



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail ebrisbone@heritagesl.com
March 24, 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 September 18, 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

Facility Information

Name: *BIRCHES AT ARBOUR SQUARE*

License Number: *14266*

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

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *Elijah Brisbane*

Phone: *2155413700*

Email: *ebrisbone@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:

Total Daily Staff: *92*

Waking Staff: *69*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

09/18/2019 - On-Site: Youn Hie Chung, David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85*

Residents Served: *64*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Memory Care*

Capacity: *25*

Residents Served: *27*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *64*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *28*

Have Physical Disability: *0*

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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 staffing concerns agency care staff credentials were not on site(in community) to be compliant. Agency Reps have supplied all credentials needed to remain compliant to the community for current agency employees.

When: 10/21/19 a meeting was held with the agency rep to review all needed information on staffing to be provided to the community.

How: Prior to scheduling agency staff all needed credentials will be on site prior to employees providing care in the community. This will be reviewed by the Resident Services Director and or Designee. Completion date: 10/15/2019

Legal Entity Representative



Signature

Elyal Brisbaum EP

Printed Name and Title

10/16/19

Date

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The above plan of correction is approved as of 3/23/20
(Date)

Plan of correction implementation status as of 3/23/20
(Date)

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

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

62 - Contact List

Regulations

2600.
62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The home failed to keep a current list of the names, addresses and telephone numbers of substitute personnel.

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: Credentials of agency staffing was not on site at the community prior to service being provided to residents by agency staff. The community now maintains an Agency Staffing Binder with Prior and new agency staff.

When: 10/21/2019 All credentials were collected and meeting with the Agency Rep was held to review needs list to remain compliant as to staffing credentials.

How: This is now standard protocol for any outside agency to be reviewed prior to providing service. The review will be completed by the Resident Services Director and or designee. Completion 10/15/19

Legal Entity Representative


Signature

Elaine D. ...
Printed Name and Title

11/16/19
Date

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65a - FS Orientation 1st Day

Regulations

- 2600.
- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was 08/15/2019, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms and telephone use and notification of emergency services.

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: Orientation of all staff will be given. Orientation during onboarding will include agency staff. A tool to ensure compliance has been put in place to maintain and verify that all care staff has had mandatory orientation. A binder is in place (See Tool A)
When: 10/21/2019 tis practice is ongoing to remain compliant
How: Orientation of all staff including agency staffing will be conducted by Human Resources and or designee. Completed; 10/15/19

Legal Entity Representative

		
Signature	Printed Name and Title	Date

65a - FS Orientation 1st Day (continued)

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65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour late August. However, this staff person did not complete training on the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) and reporting of reportable incidents and conditions .

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: Orientation of all staff will be given. Orientation during onboarding this including agency staff. A tool to ensure compliance has been put in place to maintain and verify that all care staff has had mandatory orientation. A Binder is in place (See Tool A).

When: 10/21/2019 this practice is ongoing to remain compliant

How: Orientation of all staff including agency staffing will be conducted by Human Resources and or designee.
Completed; 10/15/19

Legal Entity Representative


Signature

Elgin Bestman RD
Printed Name and Title

10/15/19
Date

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65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on 08/15/2019, began providing unsupervised ADL services late August. However, the home failed to keep a copy of a certificate showing the staff passing both the Department-approved direct care training course and the competency test.

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 staffing concerns agency care staff credentials were not on site (in community) to be compliant. Agency Reps have supplied all Credentials needed to remain compliant to the community for current agency employees.

When- 10/21/19 a meeting was held with the agency rep to review all needed information on staffing to be provided to the community.

How: Prior to scheduling agency staff all needed credentials will be on site prior to employees priding care in the community. This will be reviewed by the Resident Services Director and or designee. Completion date: 10/15/2019

Legal Entity Representative



Signature

Elyse B. Baker ED
Printed Name and Title

11/1/19
Date

Date

65d - Initial Direct Care Training *(continued)*

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed Atorvastatin 10 mg and Mirtazapine 7.5 mg. However, her medication administration record does not indicate the diagnoses for these two medications.

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: All new staff are paired with staff that are currently working within the role of dispensing medication. This will be a part of the onboarding process. This is also paired with the orientation process (see Tool A) Medication diagnosis have been audited on the MARS

When: The Resident services Director had an Inservice with all dispensing medication explaining the importance of making sure that the diagnosis of each medication is on the MAR and an audit was performed by the Resident Services Director. (See Form B)

How: The Resident Services Director and or designee will perform audits periodically to assure compliance in collaboration with Pharmacy. Completed 10/1/19

Legal Entity Representative


Signature


Printed Name and Title


Date

187a - Medication Record *(continued)*

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