



**Sent via e-mail ebrisbone@heritagesl.com
March 2, 2020**

Mr. Elijah Brisbane
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 Mr. Brisbane:

As a result of the Department's Bureau of Human Services Licensing inspection on August 8, 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,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: BIRCHES AT ARBOUR SQUARE

License Number: 14266

Address: 691 MAIN STREET,, HARLEYSVILLE, PA 19438

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: JOHNATHAN GARDNER

Phone: 2155413700

Email:

Legal Entity

Name: CARE HSL HARLEYSVILLE OPCO LLC

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

Certificate(s) of Occupancy

Type: R-3

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 98

Waking Staff: 74

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

08/08/2019 - On-Site: Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85

Residents Served: 69

Secured Dementia Care Unit

In Home: Yes

Area: DAYBREAK

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

60b - Additional Staffing

Regulations

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

On 8/1/19, the home was under staffed due to call-outs. The home failed to provide additional staff to meet the needs of the residents. The home operated with one medication technician, a maintenance director and a regional director untrained to provide care in the state of Pennsylvania.

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.)

What: Due to call outs the community staffing was not compliant. The community has added on outside agency to maintain compliance while aggressively

Recruiting. The community has also begun to conduct med tech training of in-house staff coordinated with the train the trainer.

When: The staffing coordinator and Executive Director have contracted with staffing agency immediately while recruiting. Completed 8/7/2019. Currently there is 2 new med techs going thru the training. The community will continue with training new med techs and caregivers until such time as agency can be released and staffing meets requirements.

How: Staffing has been compliant with the use of agency and community recruiting. Along with creating a more efficient staffing schedule.

Ongoing: The community has placed ads as well as schedule open house hiring. This will be ongoing to continuously maintains adequate staffing levels. Daily audits of staffing hours will be maintained by the Executive Director or designee. **Please see Audit Tool B**

Legal Entity Representative

Signature

Elzahn Brinkman PCHA

Printed Name and Title

9/12/2019

Date

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

The above plan of correction is approved as of 3/2/20
(Date)

Plan of correction implementation status as of 3/2/20
(Date)

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

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

61 - Substitute Coverage

Regulations

2600.
61. Substitute Personnel - When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in § § 2600.54 and § 2600.65 (relating to qualifications for direct care staff persons; and direct care staff person training and orientation).

Description of Violation

The home failed to utilize substitute coverage on 8-8-19. The memory care unit only had staff person A to perform the direct care duties. The medication technician was not present to provide medication management for the residents. The home utilized staff from the personal care area, to ensure the safety of the residents in memory care; which left the residents in personal care unattended for direct care and medication services to be fulfilled.

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.)

What: Due to call outs the community staffing was not compliant. The community has added on outside agency to maintain compliance while aggressively

Recruiting. The community has also begun to conduct med tech training of in-house staff coordinated with the train the trainer.

When: The staffing coordinator and Executive Director have contracted with staffing agency immediately while recruiting. Completed 8/7/2019. Currently there is 2 new med techs going thru the training. The community will continue with training new med techs and caregivers until such time as agency can be released and staffing meets requirements.

How: Staffing has been compliant with the use of agency and community recruiting. Along with creating a more efficient staffing schedule.

Ongoing: The community has placed ads as well as schedule open house hiring. This will be ongoing to continuously maintains adequate staffing levels. Daily audits of staffing hours will be maintained by the Executive Director or designee. Please See Audit Tool B

Legal Entity Representative

Handwritten signature

Elyah Bristow PCHA

9/12/19

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 3/2/20 (Date)

Plan of correction implementation status as of 3/2/20 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

223b - Service Procedures

Regulations

2600.
223.b. The home shall develop written procedures for the delivery and management of services from admission to discharge.

Description of Violation

The home does not have written procedures for the delivery and management of services in regards to providing meals in a timely manner for residents in the memory care unit.

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.)

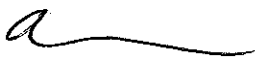
What: During the state visit, Interviews with staff revealed that on occasion the noon meal was delivered late. On the day of the visit, the meal was in fact on time. Dining staff will be re-trained on the Heritage Nutrition and Dining Standards

When: All dining staff will be In-serviced on the Heritage Nutrition and Dining Standards to ensure timely delivery of meals to the memory care neighborhood by September 18, 2019

How: The Food Service Director and or designee will monitor meal delivery daily for 2 weeks, then twice per week ongoing to make sure that all meals are delivered timely.

Ongoing: Executive Director, Memory Care Director or Designee will randomly audit the meal delivery to ensure timeliness. Results will be reviewed at the quarterly QA meetings. **Please See Audit Tool A**

Legal Entity Representative



Elzohr Briscoe RCHA

9/12/2019

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 3/2/20
(Date)

Plan of correction implementation status as of 3/2/20
(Date)

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

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