Sent via e-mail ssunderland@bridgesatwarwick.com
June 26, 2019

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 inspections on September 12, 2018 and April 9, 2019 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,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

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 G. 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: 114	Total Daily Staff: 270	Waking Staff: 203
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

09/12/2018: Freeman, Sabrina; Carrion, David

Off-Site Inspection Dates and Inspectors, if Applicable

10/23/2018: Freeman, Sabrina

Other Details

Partial or Full Triggers: Random Indicators:

Resident Demographic Data as of Inspection Dates

	Number of Residents who:
Licensed Capacity: 130	Receive Supplemental Security Income: 0
Number of Residents Served: 114	Are 60 Years of Age or Older: 113
Secured Dementia Care Unit in Home: Yes	Have Mental Illness: 0
Area: Vista 1st floor	Have an Intellectual Disability: 0
Secured Dementia Unit Capacity, if Applicable: 31	Have a Mobility Need: 42
Number of Residents Served in Secured Dementia Care Unit, if applicable: 27	Have a Physical Disability: 0
Number of Current Hospice Residents: 6	
Number of Hospice Residents in past year: 18	

Violation Report: 14316 - 09/12/2018 - Freeman, Sabrina
PCH Name: THE BRIDGES AT WARWICK

1. REGULATION 55 Pa.Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
On 8/7/18, an allegation of abuse against residents, by staff person A, was reported to staff person B. The home did not report the allegation to the local area agency on aging or the State Department of Aging.

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.

Refer to the Position Statement which is included with this Plan of Correction.

The BHSL Lead Licensing Representative informed the Executive Director at the conclusion of the inspection visit on 9/12/2018 that there had been allegations by a staff member that the Licensing Representative deemed to be abusive. The Executive Director took the following immediate steps as of 9/12/2018:

1. Staff Person A completed the scheduled shift of 9/12/2018 because BHSL was still present when Staff Person A went off shift that day. Upon the exit interview with the lead licensing representative from BHSL (at which time BHSL's investigation was still active), Staff Person A was notified via telephone to not return to work the next day and was suspended due to the investigation by BHSL on 9/12/2018. Staff Person A never returned to the community's premises after 9/12/2018. The lead licensing representative from BHSL had a phone conversation with the Executive Director on 10/26/2018; after this conversation Staff Person A was formally terminated because of the accusations of abuse reported to us by BHSL.
2. The Executive Director initiated an internal investigation. Team members were interviewed with a specific set of questions; these interviews occurred the week of 9/17/2019. No team member described conduct that would be deemed abusive even though questions were asked that presented the opportunity for each to fully express themselves. Each staff member interviewed signed a copy of the notes from their interview.

Please see attached.........

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 03/28/2019

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

The above plan of correction is approved as of 06-17-19 (Date)

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

Plan of correction implementation status as of 06-17-19 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

2600.15 (a)

The administrator shall review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services Regulations.

SP 06-17-19

Violation Report: 14316 - 09/12/2018 - Freeman, Sabrina
PCH Name: THE BRIDGES AT WARWICK

1. REGULATION 55 Pa.Code §2600
2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION
On 8/7/18, the home received a report of suspected abuse involving numerous resident(s). The home did not notify the resident's designated person.

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.

Refer to the Position Statement which is included with this Plan of Correction.

Effective immediately as of 09/12/2018 and ongoing:

1. When the Executive Director or designee becomes aware of a report of suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P. S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and the Reportable Incident is being completed, the resident and/or the resident's designated person will be informed of the mandatory reporting and the investigation. The notification to the resident and/or the resident's designated person will be documented on the Reportable Incident Report before it is sent to BHSL.

The administrator or designee will ensure the resident and residents' designated person are notified immediately in a case of suspected abuse.

SP 06-17-19

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

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Violation Report: 14316 - 09/12/2018 - Freeman, Sabrina
PCH Name: THE BRIDGES AT WARWICK

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 8/7/18, an allegation of abuse was made against staff person A regarding numerous residents. Staff person D reported observing staff person A pushing resident #1 and pulling on resident #2's ears. Staff person E reported witnessing staff person A using aggressive approaches when interacting with residents, such as yanking residents by their hands, force feeding and gripping a resident's hands tight enough to leave bruising. The home did not submit an incident report to the Department.

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.

Refer to the Position Statement which is included with this Plan of Correction.

Effective immediately as of 09/12/2018 and ongoing:

1. When the Executive Director or designee becomes aware of a report of suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P. S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) a Reportable Incident Form will be completed immediately and will include the fact that an investigation will be launched asap.
2. The final report will include all additional details gathered as a result of the investigation into the incident which is needed for a complete report.

