



Sent via e-mail ebrisbone@heritagesl.com
February 11, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 4, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: *0*

Total Daily Staff: *101*

Waking Staff: *76*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint/POC Verification*

Inspection Dates and Department Representative

11/04/2019 - On-Site: Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85*

Residents Served: *70*

Secured Dementia Care Unit

In Home: *Yes*

Area: *SDCU*

Capacity: *25*

Residents Served: *23*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *70*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *31*

Have Physical Disability: *0*

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 1 is prescribed a lidocaine patch to be applied to the chest and back daily. However, Resident # 1 was not administered the lidocaine patch from 9/4/19 to 9/9/19.

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.)

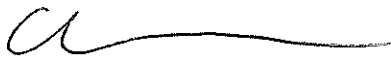
What: Resident #1 did not receive her lidocaine patch for 6 days

How: All medication technicians and nurses will be re-trained on the 5 rights of medication management; Module 5, Activity 4, exercise 5-2 from the train the trainer manual as well as the best practice for what to do if a medication is not found in med cart. (See Attachment A)

When: Training will be complete by January 15, 2020

Ongoing: Executive Director and or designee will review in the quarterly QA meeting

Legal Entity Representative



Signature

Elyah D. Sbon

Printed Name and Title

12/11/19

Date

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

The above plan of correction is approved as of 2/10/2020
(Date)

Plan of correction implementation status as of 2/10/2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

CM

(Initials)

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # 1 participated in the development of his/her support plan on 8/19/19. However, the resident did not sign the support plan or indicate the resident refused to sign the support plan.

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.)

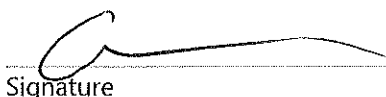
What: Resident #1 participated in the development of her support plan however did not sign the support plan or indicate refusal to sign.

How: Resident Care Director and or designee will complete an audit of all resident support plans for signatures. (see Attachment B)

When: Audit will be completed January 25, 2020

Ongoing: Executive Director and or designee will complete 30 day Chart Audit tool and review in Quarterly QA meeting. (See Attachment C)

Legal Entity Representative


Signature

Elzahn Brubaker ED
Printed Name and Title

12/11/19
Date

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

The above plan of correction is approved as of 2/10/2020
(Date)

Plan of correction implementation status as of 2/10/2020
(Date)

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

Implemented
 Not Implemented