pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail monique.cole@livingbranches.org
Sent via e-mail cheryl.loftus@livingbranches.org
July 1, 2019

Ms. Monique Cole
Executive Director
Hatfield Mennonite Home
2343 Bethlehem Pike
Hatfield, Pennsylvania 19440

RE: The Willows of Living Branches
License #: 126780

Dear Ms. Cole:

As a result of the Department's Bureau of Human Services Licensing inspections on March 11, 2019 and April 30, 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,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PCH Name: THE WILLOWS OF LIVING BRANCHES	**License Number:** 12678
Address: 2343 BETHLEHEM PIKE, HATFIELD, PA 19440	**County:** Montgomery
Administrator: Mrs. Cheryl Loftus	**Region:** SOUTHEAST
Legal Entity Name: HATFIELD MENNONITE HOME	
Legal Entity Address: 2343 BETHLEHEM PIKE, HATFIELD, PA 19440	

Certificate(s) of Occupancy
C-2 LP
03/02/1987
Comm. of Pa Dpt. of L&I

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 50	**Waking Staff:** 38
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
03/11/2019: Carrion, David

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: 86	**Number of Residents who:**
Number of Residents Served: 50	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 50
Area:	**Have Mental Illness:** 0
Secured Dementia Unit Capacity, if Applicable:	**Have an Intellectual Disability:** 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Mobility Need:** 0
	Have a Physical Disability: 0
Number of Current Hospice Residents: 0	
Number of Hospice Residents in past year: 3	

Cheryl Loftus

Violation Report: 12678 - 03/11/2019 - Carrion, David
PCH Name: THE WILLOWS OF LIVING BRANCHES

1. REGULATION 55 Pa.Code §2600
2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION
On 03/01/19, an allegation of abuse was made against staff person A regarding resident #1. The home did not submit a plan of supervision or notice of suspension of the staff person 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.

Staff person A was suspended on 03/05/19. Internal investigation was conducted on 03/05/19. Staff person A was provided discipline per our employee performance guidelines as well as training related to incident on 03/01/19. Staff person A returned to work on 03/09/19.

Regulation 2600.15 (a-d) was reviewed by [redacted] Personal Care Director as well as [redacted] Care Coordinator. Training was also provided on 03/07/19 -03/10/19 to nursing staff regarding suspected resident abuse/neglect and investigation requirements. Initiated weekly focus groups on 03/21/19 for four weeks with nursing department to proactively review various regulatory requirements. April 25 we will start bi-weekly focus meeting with nursing department. [redacted] Care Coordinator will also review suspected resident abuse/neglect and investigation requirements two times per year with nursing department on an ongoing basis.

New resource binder for nursing department staff will be implemented by 05/03/19 which will include resources specific to suspected resident abuse/neglect and investigation requirements.

In the future, administrator or designee will ensure compliance with regulation and submit a plan of supervision before allowing staff to return to the home. 6/28/19 MJ

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Loftus

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Loftus Director of The Willows of Living Branches

Date 04/19/19

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

The above plan of correction is approved as of 6/28/19 (Date)

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

Plan of correction implementation status as of 6/28/19 (Date)

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

Violation Report: 12678 - 03/11/2019 - Carrion, David
PCH Name: THE WILLOWS OF LIVING BRANCHES

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 03/01/19, Resident #1 was left unattended for 5 hours with a heating pad across her back causing 2nd-degree burns.The home did not submit an incident report to the Department until 03/05/2019.

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 2600.16 (c) was reviewed by [redacted] Personal Care Director as well as [redacted] Care Coordinator. Training was also provided on 03/07/19 -03/15/19 to nursing staff regarding suspected resident abuse/ neglect and investigation requirements specific to DHS, AAA and Act 13 requirements as well as what incidents meet reportable criteria per 2600.16c and Appendix B.

Regulation 2600.16 (c) / Appendix B was provided as a reference guide at nursing station for nursing department staff to reference.

[redacted] Care Coordinator will review suspected resident abuse / neglect reporting requirements specific to DHS, AAA, and Act 13 two times per year with nursing department on an ongoing basis. [redacted] will also review what incidents meet reportable criteria per 2600.16 (c) and Appendix B with nursing department as well.

New resource binder for nursing department staff will be implemented by 05/03/19 which will include resources specific to suspected resident abuse / neglect reporting requirements specific to DHS, AAA, and Act 13

Within 45 days of receipt of this POC all staff including direct care staff and management staff will receive training in mandatory abuse reporting, resident rights, and the prevention of resident abuse by an outside source approved by the department such as the Area Agency on Aging. 6/28/19 MJ

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Violation Report: 12678 - 03/11/2019 - Carrion, David
PCH Name: THE WILLOWS OF LIVING BRANCHES