Please see attached.......

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2600.16(c)

Within 30 days of receipt of this POC, all staff will receive training on the home's reportable incidents and conditions written policies an procedures with and emphasis on 16(a) (4) relating to a violation of resident's rights including abuse and mistreatment and 16(a) (12) relating to a complaint of resident abuse and suspected resident abuse.

SP 06-17-19

Violation Report: 14316 - 09/12/2018 - Freeman, Sabrina
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
On 8/7/18, an allegation of abuse was made against staff person A regarding numerous residents. Staff person D reported observing staff person A pushing resident #1 and pulling on resident #2's ears. Staff person E reported witnessing staff person A using aggressive approaches when interacting with residents, such as yanking residents by their hands, force feeding and gripping a resident's hands tight enough to leave bruising.

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.

Refer to the Position Statement which is included with this Plan of Correction.

Effective immediately as of 09/12/2018:

1. The Business Office Manager onboards new team members and ensures that OAPSA/6 Pa. Code Sections 15.21-15.27 is covered before a new team member starts orienting with residents in the community.

Upon receipt of the inspection report dated 01/04/2019 the following steps were taken:

2. Additional Mandatory trainings on OAPSA/6 Pa. Code Sections 15.21-15.27 and Resident Rights were conducted on January 25, 29 and 31, 2019 by the Director of Operations, Executive Director, Vista Director, Business Office Manager/HR Liaison; all Bridges' team members attended 1 of these trainings.
3. The Executive Director ensures that OAPSA/6 Pa. Code Sections 15.21-15.27 and Resident Rights are covered and reinforced yearly at our annual Education Day Trainings (these also occurred in 2017 and 2018); in 2019 these trainings will occur late spring through mid-summer in 2019.
4. A series of 'posters' were developed to post in prominent team member traffic locations to keep mandatory reporting and elder abuse top of mind. A poster is by the timeclock and the door to the community in the team member break room – a sample is included as an attachment. The posters will be switched out periodically.

Please see attached..........

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan G. Sunderland Executive Director — Date 03/28/2019

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2600.42 (b)

Staff person A was suspended on 9/12/18 and subsequently terminated on 10/26/2018.
Within 30 days of receipt of this POC all staff will receive training by an outside source approved by the Department on resident rights and reporting suspected abuse in accordance with OAPSA.

SP 06-17-19

Violation Report: 14316 - 09/12/2018 - Freeman, Sabrina
PCH Name: THE BRIDGES AT WARWICK

1. REGULATION 55 Pa.Code §2600
2600.101(i) - A resident shall have access to his/her bedroom at all times.

2a. DESCRIPTION OF VIOLATION
Resident #4 was denied access to his bedroom and claimed the back television room as his domain. Resident room doors are kept locked to avoid falls and residents "shopping" in other resident's rooms.

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.

Our Vista team members monitor the corridors and residents when they are walking in the Vista, our secure dementia residence. Anytime a resident wants to go to his/her apartment, a team member unlocks the door with the key the team member carries. When residents are in their apartments they are monitored periodically for safety. Doors were locked to lessen residents removing personal items from other apartments, lessen the risk for falls or injuries, and lessen the risk of resident to resident contact (1 resident not wanting another resident in his/her apt.).

Effective Immediately as of 09/12/2018:

1. Closely monitor corridors to ensure residents have access to their apartments when desired.

Long-Term Goal:

1. The Vista Director purchased Key Boxes and had them mounted by each resident apartment door. The boxes can easily be opened and each has a picture of a key on the box, with an apartment key inside so the resident has immediate access to their own apartment. Companion apartments have one box with two keys inside. Each key ring also has the resident's first name and last initial on it to provide an additional cue. The Vista Director will check these boxes weekly to ensure that the key boxes have keys present inside the box due to possibility of residents removing the key and not returning it. See attachment with pictures.
2. Team members will closely monitor corridors to ensure residents have access to their apartments when desired and assist with monitoring the key boxes to ensure they have the appropriate keys in the box.
3. Residents who can manage their own apartment key will be given a key to their apartment to keep on their person; this key will be replaced if it is lost and cannot be found.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan G. Sunderland, Executive Director — Date 03/28/2019

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2600.101(i)

Effective immediately, all residents will have access to their bedrooms at all times. Resident's will be able to independently access their rooms without the assistance of staff or others. If a key locking device is used, the resident will be able to unlock the keylock without assistance.
If outside locks are used on resident bedroom doors, they must be easily opened by the resident from inside the bedroom without the use of a key or other separate device such as a card, and the home must have a "master key" to unlock all resident bedroom doors in the event of an emergency.

