



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

July 3, 2018

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

July 3, 2018

Mr. Martin Steinberger  
Indirect Manager  
Warwick Bridges, LLC  
1000 Legion Place, Suite 1600  
Orlando, Florida 32801

RE: The Bridges at Warwick  
1600 Almshouse Road  
Jamison, Pennsylvania 18929  
License #: 143160

Dear Mr. Steinberger:

As a result of the Department's Bureau of Human Services Licensing inspection on January 18, 2018 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.

Sincerely,

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 14316 - 01/18/2018 - Parker, Shawn  
 PGH Name: THE BRIDGES AT WARWICK

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 #.1 participated in the development of their support plan on 03-06-17. 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.

It was communicated on 1/18/2018 and has been reinforced with The Director of Resident Health Services and Vista Director (Secure Memory Care Residence Director) that every attempt must be made to have each Resident sign the RASP document - initial RASP, Annual RASP, Significant Change RASP, or RASP prepared at the request of the Dept. This has also been communicated and reinforced - if the resident refuses to sign or cannot sign, this needs to be documented as such. The Lead Concierge places the completed RASP into the medical charts and she is aware to check the document - Part V - Participation - to see that the Resident's name is neatly printed or handwritten, the signature is secured or reason for no signature is noted; the date the signature was secured or dates the attempt(s) were made; the documentation section is completed regarding requesting and providing a copy of the RASP. This has been reinforced with the Lead Concierge

Ongoing compliance is monitored through periodic chart reviews which are conducted by the Director of Operations and Executive Director, together with the Director of Resident Health Services and Vista Director.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Susan G. Sunderland ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan G. Sunderland Executive Director* Date *06/08/2018*

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

The above plan of correction is approved as of 07-3-18  
 (Date)

The above plan of correction was approved by SP  
 (Initials)

Plan of correction implementation status as of 7-3-18  
 (Date)

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