



February 4, 2020

Mr. Robert W. Chapin, Jr.  
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. Chapin:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 14 and 15, 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](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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *THE BRIDGES AT WARWICK*

License Number: *143160*

Address: *1600 ALMSHOUSE ROAD, JAMISON, PA 18929*

County: *BUCKS*

Region: *SOUTHEAST*

## Administrator

Name: *Susan Sutherland*

Phone: *2152697745*

Email:

## Legal Entity

Name: *WARWICK BRIDGES LLC*

Address: *1000 LEGION PLACE, SUITE 1600, FL, 32801*

## Certificate(s) of Occupancy

Type: *C-1*

Date: *12/08/2016*

Issued By: *Warwick Township*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *124*

Waking Staff: *93*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*05/14/2019 - On-Site: Denise Gillespie, Tahesia Thomas*

*05/15/2019 - On-Site: Denise Gillespie, Tahesia Thomas*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *130*

Residents Served: *97*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *Vista*

Capacity: *31*

Residents Served: *20*

### Hospice

Current Residents: *3*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *97*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *27*

Have Physical Disability: *0*

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A was hired on 7/26/18 and the home did not complete a criminal background check until 8/4/18.

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:

The Violation was brought to the attention of the Business Office Manager on the day that it was discovered; it was determined a New Team Member Hiring form would be developed.

Long-Term Goal:

A New Hire Form has been developed and is being used (see attachment). The Business Office Manager has formally initiated the use of this form with new hires beginning June 17, 2019. The Business Office begins the form when an applicant has been contacted who we are interested in hiring/bringing on board. The form documents the requirements and concludes with the date of hire, date of onboarding and date of the 1st training day in his/her home department. The document is reviewed by the Business Office Manager and Executive director prior to establishing a Date of Hire. Each will be housed in the individual team member file in the business office.

Legal Entity Representative

*Susan G. Sunderland*  
Signature

Susan G. Sunderland, Executive Director  
07/24/2019  
Printed Name and Title Date

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

The above plan of correction is approved as of 2/4/2020  
(Date)

Plan of correction implementation status as of 2/4/2020  
(Date)

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

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

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident bedrooms 102 and 230.

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:

The Violation was brought to the attention of our Director of Plant Services on the day that it was discovered. All housekeepers were verbally informed to check for the emergency phone numbers tag in each apartment when each apartment is cleaned weekly. It was determined a Housekeeping Apt. Check form would be developed.

Long-Term Goal:

A Housekeeping Apt. Check Form has been developed and is being used (see attachment) as of Monday, July 29, 2019. Detailed forms were developed for each housekeeper. The form is updated by the Concierge upon the direction of the Director of Plant Services or ED. Each form can be used for 2 weeks for each housekeeper. The individual housekeepers are instructed to contact the Director of Plant Services or Maintenance Department Technician immediately if a phone tag is found to be missing (or light bulbs need replaced). The Director of Plant Services will collect and review these forms bi-weekly to ensure the forms are being completed by each housekeeper.

Legal Entity Representative

 Susan G. Sunderland, Executive Director 07/24/2019  
 Signature Printed Name and Title Date

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 Partially Implemented - Inadequate Progress  
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141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident # 1 was admitted to the home on 1/20/18. The home completed the medical evaluation on 10/11/17, more than 60 days prior to admission date.

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:

The Violation was brought to the attention of our Resident Relations Coordinator on the day that it was discovered. It was also reviewed with the new Director of Resident Health Services at her orientation as well as the new Vista Director at her orientation. Both new directors are knowledgeable about PCH regulations.

Long-Term Goal:

A New Resident Chart Checklist Form has been revised and is being used (see attachment) as July 15, 2019. Separate forms have been developed for Traditional PCH as well as the Vista. These completed forms are being kept in a notebook by the Resident Relations Coordinator. Any question on compliance is brought to the attention of the Executive Director.

Legal Entity Representative

*Susan G. Sunderland*  
Signature

Susan G. Sunderland, Executive Director 07/24/2019  
Printed Name and Title Date

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233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the courtyard gate door in the Secure Dementia Care Unit (SDCU).

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:

The Violation was brought to the attention of the Executive Director and Director of Operations on the day that it was discovered. The code was immediately placed under the key pad on by the patio gate both inside the patio and outside the patio (see attached photos).

Long-Term Goal:

The Key Pads will be routinely checked by the Vista Director on monthly checks that ensure the code is posted by each exit door on the secure memory care residence as well as on the underside of the key box on the inside and outside of the secured patio gate

Legal Entity Representative

*Susan G. Sunderland*  
Signature

Susan G. Sunderland, Executive Director 07/24/2019  
Printed Name and Title Date

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