

Department of Human Services
Bureau of Human Service Licensing

February 22, 2021

██████████ ADMINISTRATOR
SIMPSON MEADOWS
101 PLAZA DRIVE
DOWNTOWN, PA 19335

RE: SIMPSON MEADOWS
101 PLAZA DRIVE
DOWNTOWN, PA, 19335
LICENSE/COC#: 14118

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SIMPSON MEADOWS* License #: *14118* License Expiration Date: *03/01/2022*
Address : *101 PLAZA DRIVE, DOWNINGTOWN, PA 19335*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6102698400* Email: [REDACTED]

Legal Entity

Name: *SIMPSON MEADOWS*
Address: *101 PLAZA DRIVE, DOWNINGTOWN, PA, 19335*
Phone: *6102698400* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *01/26/2021*

Inspection Dates and Department Representative

01/26/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *81* Residents Served: *41*

Special Care Unit

In Home: *Yes* Area: *McKendree* Capacity: *18* Residents Served: *17*

Hospice

Current Resident : *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *41*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *1*

Inspections / Reviews

01/26/2021 - Partial

Lead Inspector: *Alexander Goldstein*Follow Up Type: *POC Submission*Follow-Up Date: *02/10/2021*

2/11/2021 POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *02/19/2021*

2/22/2021 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

65a Fire Safety-1st day

1. Requirements

2800.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
 1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff member A, whose first day of work was [REDACTED] did not receive orientation for the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the residence’s smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

Plan of Correction

Accept

The fire safety training is the responsibility Fire Safety Director. Upon hire, the Human Resource Director will schedule training within the first 24 hours of employment and will maintain a checklist and assume responsibility for completion of orientation documents. Audits will be conducted by the Human Resource Director immediately after completion of the training to assure compliance.

Completion Date: 02/10/2021

Document Submission

Implemented

After doing an audit of all personnel files, Staff Member A orientation documents were located and are attached. The fire safety training policy and procedure is attached.

Update - 02/22/2021

SP - 02-22-21 - Home will ensure all employees have received orientation training in all aspects of regulation 2800.65a prior to first day of work.

65e Rights/Abuse 40 Hours

1. Requirements

2800.

- 65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 1. Resident rights.
 2. Emergency medical plan.

65e Rights/Abuse 40 Hours (continued)

- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.
- 5. Safe management techniques.
- 6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Description of Violation

Staff member A, whose first day of work was [REDACTED], did not complete training in the following topics:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.
- (5) Safe management techniques.
- (6) Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Plan of Correction

Accept

The Rights/Abuse training in the first 40 hours is the responsibility of the Administrator and or designee. Upon hire, the Human Resource Director will schedule training within the first 40 hours of employment and will maintain a checklist and assume responsibility for completion of orientation documents. Audits will be conducted by the Human Resource Director immediately after completion of the training to assure compliance.

Completion Date: 02/10/2021

Document Submission

Implemented

After doing an audit of all personnel files, Staff Member A orientation documents were located and are attached. Please see the attached policy and procedure for New hire orientation.

69 Dementia training

1. Requirements

2800.

- 69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person A, date of hire [REDACTED], did not complete 4 hours of dementia-specific training within 30 days of hire.

Plan of Correction

Accept

Dementia training is the responsibility of the Administrator and/or designee. Upon hire, the Human Resource Director will schedule training within the first 30 days of hire with the Administrator and/or designee. The HR Director will maintain a checklist and assume responsibility for completion of orientation documents. Audits will be conducted by the Human Resource Director immediately after completion of the training to assure compliance.

Completion Date: 02/10/2021

69 Dementia training (continued)

Document Submission **Implemented**

After doing an audit of all personnel files, Staff Member A orientation documents were located and are attached. The New Hire Orientation policy and procedure is attached as well.

Update 02/22/2021

SP 02-22-21 - Home will ensure all staff persons specified in regulation 2800.69 receive additional dementia specific training within timeframes. Documentation to be kept by home and made available for Department review.

187b Date/time of med admin

1. Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Slow Mag 3 tabs by mouth twice a day for supplement. Resident #1 s medication administration record does not include the initials of the staff person who administered the Slow Mag on 4/18/20 at 9:00pm.

Plan of Correction **Accept**

The Medication Technician administered multiple medications to the resident and missed signing initials on the MAR for the Slow Mag although all other medications did have initials for 9:00pm med pass. Simpson Meadows has now gone to EMAR which will avoid missing initials going forward. The Administrator and/or designee will review daily reports to assure compliance with initialing administered medications per the regulation and assure compliance.

Completion Date: 02/10/2021

Document Submission **Implemented**

We are now using electronic medication administration documentation. A copy of the policy and procedure for Medication Assistance/Administration is attached.

234e Involvement & participation

1. Requirements

2800.

234.e. Resident involvement in development of plan. The resident, the resident's designated person or the resident's family shall be involved in the development and the revisions of the support plan and if applicable, the rehabilitation plan.

Description of Violation

Resident #1's support plan was completed on 4/7/20. However, it was not signed, marked for refusal, unable to participate, declined, or unable to sign by the resident.

Plan of Correction **Accept**

The Administrator and/or designee will review the ASP once completed to assure the resident and/or family member was involved with the development of the support plan. All boxes will be checked by the Administrator and/or designee indicating the support plan was reviewed and verified whether there was or wasn't participation in the process. This will be completed and reviewed by the Administrator and/or designee after the final, annual or significant change occurs to assure compliance.

Completion Date: 02/10/2021

234e Involvement & participation (*continued*)**Document Submission****Implemented**

The Participation page is attached with a check indicating the resident was unable to participate in the support plan. A copy of the policy and procedure of the Assessment and Support Plan is attached.