

Department of Human Services  
Bureau of Human Service Licensing

June 3, 2022

[REDACTED]  
SIMPSON MEADOWS  
101 PLAZA DRIVE  
DOWNINGTOWN, PA, 19335

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/14/2022, 03/15/2022, 04/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *SIMPSON MEADOWS* License #: *14118* License Expiration: *03/01/2023*  
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**

Type: *C-2 LP* Date: *12/17/1999* Issued By: *East Calnt Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *03/15/2022*

**Inspection Dates and Department Representative**

*03/14/2022 - On-Site:* [REDACTED]  
*03/15/2022 - On-Site:* [REDACTED]  
*04/01/2022 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *81* Residents Served: *58*

**Special Care Unit**

In Home: *Yes* Area: *MCKENDREE* Capacity: *18* Residents Served: *11*

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *23* Have Physical Disability: *1*

Inspections / Reviews

03/14/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2022*

05/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/18/2022*

06/03/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

51 Criminal background checks

1. Requirements

2800.

51. Criminal background checks

- a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- b. The hiring policies shall be in accordance with the Department of Aging’s Older Adult Protective Services Act policy as posted on the Department of Aging’s web site.

Description of Violation

Staff person A's date of hire was [REDACTED]/22. The home failed to complete the criminal background check.

Staff person B's date of hire was [REDACTED]/21. The home completed the criminal background check on [REDACTED]/2022.

Plan of Correction

Accept

Background checks have been completed for staff person A and staff person B. Assisted Living Administrator in conjunction with Human Resource manager will create an audit system for all new hires beginning 5/2/22 and continuing for 180days to ensure all record checks are completed for new hires.

Completion Date: 05/17/2022

Document Submission

Implemented

see attachment

63a First Aid/CPR 1:35

1. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 3/1/22 and 3/2/22, from 11:00 pm to 7:00 am, 43 residents were present in the residence. During this time only 1 staff person in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accept

CPR class was held 3/25/22 to increase the number of staff who are CPR certified, trained in first aid and trained in certified obstructed airway techniques. Assisted Living Administrator will audit schedule to ensure that at least two staff are CPR certified, trained in first aid and trained in certified obstructed airway techniques. for each shift beginning 5/2/22 daily for one week, weekly for one month, and monthly for three months.

Completion Date: 05/17/2022

Document Submission

Implemented

CPR cards attached

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:

65e Rights/Abuse 40 Hours (continued)

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.

**Description of Violation**

Staff person A, hired [REDACTED] 2022, did not complete training in any of the following topics:

- o Resident rights
- o Emergency medical plan
- o Abuse reporting
- o Reporting reportable incident
- o Safe management techniques
- o Core competencies

**Plan of Correction**

**Accept**

Staff person A completed training on Resident rights, emergency medical plan, abuse reporting, reporting reportable incidents, safe management techniques and core competencies. New orientation checklist has been created and will be used with new hires beginning 5/2/22. Human resources, Executive Director, or designee will audit all new hires for completion of new hire checklist beginning 5/2/22 and continuing for 180 days.

**Completion Date:** 05/17/2022

**Document Submission**

**Implemented**

Provide documentation

65f Ancillary staff orientation

**1. Requirements**

2800.

65.f. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

**Description of Violation**

Ancillary staff person A, whose first day of work was [REDACTED] 22 did not receive a general orientation to [REDACTED] specific job functions.

**Plan of Correction**

**Accept**

Ancillary staff person A has received a general orientation to [REDACTED] specific job functions. New orientation checklist has been created and will begin to use for all new hire's beginning 5/2/22. Human resources manager, Executive Director or designee will audit completion of new hire checklist beginning 5/2/22 and continuing for 180 days.

**Completion Date:** 05/17/2022

**Document Submission**

**Implemented**

Provide documentation

65g Initial direct care training

1. Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with mental illness, neurological impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the residence.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. The signs and symptoms of infections and infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
  - xvii. Behavioral management techniques.
  - xviii. Understanding of the resident’s assessment and how to implement the resident’s support plan.
  - xix. Person-centered care and aging in place.

Description of Violation

*Direct care staff person C did not complete the Department approved direct care training course and passing of the competency test.*

Plan of Correction

**Accept**

*Staff person C is no longer employed by the residency therefore there is no opportunity to correct. Human resources manager, Executive Director, or designee will audit all direct care new hires for completion of department approved direct card training course and passing of competency test beginning 5/2/22 and continuing for 180 days.*

**Completion Date:** 05/17/2022

Document Submission

**Implemented**

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.

