



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

JUN 22 2017

Mr. Kevin McCollum,
Member
Care HSL Newtown OPCO LLC
c/o Heritage Senior Living
765 Skippack Pike
Blue Bell, Pennsylvania 19422

RE: The Birches at Newtown
70 Durham Road
Newtown, Pennsylvania 18940
License #: 142302

Dear Mr. McCollum:

As a result of the Department of Human Services' (Department) licensing inspections on January 24, 2017, January 25, 2017 and May 17, 2017 of the above facility, we found that violations specified for your previous provisional license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Kevin McCollum

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

POH Name: THE BIRCHES AT NEWTOWN		License Number: 14230
Address: 70 DURHAM ROAD, NEWTOWN, PA 18940		County: Bucks
Administrator: Kevin McCollum		Region: SOUTHEAST
Legal Entity Name: CARE HSL NEWTOWN OPCO LLC		
Legal Entity Address: 785 SKIPPACK PIKE, BLUE BELL, PA 19422		
Certificate(s) of Occupancy 1-2 08/17/2016 Newtown Township		
Staffing Hours Resident Support: Kavik Total Daily Staff: 184 Waking Staff: 136		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/24/2017: Gray, Dean; Kazimer, Lauren; Weaver, Tina 01/25/2017: Gray, Dean; Kazimer, Lauren; Weaver, Tina		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 120	Number of Residents who:	
Number of Residents Served: 114	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 114	
Area: DAYBREAK	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 67	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 67	Have a Mobility Need: 70	
Number of Current Hospice Residents: 14	Have a Physical Disability: 78	
Number of Hospice Residents in past year: 24		

Violation Report: 14230 - 01/24/2017 - Gray, Dean
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 66 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 1/16/17 at 6:00 pm, staff person A, who was standing over resident #1, was observed pushing resident #1's head back and upward while the resident was reclined in a geriatric chair. Staff person A then placed their fist under the residents chin, while trying to force the resident to take their medications. Staff person A was heard shouting "take your medicine".

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 incident was reported to the Executive Director immediately, per policy. Executive Director suspended the associate at the time of the incident and began investigation. Per regulation 2600.16 (a), the incident was called and reported to the Protective Services Hotline at that time. An ACT 13 form was completed and faxed to the department, and initial incident reporting form was faxed to The Department of Human Services as per regulation.

Upon conclusion of investigation, associate was terminated, final incident reporting form was sent to The Department of Human Services detailing the investigation and its conclusion.

All staff was reeducated on Abuse, Resident Rights and reportable events and on 1/20/17.

Administrator will hold staff meetings monthly to discuss professional behavior, definition of abuse and correct procedures for medication administration.

Additional training for staff on proper techniques for medication administration. All staff must sign off on the training.

All staff will be trained on abuse within 10 days receipt of the accepted POC. All staff must sign off on the training. Documentation must be maintained for Department review *do*

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Cahill Yannuzzi (R)* Date *2/10/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>3/3/17</i> (Date)	Plan of correction implementation status as of <i>5/24/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully implemented <input type="checkbox"/> Partially implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14230 - 01/24/2017 - Gray, Dean
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2800
 2800.64(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2800.64(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, does not have a high school diploma; direct care person B, does not have a GED.

3. 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.

Direct Care staff member A, is no longer employed at the community. Staff member B had just been hired and was in process of completing paperwork and documentation. She became ill and did not return to the community for us to secure her GED for her file.

Human Resource Director was reminded of the regulation related to staff education requirements. A new hire checklist is in use, and is attached. Moving forward, no staff will be permitted to start working until Executive Director has reviewed the new hire file and checklist to ensure compliance with regulation.

The administrator is responsible for continued compliance (K)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim Cahill Yannuzzi*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Cahill Yannuzzi (K)* Date *2/10/17*

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The above plan of correction was approved by <u><i>KY</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14230 - 01/24/2017 - Gray, Dean
 POH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 56 Pa. Code §2800
 2600.86(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 - On the morning and afternoon of 1/15/17 and 1/20/17, resident #2's blood sugar was taken with resident's #4's glucometer.
 - On the morning and afternoon of 1/18/17, resident #2's blood sugar was taken with resident #5's glucometer.
 - At bedtime 1/24/17 at bad time, resident #2's blood glucose level was taken with resident #3's glucometer.

3. 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 glucometers that contained the incorrect or missing readings as stated in violation, were tracked to one staff member. That staff member was counseled on the importance of maintaining sanitary conditions and utilizing only glucometers that are assigned to the resident for whom you are checking a blood glucose.

