



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
January 15, 2019

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
January 15, 2019

Mr. Robert W. Chapin, Jr.
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. Chapin:

As a result of the Department's Bureau of Human Services Licensing inspection on June 21, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

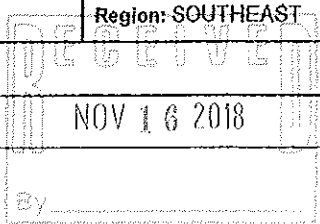
Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams
Regional Licensing Director

Enclosure
Violation Report

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

PCH Name: THE BRIDGES AT WARWICK		License Number: 14316
Address: 1600 ALMSHOUSE ROAD, JAMISON, PA 18929		County: Bucks
Administrator: Susan Sunderland		Region: SOUTHEAST
Legal Entity Name: WARWICK BRIDGES LLC		
Legal Entity Address: 1000 LEGION PLACE SUITE 1600, ORLANDO, FL 32801		
Certificate(s) of Occupancy C-1 12/08/2016 Warwick Township		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 142	Waking Staff: 107
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/21/2018: Wooters, Sandra		
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: 131 Number of Residents Served: 105 Secured Dementia Care Unit in Home: Yes Area: The Vista Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 104 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 37 Have a Physical Disability: 0

Violation Report: 14316 - 06/21/2018 - Wooters, Sandra
 PCH Name: THE BRIDGES AT WARWICK

1. REGULATION 55 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

Resident #1 requires supervision and routine checks when outside according to her RASP completed on 3/27/18. On 6/17/18 Resident #1 was found outside on the homes patio unattended and slumped on the ground after falling from a chair. Resident was left unsupervised from approximately 9:30 am to 12:30 pm on an outdoor patio in 90F weather. The resident was taken back in the home and assessed. The resident had a body temperature of 104F. Resident was hospitalized for heat exhaustion.

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.

REGULATION 2600.42(b)

On 6/17/2018 our resident, [REDACTED] had a visit from her husband in the morning hours but it may not have been as early as 9:30am as noted in Section 2a. He took her onto our back patio to sit with her in an area of partial shade/partial sun. Her husband finished his visit and left the community; he did not bring her back into the community into the air conditioning nor did he inform any team member that he did not bring [REDACTED] back into the community, and that she was still outside. At approx. 12:30pm another visiting family member noticed that [REDACTED] was slowly sliding out of the patio chair in which she was sitting. She was sent to Doylestown Hospital where she was treated for Heat Exhaustion and a newly diagnosed UTI. She returned at approx. 3pm on 6/18/2018 when she returned to the community. She was reportedly at baseline and continuing on Cipro at the community to treat the urinary tract infection.

[REDACTED] whereabouts and wellness is observed each day when the day team member who has her on assignment arrives and does a 'check-in' in her apartment after arriving on shift and when the evening team member who has her on assignment does a final apartment 'check-in' to ensure she is safe in her apartment in the evening hours. In addition, attendance is taken at all 3 meals to ensure [REDACTED] is in the dining room for breakfast, lunch and dinner. [REDACTED] is also in our Transitions Program which involves both the care team and engagement team reminding her, encouraging her and escorting her to activities of her interest. [REDACTED] is also encouraged to press her emergency call button whenever she feels she needs assistance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Susan G. Sunderland

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Susan G. Sunderland, Executive Director

Date *11/15/2018*

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

The above plan of correction is approved as of

11/16/18
 (Date)

Plan of correction implementation status as of

1/10/19
 (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: 14316 - 06/21/2018 - Wooters, Sandra
 PGH Name: THE BRIDGES AT WARWICK

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2a. DESCRIPTION OF VIOLATION
 Resident #1 requires supervision and routine checks when outside according to her RASP completed on 3/27/18. On 6/17/18 Resident #1 was found outside on the homes patio unattended and slumped on the ground after falling from a chair. Resident was left unsupervised from approximately 9:30 am to 12:30 pm on an outdoor patio in 90F weather. The resident was taken back in the home and assessed. The resident had a body temperature of 104F. Resident was hospitalized for heat exhaustion.

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.

