



Sent via e-mail ebrisbone@heritagesl.com
July 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 21, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BIRCHES AT ARBOUR SQUARE*

License Number: *14266*

Address: *697 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 OPCOLLC*

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: *Incident*

Inspection Dates and Department Representative

11/21/2019 - On-Site: Dean Gray, Tahesia Thomas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85*

Residents Served: *67*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Daybreak*

Capacity: *25*

Residents Served: *24*

Hospice

Current Residents: *5/22*

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*

52 - Hiring Staff

Regulations

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons 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) and other applicable regulations.

Description of Violation

Staff person A, hired on 09/19/19, did not have a criminal background check completed until 09/20/19.

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: A, hired on 09/19/19, did not have a criminal background check completed until 9/20/19.


Who: The Executive Director or designee will train the management team on **Plan of Correction-Team Member Background Checks Plan (Attachment A)** and **Audit (Attachment B)** and complete **Sign-in Sheet (Attachment C)**.

When: Training and audit of all current Team Member files to be completed by 1/31/20

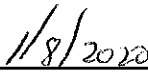
How: Business Office Director or Designee will assure all new hires do not start employment until proper background checks are obtained.

Ongoing: The Business Office Director or Designee will conduct monthly Quality Assurance audits of all new employee files to ensure that the Criminal Background check was completed prior to employment. Findings and trends will be reviewed at the QA meetings.

Legal Entity Representative


Signature


Printed Name and Title



Date

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The above plan of correction is approved as of 5/28/2020 (Date)

Plan of correction implementation status as of 5/28/2020 (Date)

Fully Implemented

The above plan of correction was approved by  (Initials)

Not Implemented

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 B, hired on 10/10/19, did not complete and pass the Department-approved direct care training course and 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: Direct Care Staff Person B did not complete and pass the Department-approved direct care training course and competency test.


Who: The Executive Director or designee will train the management team on **Plan of Correction-Direct Care Training Course Plan (Attachment D)** and **Audit (Attachment B)** and complete **Sign-in Sheet (Attachment E)**.


When: Training and audit of all current care giver files to be completed by 1/31/20 staff person B will complete training before providing care immediately.


How: Business Office Director or Designee will assure all new hires complete the Departments direct care training during orientation.

Ongoing: The Business Office Director or Designee will conduct monthly Quality Assurance audits of care giver files to assure the direct care training has been completed. Findings and trends will be reviewed at the QA meetings.

Legal Entity Representative


Signature


Printed Name and Title


Date

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

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The above plan of correction is approved as of 5/28/2020
(Date)

Plan of correction implementation status as of 5/28/2020
(Date)

The above plan of correction was approved by *slw*
(Initials)

Fully Implemented

Not Implemented



Plan of Correction Training

Direct Care Training Course Plan

(Attachment D)

Regulation – 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, mental retardation 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 (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Discussion: The following staff are exempt from these requirements:

- Any staff person hired on or before April 24, 2006 who has not had more than one year's break in service
- Any volunteer retained on or before April 24, 2006 who has not had more than one year's break in service
- A Certified Nurse Assistant (CNA) with a current certificate in good standing
- A Licensed Practical Nurse (LPN) with a current license in good standing
- A Registered Nurse (RN) with a current license in good standing
- A Physician with a current license in good standing
- An Emergency Medical Technician (EMT) with a current license in good standing
- Any staff hired between April 24, 2006 and October 31, 2007 do not need to successfully complete the Department-approved direct care staff training course and pass the online competency test.

The training course and competency test are web-based and available on the Department's website. After successful completion of the course and the test, direct care staff persons will receive a "Certificate of Completion" that must be printed and kept in the employee's file. An individual may start and stop the training at any time.

If a staff person has completed the required initial direct care staff person training and competency testing as a direct care staff person at another home, the requirement for initial direct care staff person training and competency testing in this section does not apply if the staff person provides written verification of completion of the prior training and competency testing. There is no time limit as to how long prior to the employment transfer the orientation and competency testing may be completed.

Primary Benefit: Ensures that each individual who provides assistance with ADLs is trained to do so properly.

Action Plan: Direct care staff person B, hired on 10/10/19, did not complete and pass the Department-approved direct care training course and competency test. Business Office Director or designee will include the direct care training course and competency test as part of the initial New Hire Orientation. The Business Office

Director or Designee will conduct monthly Quality Assurance audits of care giver files to assure the direct care training has been completed. Findings and trends will be reviewed at the QA meetings.

234c - Support Plan Responsible Person

Regulations

2600.

234.c. The support plan must identify the individual responsible to address the resident's needs.

Description of Violation

The support plan, dated 04/18/19, for resident #1 does not identify the individual responsible for addressing the resident's needs, including the one on one care being provided by resident's boyfriend/POA starting the week of 10/20/19.

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's Support Plan did not identify the individual responsible for addressing the resident's needs, including the one on one care being provided by resident's boyfriend/POA. The support plan must identify the individual responsible to address the resident's needs.



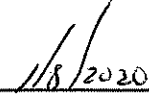
Who: The Resident Care Director or designee will train the Resident Care team on **Plan of Correction-Support Plan; Who Addresses Resident Needs Plan (Attachment F)** and **Audit (Attachment G)** and complete **Sign-in Sheet (Attachment H)**.

When: Training to be completed by 1/31/20

How: Resident Care Director or Designee will assure all Resident Support Plans are updated with resident needs.

Ongoing: The Resident Care Director or Designee will conduct monthly Quality Assurance audits of Resident Support Plans to ensure they are properly updated. Findings and trends will be reviewed at the QA meetings.


Legal Entity Representative

		
_____ Signature	_____ Printed Name and Title	_____ Date

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Fully Implemented

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Not Implemented

Plan of Correction Training

Support Plan; Who Addresses Resident Needs Plan

(Attachment F)

2600. - 2600.234(c) - The support plan must identify the individual responsible to address the resident's needs.

Discussion: Self-explanatory.

Primary Benefit: Ensures that there is a plan to serve residents with challenging behaviors as soon as possible.

Action Plan: Resident #1's Support Plan did not identify the individual responsible for addressing the resident's needs, including the one on one care being provided by resident's boyfriend/POA. The support plan must identify the individual responsible to address the resident's needs. **(add what you will have the team do to assure this...report and changes in the communication log?)** The Resident Care Director or Designee will conduct monthly Quality Assurance audits of Resident Support Plans to assure they are properly updated. Findings and trends will be reviewed at the QA meetings.