



OCT 25 2017

Mr. Kevin McCollum
Vice President
Care HSL Harleysville OpCo, LLC
765 Skippack Pike
Blue Bell, Pennsylvania 19422

RE: Birches at Arbour Square
691 Main Street
Harleysville, Pennsylvania 19438
License #: 142660

Dear Mr. McCollum:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspections on July 20, 2017 and July 21, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14266 - 07/20/2017 - Gray, Dean
 PCH Name: Birches at Arbour Square

1. REGULATION 85 Pa.Code §2600

2600.85(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (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 dementia, mental illness, cognitive impairments, mental retardation 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 home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

The home was unable to provide documentation that Direct care staff person A, hired 05/08/17, successfully completed the Department approved direct care training and competency test.

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.

2600.65(d)

Direct Care staff person completed the Competency Test on the day of Survey to meet compliance. Attachment A3

New orientation training and reviews have been implemented so documentation does not become misplaced.

This is a double check system to insure we remain in compliance with both policy and regulation.

Attachments, A, A1, A2

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Denise M. Langman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise M. Langman, Interim Exec. Director* Date *9-12-17*

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

The above plan of correction is approved as of *9/22/17*
 (Date)

Plan of correction implementation status as of *9/22/17*
 (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: 14266 - 07/20/2017 - Gray, Dean PCH Name: Birches at Arbour Square	
1. REGULATION 68 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION On 07/20/17, at 12:05 P.M. during the medication pass observation, staff person B did not clean the work area before administering medications.	
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.	
2600.85(a) Medication Administrator was remediated at the time of survey. Medication Administrators have been re-in serviced on the importance of maintaining a clean work environment per the medication training protocols. Attachment B, B1, B2, B3 Administrator or designee will monitor for on-going compliance.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Denise M. Langman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise M. Langman Interim Exec. Director</i>	
Date <i>9-12-17</i>	
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The above plan of correction was approved by <i>[Signature]</i> (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: 14266 - 07/20/2017 - Gray, Dean
 PCH Name: Birches at Arbour Square

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 7/21/17, Resident #1's Hydrocorm Cream was unlocked and accessible in Room # [REDACTED]

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.

2600.183(b)

Resident's DME and RASP have been reviewed to note she can self-administer her hydrocorm cream. Resident does have a key to her room and will keep it locked when not in the room.

Attachment C,

Administrator or designee will monitor weekly for on-going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Denise M. Langman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Denise M. Langman, Interim Exec Director Date 9-12-17

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Violation Report: 14266 - 07/20/2017 - Gray, Dean
 PCH Name: Birches at Arbour Square

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 2 is prescribed sliding scale coverage for Humalog 100 ml before meals at 8:00 am, 12:00 pm and 4:30 pm. There was no documentation of glucose testing on the medication administration record for 7/1, 7/2, 7/3, 7/9, 7/15 and 7/16/17 at 8:00 am and 7/15 and 7/16/17 at 12:00 pm.

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.

2600.187(b)

The documentation was noted under his routine Accu-check on his MAR (Page 1 of MAR) The blood glucose was not re-documented on the MAR for the dates noted due to being held for the parameters per physician's sliding scale order. There were two options for the blood glucose entry one for a note or an exception. When checking hold for exception, the system does not allow for any additional documentation of the blood glucose. If the note is checked, then a blood glucose can be added. The pharmacy was contacted and there is now one glucose reading documentation area for both the straight and the sliding scale orders for this type of medication. The documentation matched his glucometer readings at the time of site visit. A copy of the blood glucose readings with the parameters for the mentioned dates is attached.

Attachment D

Administrator or Designee will monitor for continued compliance

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Violation Report: 14268 - 07/20/2017 - Gray, Dean
 PCH Name: Birches at Arbour Square

1. REGULATION 65 Pa. Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #3 participated in the development of their support plan dated 03/09/17. The resident did not sign the support plan.

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.

2600.227(g)
 This was an oversight by staff person completing the RASP. It was corrected at the time of inspection. Attachment (F).
 Resident Care Director and Executive Director will monitor any new, annual or significant changes in a RASP for signatures prior to uploading in resident chart to insure on-going compliance.
 Attachment E
 Administrator or Designee will monitor for on-going compliance.

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Printed Name and Title of Legal Entity Representative
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