



Sent via e-mail taungst@thebirchesatas.com
Sent via e-mail jgarber@heritagesl.com
October 29, 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 inspection on August 22, 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 cursive script that reads "Mia Johnson".

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: Katie McConnell

Phone: 2155413700

Email:

jgarber@heritagesl.com, tprice@heritagesl.com

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,Incident

Inspection Dates and Department Representative

08/22/2019 - On-Site: 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: 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: 68

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 29

Have Physical Disability: 9

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 08/01/19, an allegation of verbal abuse was made against a staff member. The home did not report this incident to the Department until 08/08/19.

On 08/02/19, a resident was found on the mat beside the bed and staff failed to return the resident to bed. The home did not report this incident to the Department until 08/08/19.

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 transitioning of the Executive Director/PCHA the reports were not completed and submitted timely. The current executive director understands and complies with the mandated reporting.

When: Executive Director or designee will review incidents daily to ensure timely reporting.

How: The electronic health record (Tabula Pro) has an incident tracker allowing ease of tracking of every incident as well as state reportable incidents. All direct care staff has been in-serviced on how to record incidents and reportable incidents. (Attachment B) Completion by 10/31/2019

Ongoing: Executive Director or designee will review and sign off on every incident. All incidents will be reviewed at the quarterly QA meetings.

Maintain in-service for Department review. 10/28/19 [Signature]

Legal Entity Representative

Signature [Signature] Printed Name and Title Elizabeth Brubaker PCHA Date 10/28/19

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

The above plan of correction is approved as of 10/28/19 (Date) Plan of correction implementation status as of 10/28/19 (Date)

The above plan of correction was approved by [Signature] (Initials) [X] Partially Implemented - Adequate Progress [] Fully Implemented [] Partially Implemented - Inadequate Progress [] Not Implemented

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The overnight staff have been found to be neglectful of their duties in the following instances:

07/21/19 – Resident #1 had a fall and 3rd shift staff, reported resident was okay, but first shift staff, on 7/22/19, discovered a baseball size lump on her head with blood and feces all over her back and the bed. Resident was said to be uncooperative and staff “threw her back in bed and left her there”. Resident was later sent to the hospital.

08/02/19 – Resident #1 was found on the floor around 7:45 AM. Her roommate stated she had been there since 5:00 AM and staff came in and moved her emergency button out of reach. The cord was found wrapped around the base of the emergency box.

07/22/19 – Resident #2 was left to sleep on the floor all night. The 2nd shift staff offered to assist getting resident back in bed but 3rd shift staff refused the help stating they would take care of it.

07/22/19 - The 1st shift staff found resident #3 on the floor covered in urine and the overnight staff reportedly said “just to let you know (resident name) is soaked” as they left in the morning. Resident stated she called for help but they left her there.

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.)

See Attached for POC

Provider will conduct interviews with residents and ask if anyone has mistreated them or have been unkind. The executive director or designee will conduct weekly rounds on a regular basis. Resident Rights will be addressed in staff meetings at least quarterly. Maintain documentation of trainings and resident interviews for Department review.

10/28/19 *[Signature]*

Legal Entity Representative

[Signature]

Signature

Elijah Biskamp RPHIA

Printed Name and Title

Date

42b - Abuse (continued)

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(Date) (Date)


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(Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

2600.42b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

What: Resident #1, #2 and #3, did not receive the care identified in their RASP. The two caregivers that were identified as having been responsible for these residents during the identified time were suspended immediately and an investigation was completed. Both staff members were subsequently terminated.

When: *immediately after completion of investigation*

How: A training request has been made to the Area Agency on Aging for Abuse and Neglect and Resident rights. The RCD and or designee will begin in service to all staff prior to the AAA scheduled in service to all. (See Attachment A) All direct care staff will be re-trained on resident service plans.

Ongoing: The Executive Director, Resident Care Director or Designee will maintain oversight to ensure all direct care staff are following the Service Plan of each resident. 10/28/19 

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff person A was overheard stating to more than one resident "I'll be nice to you when you're nice to me".

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: Staff member A was immediately suspended pending a thorough investigation. Investigation revealed that Staff member A felt as though he was just "playing" with the resident's husband who he felt he had a good relationship with. He did not intend to be disrespectful to the resident.

When: Staff member A was in-serviced on resident rights upon his return on 9/4/19 and placed on a performance improvement plan with increased supervision for the next 30 days requiring weekly performance meetings with his supervisor. (Audit tool A)

Ongoing: All staff members will participate in an in-service with the Area Agency on Aging on Resident rights and reporting abuse and neglect. The Executive Director or Designee will maintain oversight of all training to ensure understanding. Results will be reviewed in the quarterly QA meeting.

Provider will conduct interviews with residents and ask if anyone has mistreated them or have been unkind. The executive director or designee will conduct weekly rounds on a regular basis. Resident Rights will be addressed in staff meetings at least quarterly. Maintain documentation of trainings and resident interviews for Department review. 10/28/19 *MJ*

Legal Entity Representative

[Handwritten Signature]

Signature

Elijah Basham PCWA

Printed Name and Title

10/15/19

Date

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(Date)

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(Date)

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(Initials)