New glucometers were ordered and delivered for the diabetic residents. All meters were labeled with name, and bag that holds meter was marked with name as well. (See attached). All glucometers in house were audited for correct readings over the last 30 days. Ongoing, audits will be conducted weekly by nurse or designee, to ensure compliance with regulation. All med techs were reeducated on the importance of using only the glucometer assigned to that resident and that audits will be completed weekly. Also, all diabetic residents have a PRN accu check order to ensure any additional monitoring of that resident will have a place on MAR to be recorded.


Administrator will immediately conduct weekly audits of glucometers for the next six months then monthly thereafter. Documentation of the audits will be maintained for Department review.

Repeat Violation: No	Date(s) of Previous Violation(s): 10/28/2016
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Signature of Legal Entity Representative (Required on EVERY Page)


Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Kim Cahill Yannuzzi RN Date 2/10/17

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Violation Report: 14230 - 01/24/2017 - Gray, Dean
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 66 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher located outside room #22, did not have a dated inspection tag.


3. 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 extinguisher that was found in violation, was outside of an apartment on the memory care unit. According to the regulation under "Inspection Procedures" it states that inspectors will review the tags or other documentation verifying that each extinguisher has been inspected within the last year. (See attached documentation)


All 39 extinguishers have been inspected per [redacted] inspection on 10-6-16. Additionally, per Monthly inspection by Maintenance Department, all tags were present on his inspection on 1-4-17.

Ongoing, this will continue to be the procedure.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Kim Cahill, Yarnuzzi LP 2/10/17

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Violation Report: 14230 - 01/24/2017 - Gray, Dean
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 66 Pa. Code §2800
 2800.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
 Resident # 7 was admitted on [redacted] 16; The resident's medical evaluation was completed on [redacted] 16.

3. 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 resident in violation had planned to move in on several dates, but was postponed due to different issues that arose. The medical evaluation was done upon first agreed upon move in date. All DME's were audited by Executive Director on 1/31/17 and 2/1/17 and found to be in compliance with regulation. DME's and RASPS are being tracked and completed per regulation.

Moving forward, all DME's will be checked by Resident Care Director or designee, and Executive Director for correct date range, prior to filing in chart. Any discrepancies will be cleared with physician and changes made per order.

The administrator is responsible for continued compliance

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Vannuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Vannuzzi* Date *2/10/17*

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Plan of correction implementation status as of 3/3/17 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14230 - 01/24/2017 - Gray, Dean
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 65 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident # 8's, last medical evaluation was completed on 11/30/16 and the previous DME was completed on 9/11/15.

3. 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 resident in violation was not seen by her physician during the required date range for evaluation to be completed.

Moving forward, all DME's will be checked by Resident Care Director or designee, and Executive Director for correct date range, prior to filling in chart. Any discrepancies will be cleared with physician and changes made per order.

The administrator is responsible for continued compliance @

The administrator will develop a tracking method that includes all relevant information necessary to ensure continued compliance. @

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim Cahill Yannuzzi*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Cahill Yannuzzi* Date *2/10/17*

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 (Initials)

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Violation Report: 14230 - 01/24/2017 - Gray, Dean
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600
 2600.186(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 On 01/25/16, Resident # 6's Ibuprofen 200mg was observed in the medication cart. The resident is prescribed, Ibuprofen 400mg, 1 tablet by mouth, every 6 hours PRN.

3. 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 resident in violation, had moved into the community on 1/24/17, and had brought medications from home. [redacted] had correct order for the Ibuprofen 400mg, however bottle was not labeled to administer 2 tablets of the 200mg to equal 400mg. Corrected at time of inspection.

Moving forward, all new medications will be checked in by Resident Care Director or designee. Additionally medication cart audits are being conducted weekly to ensure all medications are labeled correctly, by Resident Care Director, starting immediately. *[Signature]*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill, Yarnuzzi W* Date *2/10/17*

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 (Initials)

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Violation Report: 14230 - 01/24/2017 - Gray, Dean
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 66 Pa.Code §2600
 2600.231(a) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #9 was admitted to the SDCU unit on [redacted] '16. The cognitive screening was completed on [redacted] '16.

3. 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 resident in violation had a move in date scheduled for [redacted] '16. [redacted] was sent to hospital before [redacted] was able to move in on that date. [redacted] arrived at the community on [redacted] '16, and Cognitive screen was not updated to reflect change in date.

Moving forward, all move in paperwork will be checked by Resident care Director, or designee. Executive Director will audit each new move in chart within 3 days to ensure accuracy in dates of all paperwork. Any discrepancies will be corrected within the regulation guidelines.

The administrator is responsible for continued compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Cahill*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill, Yarnuz* Date *2/10/17*

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