



June 6, 2019

Ms. Kim Yann
Administrator
Care HSL Newtown OPCO LLC
765 Skippack Pike
Blue Bell, Pennsylvania 19422

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

Dear Ms. Yann:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 23 & 24, 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.

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". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 14230 - 01/23/2019 - Gillespie, Denise
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(2) - The administrator or a designee shall complete the contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

2a. DESCRIPTION OF VIOLATION
 The contract signed on 5/26/17 by Resident # 1 did not include the date, the Resident's name, or the responsible party's name.

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.

WHO: Executive Director or designee

WHAT: The contract was corrected at time of inspection to include date, resident name and responsible party name.

The sales team and the Executive Director met and reviewed the areas of the contract that were deficient and how to complete the contract.

ONGOING: Executive Director or designee will review each contract with resident and responsible party.

All contracts will be audited prior to filing to ensure all areas are completed correctly.

Within 5 days of receiving this POC, the Administrator or a designee will review all current resident's contracts to ensure compliance with the cited reg. 5/15/19.

A-A-A

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 LP*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Cahill Yannuzzi LP* Date *5/2/19*

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

The above plan of correction is approved as of <u>5/15/19</u> (Date)	Plan of correction implementation status as of <u>5/15/19</u> (Date)
The above plan of correction was approved by <u>A-A-A</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

Violation Report: 14230 - 01/23/2019 - Gillespie, Denise
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The outside dumpster's lid was open.

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.

WHO: Maintenance Director, or designee

WHAT: Corrected at time of inspection. We recently made a change in our trash vendor. The company has provided us with a front sliding door type dumpster. (see attached) This will make it easier for staff to open and close which has been an issue in the past.

ONGOING: Maintenance Director, or designee will make random checks throughout each day, as well as it being a check for the Manager on Duty on the weekend.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kim Cahill Yannuzzi UA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kim Cahill Yannuzzi UA* Date *5/2/19*

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Violation Report: 14230 - 01/23/2019 - Gillespie, Denise
 PGH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 There is a steam table set up in the secured dementia care unit near the tv room. The steam table is hot to the touch. There is not a staff member present at the steam table at all times.

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 steam table was removed from the SDU and will not be utilized in that area.

Administrator or a designee will conduct daily routine check on the home environment to ensure compliance with the cited reg. Any issue of concern noted will be immediately addressed by the Administrator. 5/15/19.

A.A.A

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 (R)* Date *5/2/19*

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Violation Report: 14230 - 01/23/2019 - Gillespie, Denise
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The outside patio had a soiled cushion in a trash bag. The cushion is partially outside of the trash bag and frozen to the cement patio.

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.

WHO: Executive Director, Maintenance Director and Housekeeping Staff

WHAT: Corrected at time of inspection, cleaned and replaced on living room chair. The cushion was soiled on the 11-7 shift and put outside the door as to not cause an odor overnight. It was reported to Housekeeping at 8:30a for it to be retrieved and laundered. Unfortunately, the task had not been completed prior to the inspection. Staff was made aware to leave any soiled items in commercial laundry room for the day shift to address.

Administrator or a designee will will conduct a daily check on the building's ground, exterior and surroundings to ensure ongoing compliance with the cited reg. Issues of concern noted during the walkthrough will be promptly corrected. 5/15/2019.

AAA

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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 UR	Date 5/2/19
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Violation Report: 14230 - 01/23/2019 - Gillespie, Denise
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 1/24/19, two pills were loose in medication cart #3 in the daybreak section of the home.

On 1/24/19, one pill was loose in medication cart #4 in the daybreak section of the home.

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.

WHO: Resident care Director and Executive Director.

WHAT: All carts were audited and checked for any abnormalities, on 1/29/19 by Resident care Director and Executive Director. Med techs were reminded by Medication Trainer to be careful when pulling medications out of cart.

ONGOING: Resident Care Director, or designee will conduct weekly medication cart audits and coach med techs on any issues noted

Administrator or a designee will document the routine weekly cart audit to ensure compliance with the cited reg. 5/15/19

A.A.A

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(Initials)

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- Not Implemented

Violation Report: 14230 - 01/23/2019 - Gillespie, Denise
 PCH Name: THE BIRCHES AT NEWTOWN

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was admitted to the SDCU on 10/27/17. The resident's initial support plan was developed on 11/7/17.

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.

WHO: Resident Care Director and Executive Director

WHAT: Currently utilizing Tabulapro, which is our electronic medical records management system. Schedule of dates for completion related to RASPS is checked daily on the dashboard. RASP's are being completed timely within regulation due to the implementation of the electronic system. Previously we maintained a handwritten system that left room for human error.

ONGOING: Continue to check dashboard daily. Executive Director and Resident Care Director will be responsible for this

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