Short-Term Goal:

1. Director of Resident Health Services (DRHS) had a discussion with resident's husband on 6/22/2018 that when he visits with his wife and takes her outside that he needs to walk her back into the community at the conclusion of his visit at which time a member of our care or engagement team then will encourage her to attend an activity or take her back to her apt. to relax.
2. During the week of 6/24/2018 the Executive Director (ED) and DRHS discussed the development and implementation of a long-range plan to monitor the outdoors of our community in warm/hot weather. The DRHS spoke to team leads and med techs about checking outdoor areas on a regular basis. All Concierge (front desk) team members were also asked to monitor residents going out of the community to the back and front outdoor areas. The DRHS, ED and other Leadership Team Members worked with the day and evening team to monitor outdoor areas until the formal plan was rolled out.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan G. Sunderland*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan G. Sunderland, Executive Director* Date *11/15/2018*

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Violation Report: 14316 - 06/21/2018 - Wooters, Sandra
 PCH Name: THE BRIDGES AT WARWICK

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2a. DESCRIPTION OF VIOLATION
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Long-Term Goal:

1. Reinforce with resident's husband at all upcoming Care Reviews the importance of not leaving his wife outside unattended when he visits outdoors with her. It will be reinforced that he must walk her back into the community at the conclusion of such visits; a member of the care or engagement team will encourage her to attend an activity or take her back to her apt. to relax.
2. Warm/Hot Weather Protocol and Accountability was completed and shared with all team members on 7/4/2018; a memo was placed in all team members' mailboxes and the formal protocol was reviewed with team leads and med techs. The Team Leads and Med Techs on both Day and Evening Shift are primarily responsible for the oversight of the regular checks that begin at 9am and end at 8pm. These formal checks began 7/4/2018 and continued through mid-October 2018. See attachments 1 through 6. This protocol will be utilized annually.
3. In addition to Hydration Stations in locations in the interior of the community, a Hydration Station/Cart was purchased and used throughout the warm and hot weather. This was in the front lobby and could be accessed by residents, team members and family members alike. This will be utilized to encourage proper hydration in warm/hot weather.

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*

Printed Name and Title of Legal Entity Representative
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Violation Report: 14316 - 06/21/2018 - Wooters, Sandra
 PCH Name: THE BRIDGES AT WARWICK

1. REGULATION 55 Pa.Code §2600
 2600.226(b) - If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was assessed to need assistance with ambulation and is listed as high fall risk on their support plan dated 03/27/18. The home has not met these needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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REGULATION 2600.226(b)

Resident ambulates independently within the community with a rollator (walker). A full resident record review was conducted by the ED on 6/22/2018 and there is no documentation from any medical provider in the chart indicating that this resident is a high fall risk; her physician only states in his notes that he "encourages caution with transfers". She does require Moderate Supervision (definition: resident requires some supervision in the home and needs attendance when outside the home [and/or tends to wander – resident shows no evidence of wandering behavior]) due to her cognitive impairment and the fact she is prone to UTIs.

Short-Term Goal:

1. ED conducted a chart review on 6/22/2018; discussion occurred with DRHS and Fox Rehab Director regarding her mobility needs. Upon review of the Personal Care Home Regulations definition of Mobile Resident and Resident with Mobility Needs, the ED, DRHS and Fox Rehab Director determined that this resident is in fact a Mobile Resident with Minimal Mobility needs as she only requires limited oral assistance/cues to vacate the community and does not require assistance with ambulation since she ambulates independently within the community and in her apartment. She does need to be supervised when outdoors. The RASP was updated to reflect this change. See updated RASP as an attachment.

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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Susan G. Sunderland, Executive Director* Date *11/15/2018*

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Long-Term Goal:

1. 6/22/2018 and ongoing: per the DRHS, the nursing, med tech, care and engagement team will monitor resident's ambulation and supervision needs. Any change that necessitates the community to re-evaluate the resident's mobility and supervision needs would result in the RASP undergoing an update due to a significant change. The DRHS instructs and reminds the Bridges' team to utilize the Stop and Watch Form regularly which keeps the DRHS current on resident changes.
2. 9/17/2018 and ongoing: A weekly Care Review Meeting is conducted that involves the ED, DRHS, Memory Care Director and Fox Rehab Director. This resident has been added to the weekly review as of 9/17/2018 and any noted changes are discussed at this formal review on a weekly ongoing basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Susan G. Sunderland

Printed Name and Title of Legal Entity Representative
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Susan G. Sunderland, Executive Director

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