



June 3, 2019

Ms. Tracy C. Aungst
Executive Director
Care HSL Harleysville OPCO, LLC
Heritage Senior Living
765 Skippack Pike
Blue Bell, Pennsylvania 19422

RE: Birches at Arbour Square
691 Main Street
Harleysville, Pennsylvania 19438
License #: 142660

Dear Ms. Aungst:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 19 and 20, 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 (relating to Personal Care Homes) 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

Facility Information

Name: *BIRCHES AT ARBOUR SQUARE*

License Number: 142660

Address: *691 MAIN STREET, HARLEYSVILLE, PA 19438*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *TRACY AUNGST*

Phone: *2155413700*

Email: *TAungst@thebirchesatas.com*

Legal Entity

Name: *CARE HSL HARLEYSVILLE OPCO LLC*

Address: *HERITAGE SENIOR LIVING 765 SKIPPACK PIKE, PA, 19422*

Certificate(s) of Occupancy

Type: *R-3*

Date: *08/10/2009*

Issued By: *Lower Salford Township*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *98*

Waking Staff: *74*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

03/19/2019 - On-Site: Natasha Braswell, DEAN GRAY

03/20/2019 - On-Site: Natasha Braswell, DEAN GRAY

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85*

Residents Served: *69*

Secured Dementia Care Unit

In Home: *Yes*

Area: *MEMORY CARE*

Capacity: *25*

Residents Served: *23*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *69*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *29*

Have Physical Disability: *1*

BIRCHES AT ARBOUR SQUARE

142660

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3-20-19 at 2:30pm, the trash can in the dining room was missing a lid.

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 Attached -

See attached 5/14/19 *MJ*

Legal Entity Representative

Macey
Signature

EXECUTIVE DIRECTOR
Printed Name and Title

5/7/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/14/19
(Date)

Plan of correction implementation status as of 5/14/19
(Date)

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

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

85 a Sanitary Conditions shall be maintained

Upon discovery of the missing lid, the lid was immediately replaced onto the can.

A new foot operated trashcan was purchased to replace the previous manual can by the handwashing sink in the dining room to prevent further issues.

Staff were retrained regarding the sanitary purpose for lids remaining on the cans.

Dining Manager will monitor this closely for sanitation adherence.

This plan becomes a part of the quarterly Quality Assurance Audit to prevent further issues of noncompliance.

The Executive Director shall monitor this plan and adherence to prevent further issues.

Maintain audits for Department review for a period of three years. 5/14/19 *mg*

successfully 5/2/19

BIRCHES AT ARBOUR SQUARE

142660

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The following objects were found in the garden patio: two electric bed frames and broken a refrigerator door.

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 attached -

See attached 5/14/19 *my*

Legal Entity Representative

[Signature]
Signature

EXECUTIVE DIRECTOR *5/7/19*
Printed Name and Title Date

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(Date)

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(Date)

The above plan of correction was approved by *my*
(Initials)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

100.a. The exterior of the building and the buildings grounds or yard must be in good repair and free of hazards


The identified items were dismantled and disposed of during the first rubbish pick up following 3-20-19.

The Maintenance Director completed an assessment of the exterior building and grounds to identify any additional potential hazards. No additional items were identified.

The Maintenance Director will be responsible to conduct weekly tours of the exterior area surrounding the Community to ensure that any potential hazards are identified and addressed expeditiously.

This Plan of Correction will be reviewed and reported on in quarterly QA meetings to maintain ongoing compliance.

The Executive Director this plan and compliance to maintain compliance.

5/14/19 

 5/7/19

190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

On 3-19-19 the following staff did not have the proper credentials to administer medication. Staff persons A, B, and C were not in compliance with the annual medication administration policy.

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 Attached -

See attached 5/14/19 *MG*

Legal Entity Representative

[Signature]
Signature

Executive Director
Printed Name and Title

5/7/19
Date

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190a. A staff person who has successfully completed a Department approved medication administration course that includes

The documented training issue, once identified, resulted in Staff Person A, B and C being immediately removed from medication administration rotation on 3-19-19.

An audit of all Medication Technicians training records was completed on 3-19-19 with the technical assistance of The Department of Human Services.

All Medication Technicians were completely retrained on 3-20-19 by a Certified Medication Train the Trainer to prevent any additional lapses and immediately reinstate standards in record keeping that were identified in records dating back to 2016 and 2017.

The current Resident Care Director completed her certification as a Train the Trainer in April to bring this training responsibility in house versus utilizing exterior resources to maintain training compliance.

The Resident Care Director will be responsible for sustained compliance and training of the Medication Technicians. The Resident Care Director will complete monthly compliance audits and will report on this issue as part of the Plan of Correction review at the Quarterly Management Meeting.

The Executive Director will review this documentation for ongoing compliance.

Within 15 days receipt of the accepted POC, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 5/14/19 *MJ*

Murray 5/2/19