

Department of Human Services
Bureau of Human Service Licensing

July 26, 2021

[REDACTED], CHIEF FINANCIAL OFFICER
WHITEMARSH CONTINUING CARE RETIREMENT COMMUNITY
4000 FOX HOUND DRIVE
LAYFAYETTE HILL, PA 19444

RE: THE HILL AT WHITEMARSH -
OAKLEY HALL ASSISTED LIVING
4000 FOX HOUND DRIVE
LAYFAYETTE HILL, PA, 19444
LICENSE/COCC#: 13902

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2021 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: *THE HILL AT WHITEMARSH - OAKLEY HALL ASSISTED LIVING* License #: *13902* License Expiration Date: *03/22/2022*
Address: *4000 FOX HOUND DRIVE, LAYFAYETTE HILL, PA 19444*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2154028748* Email: [REDACTED]

Legal Entity

Name: *WHITEMARSH CONTINUING CARE RETIREMENT COMMUNITY*
Address: *4000 FOX HOUND DRIVE, LAYFAYETTE HILL, PA, 19444*
Phone: *2154028748* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *05/11/2007* Issued By: *Whitemarsh Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/14/2021*

Inspection Dates and Department Representative

07/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* Residents Served: *24*

Special Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

07/14/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/26/2021*

7/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/26/2021*

7/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

107d Procedure EMA submission

1. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures were not submitted timely for 2021. The written procedures were submitted on 2/7/2020 and 3/2/2021

Plan of Correction

Accept

Emergency Management Plan to be reviewed annually by Facility and Fire Marshal. This Plan will be reviewed and signed off by all parties. This Plan will be sent to Whitemarsh Township annually. The Emergency Management was signed signed by Facility Staff and Whitemarsh Township Fire Marshall for 2021. The Plan was sent to Whitemarsh Township on 3/2/2021. In 2020. The Emergency Management Plan was reviewed, signed and sent to Whitemarsh Township on 2/7/2020. The Assisting Living Administrator and Director of Facilities will audit Emergency Management Plan to ensure it will be reviewed, signed and sent to Whitemarsh Township prior to 3/3/2022

Completion Date: 02/28/2022

Document Submission

Implemented

documents attached

141a Medical evaluation

1. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident # 1, dated 9/4/20, does not include an indication that a tuberculin skin test has been administered with negative results within 2 years. This area of the form is blank.

141a Medical evaluation (continued)

Plan of Correction

Accept

Medical Evaluations to be completed by Physician, PA or Certified Registered Nurse on form specified by Department. This form shall be completed by the above within the appropriate time frames for each initial, annual, and significant change evaluation. Assisted Living Administrator or Designee will check for completion and return to MD/Designee if any information is missing. Assisted Living Administrator will audit each new (initial, annual, significant change) medical evaluation for completion.

New admit on [REDACTED] was first medical evaluation to be audited - was in compliance

Completion Date: 07/20/2021

Document Submission

Implemented

Documents attached

183d Current medications

1. 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 7/14/21, Ondansetron (Zofran) Tab 4 Mg prescribed for resident # 2, was in the residence's medication cart; however, the medication was discontinued in April of 2021.

Plan of Correction

Accept

Only current medications, OTC, sample and CAM for residents may be kept in the medication cart. Medication Cart Audits to be completed weekly x 3 moths; monthly thereafter. Audits will be done on various days and shifts by Floor Nurse. Assisted Living Administrator will collect and review for compliance. Please see attached Medication Cart Audit Form. First audit completed 7/21/2021

Completion Date: 07/21/2021

Document Submission

Implemented

Documents attached