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 03/01/2019 at approximately 2:15 p.m., staff person A went to resident #1's room to provide ADL's. Staff person A asked resident #1 if she wanted to sit in the recliner chair that the home had provided. Staff person A proceeded to transfer resident from the bed to the recliner. After, completing the task staff person A noticed a heating pad next to the chair. Staff person A asked resident #1 if she would like heating pad on her back. Resident #1 nodded to have heating pad put on her back. Staff person A proceeded to place heating pad on her back at a low setting. Resident #1's husband stated that resident #1 likes the heating pad on medium setting. Staff person A complied with request and changed the setting to medium and left the room. Staff person A left the facility at approximately 2:30 pm. Staff person A failed to notify anyone that she had left the heating pad on resident #1. Around 5:00 pm staff person A called the home to speak to administrator, in regards to the care she provided to resident #1. Administrator returned phone call at approximately 7:00 pm, during the conversation with the administrator, staff person A remembered she had left the heating pad on resident #1 and told the administrator. Administrator terminated conversation and immediately went to the nurses station and instructed Staff person B to check on resident #1 and then left the facility. Staff person B went to check on resident#1 and observed red and blistered skin on her back. As a result of the heating pad being left on for 5 hrs. the resident suffered 2nd degree burns. Staff person B contacted hospice and they provided a treatment plan to care for the burns. Staff person B cleaned area and applied Silvadene without a doctor's order.

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.

03/05/19 [redacted] Care Coordinator implemented shift to shift verbal report for resident assistants to discuss the care needs of each resident as well as other relevant information on the residents.

[redacted] Care Coordinator and [redacted] Director provided training on 03/07/19 - 03/15/19 to nursing department staff on resident rights, suspected abuse / neglect, reporting and investigation expectations and RASP requirements. Shift to shift communication expectations were also reviewed to include verbal report expectations. - attached are materials and sign -in sheets.

[redacted] Care Coordinator initiated weekly focus groups on 03/21/19 for four weeks with nursing department to proactively review various reguatory requirements.

[redacted] Care Coordinator will review communication expectations between shifts, RASP requirements and resident rights two times per year with nursing department on an ongoing basis

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Loftus, Director of The Willows of Living Branches

Date 04/19/19

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Violation Report: 12678 - 03/11/2019 - Carrion, David
PCH Name: THE WILLOWS OF LIVING BRANCHES

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 03/01/2019 at approximately 2:15 p.m., staff person A went to resident #1's room to provide ADL's. Staff person A asked resident #1 if she wanted to sit in the recliner chair that the home had provided. Staff person A proceeded to transfer resident from the bed to the recliner. After, completing the task staff person A noticed a heating pad next to the chair. Staff person A asked resident #1 if she would like heating pad on her back. Resident #1 nodded to have heating pad put on her back. Staff person A proceeded to place heating pad on her back at a low setting. Resident #1's husband stated that resident #1 likes the heating pad on medium setting. Staff person A complied with request and changed the setting to medium and left the room. Staff person A left the facility at approximately 2:30 pm. Staff person A failed to notify anyone that she had left the heating pad on resident #1. Around 5:00 pm staff person A called the home to speak to administrator, in regards to the care she provided to resident #1. Administrator returned phone call at approximately 7:00 pm, during the conversation with the administrator, staff person A remembered she had left the heating pad on resident #1 and told the administrator. Administrator terminated conversation and immediately went to the nurses station and instructed Staff person B to check on resident #1 and then left the facility. Staff person B went to check on resident#1 and observed red and blistered skin on her back. As a result of the heating pad being left on for 5 hrs. the resident suffered 2nd degree burns. Staff person B contacted hospice and they provided a treatment plan to care for the burns. Staff person B cleaned area and applied Silvadene without a doctor's order.

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.

Continued from previous page:

[redacted] Executive Director created an electric heat pad /blanket policy which is attached. [redacted] Director informed resident of policy on 03/13/19 at Quarterly Resident meeting. [redacted] Director educated all nursing staff in the nursing department meeting on the policy on 03/21/19. [redacted] Director will update the resident handbook to reflect this policy by 04/26/19. This policy will also be verbally discussed at the time of settlement with new residents and families moving forward. [redacted] Director will also notify existing residents via the May newsletter and send a letter to Powers of Attorney reviewing the new policy.

Effective immediately, the administrator or designee will conduct daily rounds throughout the home and in all the resident bedrooms at least two (2) times per week for a month then monthly thereafter to ensure the safety of residents, including at minimum that no heating pads or electric blankets are in the home and that all equipment and furniture is free of hazards and in good repair. Documentation will be kept of the daily rounds. Within 15 days of receipt of this plan of correction, all residents' assessments and support plans (RASP) will be reviewed and updated to ensure the need for turning and repositioning is properly addressed. Within 20 days of receipt of this plan of correction, the home will implement a resident care log which includes turning and repositioning residents in accordance with their RASP. Documentation will be kept. 6/28/19 MJ

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Loftus Director of The Willows of Living Branches

Date 04/19/19

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Violation Report: 12678 - 03/11/2019 - Carrion, David
PCH Name: THE WILLOWS OF LIVING BRANCHES

1. REGULATION 55 Pa.Code §2600
2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION
On 3/1/19, resident #1 was administered Silvadene prescribed for and belonging to resident #2.

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.

[redacted] Care Coordinator provided education to staff B on regulation 2600.186 (b) as well as our pharmacy delivery stat services which are able to meet our resident pharmacy needs in a timely manner.

