



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail

January 31, 2019

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
January 31, 2019

Mr. Kevin M. McCollum
Member
Care HSL Newtown OPCO, LLC
% **Heritage Senior Living**
765 Skippack Pike
Blue Bell, Pennsylvania 19422

RE: The Birches at Newtown
70 Durham Road
Newtown, Pennsylvania 18940
License #: 142300

Dear Mr. McCollum:

As a result of the Department's Bureau of Human Services Licensing inspection on August 8, 2018, August 23, 2018, August 13, 2018, and August 24, 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.

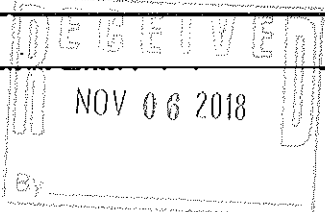
All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

Patricia Adams
Regional Licensing Director

Enclosure
Violation Report

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

PCH Name: THE BIRCHES AT NEWTOWN		License Number: 14230
Address: 70 DURHAM ROAD, NEWTOWN, PA 18940		County: Bucks
Administrator: KIM CAHILL YANNOZZI		Region: SOUTHEAST
Legal Entity Name: CARE HSL NEWTOWN OPCO LLC		
Legal Entity Address: 765 SKIPPACK PIKE, BLUE BELL, PA 19422		
Certificate(s) of Occupancy I-2 06/17/2016 NEWTOWN TOWNSHIP		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 193	Waking Staff: 145
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/08/2018: Thomas, Tahesia; Carrion, David 08/23/2018: Thomas, Tahesia; Carrion, David		
Off-Site Inspection Dates and Inspectors, if Applicable 08/13/2018: Thomas, Tahesia 08/24/2018: Thomas, Tahesia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 120 Number of Residents Served: 109 Secured Dementia Care Unit in Home: Yes Area: DAYBREAK Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 53 Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 22		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 108 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 84 Have a Physical Disability: 1

Violation Report: 14230 - 08/08/2018 - Thomas, Tahesia
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2800
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Resident # 1 used her call bell to request personal care assistance. Staff member A responded to the call bell; however, staff member A failed to provide assistance instead leaving the resident to wait for staff on the next shift.

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 was attended to by the oncoming shift at 7a.
 Caregiver was suspended pending the investigation
 and ultimately terminated for her actions.
 Mandatory reporting procedure was followed.
 Staff was in serviced at various times
 On 8/16/18 through 8/25/18, on resident rights,
 proper care giving according to care plan (RASP) and code of conduct
 Annual training will include those topics as required by regulation.
 Executive Director, or designee will continue to provide training
 and remind staff of resident's rights and dignity and respect
 when rendering care at monthly staff meetings, ongoing

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 Date 11/5/18

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

The above plan of correction is approved as of <u>11/30/18</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>11/30/18</u> (Date) <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
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Violation Report: 14230 - 08/08/2018 - Thomas, Tahesia
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The 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.

2a. DESCRIPTION OF VIOLATION
 An assessment was completed for resident #1 on 09/11/17; The RASP indicates assistance will be provided for incontinent care by direct care staff. Staff member A failed to provide this care on the morning of 07/29/18.

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 RASP did indicate that this resident needed assistance with incontinent care. Staff is aware that care must be rendered in accordance to the RASP. The employee that failed to provide the care, was terminated for the action.

Staff attended a meeting at various times on 8/16/18 through 8/25/18 that addressed resident rights, RASPs and how to follow them, and codes of conduct. Annual training will include these topics and Executive Director or designee will remind staff of the importance on rendering good care per the care plan, at monthly staff meetings, ongoing.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *11/5/18*

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The above plan of correction is approved as of <u>11/30/19</u> (Date)	Plan of correction implementation status as of <u>11/30/19</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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