



Sent via e-mail gdooley@simpsonmeadows.org
June 26, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 15, 2020 found violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On January 23, 2020 we requested that you complete a plan to correct the violations. We have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-270-1137.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *SIMPSON MEADOWS*

License Number: *14118*

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

County: *CHESTER*

Region: *SOUTHEAST*

Administrator

Name: *Gall 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:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *76*

Waking Staff: *57*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

01/15/2020 - On-Site: David Carron

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81*

Residents Served: *53*

Special Care Unit

In Home: *Yes*

Area: *Mckendree Gardens*

Capacity: *18*

Residents Served: *17*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *53*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *23*

Have Physical Disability: *0*

16c Incident reporting

Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On 01/01/2020 at 3:30 am, resident#1 was slapped on the left side of his face by staff member A and was witnessed by staff member B. The residence did not report this incident to the Department until 01/02/2020 at 5:50 pm.

Plan of Correction (POC)

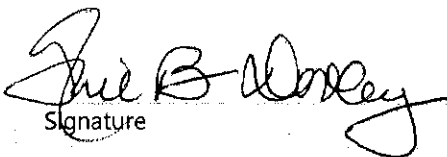
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The Administrator and Designee placed the DHS hotline and regional office phone numbers into their cell phones and will call with a reportable incident within 24 hours per regulation 2800.16.c when unable to send a written report within the required timeframe. It will then be followed up with a written report by the Assisted Living Administrator or Designee.

DPOC:

1. The administrator or designee will conduct a training on Incident Reporting for all staff of the home within 10 days of receipt of this plan of correction.
 2. Documentation of the training will be maintained for the Departments review.
 3. The administrator will discuss the incident reporting time-lines at monthly staff meetings for the next six months, starting immediately.
- SLW 6.24.2020

Legal Entity Representative


Signature

Gail B Dooley AL Admin 1/30/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 3/6/2020 (Date) Plan of correction implementation status as of 6.24.2020 (Date)

The above plan of correction was approved by CM (Initials) Implemented Not Implemented

42b Abuse/Neglect

Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff member B, during her rounds on 01/01/20 around 3:30 am, walked into McKendree Gardens, a memory care neighborhood, and heard yelling coming from staff member A towards resident #1. Staff Member B then witnessed Staff Member A strike Resident #1 on his left cheek with her open hand. Staff Member B asked staff member A "What are you doing"? Staff member A turned around and proceeded to fall on top of resident #1's wheelchair. Resident #1 had a red mark on the left side of his face that lasted one and a half hours.

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.)

See attached

Legal Entity Representative

Gail B. Dooley
Signature

Gail B. Dooley AL Admin. 1/30/2020
Printed Name and Title Date

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

The above plan of correction is approved as of *3/6/2020*
(Date)

Plan of correction implementation status as of *6.24.2020*
(Date)

The above plan of correction was approved by *CM*
(Initials)

Implemented
 Not Implemented

1/1/2020 (New Year's Day) – An incident report was completed by the charge nurse in regard to witnessing a care associate slap a resident residing in our memory care neighborhood at 3:30am while doing rounds. She walked into the living room and found the care associate yelling and then witnessed her slap the resident on his left cheek. When confronted, after the event the charge nurse asked her what she was doing and the care associate stated the resident had pulled her down as he was about to fall. The charge nurse stated the resident was not touching her at all. The resident was noted to have a reddened area to the left side of his cheek. The care associate stated she didn't slap him but then pleaded with the nurse to keep this incident between them. The nurse told her she was obligated to report this as a mandated reporter. The charge nurse called the Director of Assisted Living to advise her of the incident and in turn called the Administrator.

Once the written statement and verbal conversations regarding the investigation were completed, the Administrator determined there was sufficient evidence the staff member violated the resident's rights therefore was terminated on 1/2/2020.

The Director of Assisted Living (designee) held the monthly meeting for the nursing staff on 1/2/2020. This included an education discussion regarding mandated reporting regarding abuse and the importance of reporting alleged abuse. A verbal report was called to AAA which was followed by a written report. A reportable incident form was completed and emailed to DHS.

The Assisted Living Administrator and/or Director of Assisted Living (designee) will continue to provide training to all staff members in regard to Residents Rights (Specific Rights), OAPSA, and reportable incidents & conditions per DHS regulations upon hire and annually.

The Chester County Office of Aging is contacted annually to provide on-site training regarding Mandatory Abuse Reporting (ACT-13) in-service for all staff members.

DPOC:

1. The administrator will conduct a training on abuse and safe techniques responding to challenging situations to all staff within the next 10 days.
2. Documentation of the training will be maintained for the Departments review.
3. The administrator will discuss abuse and safe management techniques at monthly staff meetings for the next six months, starting immediately.

SLW 6.24.2020



236a Staff training

Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person C, date of hire 11/15/19, works in the special care unit, but only completed 4 hours of initial training related to dementia care within the first 30 days of the date of hire.

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.)

See Attached

Legal Entity Representative

Gail B Dooley
Signature

Gail B Dooley AL Admin 1/30/2020
Printed Name and Title Date

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Simpson Meadows

The staff member received 5.65 hours on her first day of orientation. This consisted of the following Teepa Snow videos:

Part 1 – Caregiver Stress & Dementia Coping Strategies – 145 minutes

Part 2 – The Condition of Dementia – 147 minutes

Part 3 – Becoming Dementia Knowledgeable – 96 minutes

This is a total of 5.65 hours of initial dementia training.

The additional training within 30 days of hire is as follows:

Reducing Risk by Changing Care Strategies – Teepa Snow – 156 minutes

Filling the day with Meaning (Activities) – Teepa Snow - 155 minutes

The staff member completed the additional dementia training time of 5.18 hours meeting the requirements per DHS regulation 2800.236.a. Total dementia training time is 10.83 hours. An audit of all new staff members has been identified and the additional 4 hours of dementia training will be completed by 2/6/2020. Going forward the Directors of Assisted Living and Human Resources will schedule new staff on the date of hire for the additional dementia training within 30 days of hire.