[redacted] has secured nurse supervisor mentoring opportunities for staff person B at a sister facility which will occur in 05/2019 which will help develope her in her role as a supervisor.

[redacted] Clincal Educator provided training on five rights, medication administration, physician orders to nursing staff on 03/21/19.

Documention of training will be kept. 6/28/19 MJ

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Violation Report: 12678 - 03/11/2019 - Carrion, David
PCH Name: THE WILLOWS OF LIVING BRANCHES

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 03/01/19 , staff person B administered Silvadene without doctor's order.

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.

[redacted] Care Coordinator provided education to staff person B on regulation 2600.187 (d) and the importance of securing a physician order prior to administering any medications.

[redacted] Care Coordinator provide education to staff person B on properly securing a physician order from the attending physician and not a third party provider such as a hospice provider.

[redacted] has secured nurse supervisor mentoring opportunities for staff person B at a sister facility which will occur in 05/2019 which will help develope her in her role as a supervisor.

[redacted] Clinical Educator provided training on five rights, medication administration, physician orders to nursing staff on 03/21/19.

Documentation of training will be kept. 6/28/19 MJ

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Loftus, Director of The Willows at Living Branches

Date 04/19/19

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Violation Report

Facility Information

Name: *THE WILLOWS OF LIVING BRANCHES* **License Number:** *126780*
Address: *2343 BETHLEHEM PIKE, HATFIELD, PA 19440*
County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: *Cheryl Loftus* **Phone:** *2158220688* **Email:** *Cheryl.Loftus@LIVINGBRANCHES.ORG*

Legal Entity

Name: *HATFIELD MENNONITE HOME*
Address: *2343 BETHLEHEM PIKE, PA, 19440*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *50* **Waking Staff:** *38*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Monitoring*

Inspection Dates and Department Representative

04/30/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served:** *50*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Diagnosed with Mental Illness: *0*
Have Mobility Need: *0*
Are 60 Years of Age or Older: *50*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *0*

Cheryl Loftus, Director of The Willows of Living Branches
6/27/19

182c - Medication Administration

Regulations

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.

Description of Violation

On 03/11/19, 03/12/19, 03/13/19, 03/14/2019 at 08:30 AM, resident #1 was administered Lasix 40 mg prescribed for and belonging to resident #2. The correct resident wasn't identified.

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.)

[redacted] Care Coordinator had Focus meetings with Nursing department on 04/25/19, 05/24/19,06/4/19 part of meeting covered Medication administration, five rights.

[redacted] Clinical Educator provided training on five rights, mediation administration on 03/21/19.

Nurses and Med Techs will be assigned Medication administration , five rights in Relias training for July 2019.

Living Branches Medication Error Evaluation form will be used for all med error occurances. (See Attached)

Immediately and ongoing, administrator or designee with ensure medication is administered in a manner consistent with this regulation. Documentation of training will be kept. 6/28/19 MJ

Legal Entity Representative

Cheryl Loftus — Signature

Cheryl Loftus Director of The Willows of Living Branches — Printed Name and Title

06/27/19 — Date

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186b - Medication Used by Resident

Regulations

2600.
186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On 03/11/19, 03/12/19, 03/13/19, 03/14/2019 at 08:30 AM, resident #1 was administered Lasix 40 mg prescribed for and belonging to resident #2.

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.)

[redacted] Clinical Educator will set up two meetings in July for Nurses and Med Techs. [redacted] will review specific med errors and how they could have been prevented by having staff working through what should have been done to prevent error.

[redacted] Care Coordinator will review Living Branches Medication Error Evaluation Form with Nursing staff.
[redacted] Care Coordinator and nursing staff involved in med error will complete Medication Error Eval. form.

[redacted] Care Coordinator is in the process of getting Med Tech Trainer certificate.

Medication Cart Audits - Nurse, Med Techs will conduct weekly med cart audits, completing an audit form. Shifts will rotate weeks completing audit.

Our pharmacy company, Contract Pharmacy Services will be completing an overview med cart audit every month. Quarterly Contract Pharmacy Services will complete an extensive med cart audit.

Med Cart Audit results will be added to QAPI for review and recommendations. Audits will be maintained for Department review. 6/28/19 MJ

Legal Entity Representative

Cheryl Loftus
Signature

Cheryl Loftus Director of The Willows of Living Branches
Printed Name and Title

06/27/19
Date

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Ativan twice a day. However, she was not administered Ativan on 03/28/2019 at 1:30pm.

Resident #1 is prescribed Lasix 20 mg daily but she was administered Lasix 40 mg on 03/11/19, 03/12/19, 03/13/19 and 03/14/2019.

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.)

In-service on fiive rights, med administration will be assigned in July for all nurses and med techs.

Staff person having muiltple medication errors will have indiviualized training from Certified Med Trainer or Clinical Educator .

Documentation of in-service will be kept. 6/28/19 MJ

Legal Entity Representative

Cheryl Loftus — Signature

Cheryl Loftus Director of The Willows of Living Branches — Printed Name and Title

06/27/19 — Date

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