

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

February 23, 2024

[REDACTED]
SIMPSON MEADOWS
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SIMPSON MEADOWS* License #: *14118* License Expiration: *03/01/2024*
 Address: *101 PLAZA DRIVE, DOWNINGTOWN, PA 19335*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *SIMPSON MEADOWS*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *01/18/2024*

Inspection Dates and Department Representative

01/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *81* Residents Served: *33*

Special Care Unit
 In Home: *Yes* Area: *McKendree Gardens* Capacity: *17* Residents Served: *16*

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

01/18/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/05/2024*

02/07/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/23/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/17/2024*

Inspections / Reviews (*continued*)

02/23/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 [redacted] dated [redacted], does not include the date when it was completed, medical information pertinent to diagnosis and treatment in case of an emergency or the medication regimen, contraindicated medications, medication side effects, or the ability to self-administer medications. This area of the form is blank.

Plan of Correction

Accept [redacted] - 02/07/2024)

Resident [redacted] no longer resides in our community so there is no way to correct.

An audit will be completed by [redacted] to ensure all current ADME's are completed in full, this will be completed by the Administrator or designee.

All new admissions and annual ADME's will be monitored for accuracy and reported on during QAPI for 90 days.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] - 02/23/2024)

227a Final support plan – 30 days

2. Requirements

2800.

227.a. Each resident requiring services shall have a written final support plan developed and implemented within 30 days after admission to the residence. The final support plan shall be documented on the Department’s support plan form.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident’s final support plan was not dated.

Plan of Correction

Accept [redacted] - 02/07/2024)

Resident [redacted] no longer resides at our community so there is no way to correct.

227a Final support plan – 30 days (continued)

An audit will be completed by [REDACTED] to ensure that all support plans have been dated by the Administrator or designee.

Tracking spreadsheet to include dates will be implemented to track compliance and will be monitored for 90 days by the Administrator and reported on at QAPI.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] - 02/23/2024)

227c Final support plan - revision

3. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment. The residence shall review each resident’s final support plan on a quarterly basis and modify as necessary to meet the resident’s needs.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED] indicates a change in the resident’s needs. Specifically, no-concentrated sweets diet. However, resident [REDACTED] support plan, does not include the special dietary need. The resident’s support plan was not revised following the change in the resident’s needs.

Plan of Correction

Accepted [REDACTED] - 02/07/2024)

Resident [REDACTED] no longer resides at our community so there is no way to correct.

An audit will be completed by [REDACTED] to ensure that Diet orders are updated and reflected in the support plan by the Administrator or designee.

The Administrator will verify diet orders on the support plan to match current orders during care conferences for 90 days.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] - 02/23/2024)

227g Support plan - signatures

4. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] or [REDACTED] support plan on [REDACTED]. However, the resident did not sign and date the support plan.

Plan of Correction

Accepted [REDACTED] - 02/07/2024)

Resident [REDACTED] no longer resides in our community so there is no way to correct.

An audit will be completed by [REDACTED] to ensure that all support plans have been signed and dated by the Administrator or designee.

227g Support plan - signatures (continued)

Tracking spreadsheet to include dates will be implemented to track compliance and will be monitored for 90 days by the Administrator and reported on during QAPI.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] - 02/23/2024)

227h Support plan – refusal sign

5. Requirements

2800.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [redacted] participated in the development of [redacted] or [redacted] support plan on [redacted]. The resident did not sign the support plan. The residence did not make a notation regarding the resident's inability or refusal to sign.

Repeat Violation: 5/22/2023

Plan of Correction

Accept [redacted] - 02/07/2024)

Resident [redacted] no longer resides in our community so there is no way to correct.

An audit will be completed by [redacted] to ensure that all support plans have been signed or if a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Tracking spreadsheet to include dates will be implemented to track compliance and will be monitored for 90 days by the Administrator and reported on during QAPI.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] 02/23/2024)

231c1 Preadmit screening

6. Requirements

2800.

231.c.1. Special care unit for residents with Alzheimer’s disease or dementia.

- i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.
- ii. A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multidimensional evaluation of a resident and assists in developing a support plan by working with the resident’s physician, designated person and the resident’s family to coordinate the resident’s care.

Description of Violation

Resident [redacted] was admitted to the special care unit on [redacted]. However, resident [redacted] written cognitive pre-admission screening was not dated.

Plan of Correction

Accept [redacted] 02/07/2024)

Resident [redacted] no longer resides at our community so there is no way to correct.

An audit will be completed by [redacted] to ensure that all cognitive pre-admission screening forms have been dated by the Administrator or designee.

Tracking spreadsheet to include dates will be implemented to track compliance and will be monitored for 90 days

231c1 Preadmit screening (continued)

by the Administrator and reported on during QAPI.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented ██████ 02/23/2024)

252 Records – content**7. Requirements**

2800.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. A language, speech, hearing or vision need which requires accommodation or awareness of during oral or written communication.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the residence, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the residence, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2800.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.
27. A record relating to any exception request under § 2800.229 (relating to excludable conditions; exceptions).
28. Ongoing resident progress notes.

252 Records – content (continued)

Description of Violation

Residents [REDACTED] and [REDACTED] records do not include hair or eye color or a record of incident reports for the individual resident.

Plan of Correction

Accept [REDACTED] - 02/07/2024)

Resident [REDACTED] no longer resides in our community so there is no way to correct.

Resident [REDACTED] no longer resides at our community so there is no way to correct.

An audit will be completed by [REDACTED] to ensure that all face sheets include eye and hair color by the Administrator of designee.

All new admissions will be monitored for compliance by the Administrator for 90 days.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] - 02/23/2024)