered 2 units of Novolog.



Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

187.d - Resident #1 did not receive the Methotrexate as it was not identified on the MAR to be given on 7/14/19 & 7/28/19. Please see the attached documentation for MAR audits preventing medications ordered on specific days missed.

Resident #1 did not receive the 2 units of Novolog. This was a mistaken entry on the blood sugar log. The dinner dose of 2 units was given and the nurse mistakenly entered the 2 units in error on the bedtime dose.



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