69 Dementia training (continued)

Description of Violation

Staff person A, date of hire [redacted]/22, did not receive the 2 hours of dementia-specific training within 30 days of hire.

Staff person B, date of hire [redacted] 21, did not receive the 2 hours of dementia-specific training within 30 days of hire.

Staff person D, date of hire [redacted]/21, did not receive the 2 hours of dementia-specific training within 30 days of hire.

Plan of Correction

Accept

Staff person A, B and D will have completed 4 hours of Dementia-Specific training by 5/2/22. Human resource manager, Executive Director, or designee will audit all new hires for completion of new orientation check list beginning 5/2/22 and continuing for 180 days.

Completion Date: 05/17/2022

Document Submission

Implemented

Provide documentation

85a Sanitary conditions

1. Requirements

2800.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/15/22, at 10:18 am, resident #1's room has strong urine smell due to the two urinals filled with urine in the window sill of the room.

Plan of Correction

Accept

On 3/15/22 both urinals in question were removed from residency by Assisted Living Administrator. Housekeeping services were sent to provide cleaning and sanitation of residency and bathroom following the removal of the urinals. Urinal checks will be added to ADL flowsheets for all direct care staff. Nursing supervisor will conduct audit of urinal removal for daily for one week, weekly for one month and then monthly for three months.

Completion Date: 05/17/2022

Document Submission

Implemented

184a Labeling

1. Requirements

2800.  
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident #1's Rosuvastatin indicates 10 mg however the medication administration record indicate 20 mg.

Plan of Correction

Accept

Resident #1 is deceased. All new medication orders once entered by the charge nurse will be verified for accuracy

184a Labeling (continued)

by an additional nurse on the 11-7 shift beginning on 5/2/22. All new orders will be audited for two signatures daily for one week, weekly for one month and then monthly for three months.

Completion Date: 05/17/2022

Document Submission

Implemented

184b Resident meds labeled

1. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 3/15/22, a container of Vitamin C 1000 mg belonging to resident #2 was in the medication cart and not labeled with the resident's name.

On 3/15/22, a container of PreserVision belonging to resident #3 was in the locked cabinet and not labeled with the resident's name.

Plan of Correction

Accept

All vitamin C has been removed from the medication cart. All vitamin C is kept in resident room. Vitamin C for resident #2 has been labeled by the charge nurse. PreserVision for resident #3 has been labeled by the charge nurse. Medication cycle fill and refill will be monitored by medication technician and all unlabeled items will be returned to the pharmacy.

Completion Date: 05/17/2022

Document Submission

Implemented

185a Storage procedures

1. 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

Resident #3 is prescribed Acetaminophen, Miralax Powder and Senna laxative 8.6 mg as needed. On 3/15/22 this medication was not available in the residence.

Plan of Correction

Accept

Direct care staff will be serviced by Nursing supervisor to know which residents use house stock medications and to know where they are located, and that MAR would indicate a particular medication is a house stock medication by 5/2/22. Nursing supervisor will audit all orders for house stock medications to confirm that all orders included "medication is house stock."

Completion Date: 05/17/2022

Document Submission

Implemented



[REDACTED]

[REDACTED]

[REDACTED]

*Violation Withdrawn MJ 5/2/22*

[REDACTED]

[REDACTED]

[REDACTED]

*Violation Withdrawn MJ 5/2/22*

225b Assessment content

1. Requirements

2800.

225.b. The assessment must, at a minimum include the following:

1. The resident's need for assistance with ADLs and IADLs.
2. The mobility needs of the resident.
3. The ability of the resident to self-administer medication.
4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.
5. The resident's need for supplemental health care services.
6. The resident's need for special diet or meal requirements.
7. The resident's ability to safely operate key-locking devices.

**225b Assessment content (continued)****Description of Violation**

Resident #1's assessment, dated [REDACTED]/21, does not include residents' behavior when receiving personal care. Resident has voluntary bowel movements and demands the staff clean it up now, because per [REDACTED] words, "I'm lazy, clean it up!"

**Plan of Correction****Accept**

Facility has no opportunity to correct opportunity for resident #1, resident #1 is deceased. Assisted Living Administrator of nursing supervisor will in-service all direct care nursing staff on the communication of care issues to the Nursing supervisor, charge nurse, or Assisted Living Administrator so that the support plan can be updated.

**Completion Date:** 05/17/2022

**Document Submission****Implemented**