SP 06-17-19

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 G. 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: 126 | Waking Staff: 95

Type of Inspection: Interim - POC | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
04/09/2019: Thomas, Tahesia

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: 130

Number of Residents Served: 98

Secured Dementia Care Unit in Home: Yes

Area: VISTA

Secured Dementia Unit Capacity, If Applicable: 31

Number of Residents Served in Secured Dementia Care Unit, If applicable: 21

Number of Current Hospice Residents: 6

Number of Hospice Residents in past year: 18

Number of Residents who:

- Receive Supplemental Security Income: 0
- Are 60 Years of Age or Older: 98
- Have Mental Illness: 3
- Have an Intellectual Disability: 0
- Have a Mobility Need: 28
- Have a Physical Disability: 0

Violation Report: 14316 - 04/09/2019 - Thomas, Tahesia
PCH Name: THE BRIDGES AT WARWICK

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
On 02/08/19, staff member A arrived at work acting "weird" and inappropriate towards resident #1. Resident #1 resides in the SDCU. Staff member A pulled resident #1's chair away from the table and pretended to sit on her lap facing the resident. Staff member A proceeded to shake her backside while straddling the resident. Staff member A came to the facility under the influence of marijuana. Resident # 1 did not consent to this activity as well as the behavior and dancing of staff member A is not indicative of the facility's policies.

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:
Two team members reported Staff Member A's behavior to the Memory Care Director and Business Office Manager/HR Liaison. Corporate HR was contacted. Staff Member A was taken by the Memory Care Director for Drug and Alcohol testing. Staff Member A was directed by the Executive Director not to return to the community until testing results were received and reviewed; Staff Member A did adhere to this directive. The testing results did come back positive for Marijuana and Staff Member A was promptly terminated.

This behavior is not something that one can plan for. It involved a team member under the influence acting inappropriately and foolishly.

Long-Term Goal:
Team Members have a number of different group trainings throughout the calendar/training year. A training program that involves every team member of the Bridges will be held in 3-4 separate sessions prior to the end of July 2019. The Executive Director will address the topic of Personal Accountability/Job Accountability as an agenda item. Team members will be reminded about the EAP program, proper protocol for calling out and that a team member with questionable behavior can in fact be sent out for drug/alcohol testing. Team members will also be reminded that performance reviews will cover both positive growth accomplishments as well as areas of concern/patterns of behavior that require change/growth. Lastly, team members will be encouraged to report any odd team member behavior to the Executive Director, Manager on Duty or any member of the Leadership team asap, whenever it occurs. Summer 2019 and ongoing in annual training.

Residents of our community are invited to monthly meetings – there is one meeting with all Leadership Team members and another exclusively with the Executive Director. Moving forward, a point in both these meetings will include and emphasize that residents should bring any concern, including that of a team member's inappropriate/odd behavior or attitude, to the Executive Director, the Manager on Duty, or any member of the Leadership team. The minutes to these meetings will reflect this reiterated information. May 2019 and ongoing in resident meetings See attached MJ

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: 05/18/2019

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

Plan of correction implementation status as of 6/17/19 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
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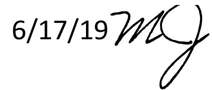
- [ ] Not Implemented

2600.42 c

Within 30 days receipt of this POC, all staff including direct care staff and management will receive training in resident rights from an outside source approved by the Department such as the Area Agency on Aging.

6/17/19 

Violation Report: 14316 - 04/09/2019 - Thomas, Taheesia
PCH Name: THE BRIDGES AT WARWICK

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident 2's records does not include an inventory sheet as part of the move-in process.

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.

Long-Term Goal:
All residents have always been provided with a Personal Property Inventory Form in their move-in packet and this is reviewed with the resident and responsible family member(s). There has not been an accountability system/audit for the return of these inventory forms for each resident. Effective April 9, 2019 our Resident Care Coordinator will work with all new residents and families for the completion of the inventory form of a resident's personal belongings or to sign the inventory form indicating that they waive the completion of the form. These forms are filed in the resident's business file and the Resident Care Coordinator is responsible for the audits of required information in resident files, and this now includes the Personal Property Inventory Form. The inventory form is included as an attachment as well as the completed forms for residents who have moved into our community post April 9, 2019. This accountability system is in place as of April 9, 2019 and is ongoing.

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 05/18/2019

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