Sent via e-mail r.chapin@bridgeig.com
April 23, 2020

Mr. Robert W. Chapin, Jr.
Manager
Warwick Bridges, LLC
1000 Legion Place, Suite 1600
Orlando, Florida 32801

RE: The Bridges at Warwick
1600 Almshouse Road
Jamison, Pennsylvania 18929
License #: 143160

Dear Mr. Chapin:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 9, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE BRIDGES AT WARWICK* **License Number:** *14316*
Address: *1600 ALMSHOUSE ROAD,, JAMISON, PA 18929*
County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: *Susan G. Sunderland* **Phone:** *2152697745* **Email:** *ROBB.CHAPIN@BRIDGEIG.COM*

Legal Entity

Name: *WARWICK BRIDGES LLC*
Address: *1000 LEGION PLACE, SUITE 1600, ATTN BILL SNOW, ORLANDO, FL, 32801*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *106* **Total Daily Staff:** *245* **Waking Staff:** *184*

Inspection

Type: *Partial* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

12/09/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* **Residents Served:** *106*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *1st floor Vista* **Capacity:** *31* **Residents Served:** *30*

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *105*
Diagnosed with Mental Illness: *1*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *33*
Have Physical Disability: *0*

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

Staff person A was being trained by staff person B on the Secured Dementia Unit (SDU). Staff person A reported that staff person B was very aggressive with residents #1, #2, #3 and #4.

Resident #1 was observed urinating in the hallway and on furniture. Staff person B smacked resident #1's hand, the second time that she observed resident #1 urinating she "flipped out and smacked his hand and pulled him by the arm pretty hard and took him to the bathroom again and was scolding him."

Resident #2 kept getting out of bed and wandering through the hallways. On at least five occasions, staff person B gripped resident #2 by the arm and took her back to the room, "then aggressively pushed her back into bed and scolded her and telling her to stay in bed and go to sleep." Staff person A tried to defuse the situation and escort resident #2 to bed. Resident #2 said she did not want to go to bed. Staff person A stated okay lets go watch TV. Staff person B said with an attitude, "no she needs to go to her bed right now, grabbed resident #2 by the arm and took her to her room."

Staff person B was in resident #3's room changing her and sent staff person A out of the room to get toiletries. When staff person A was walking back to the room she heard resident #3 yelling, "you're hurting me/stop pushing me around/you're being mean." Staff person A observed staff person B grip resident #3's arm and said, "no I'm not, tell the truth very aggressively." Staff person A finished changing resident #3 as she stated, "it was a very uncomfortable and shocking situation."

Later, staff person B told staff person A and C that she was not changing resident #3 again. She stated, she was "not going out her way to find a brief." Staff person C told staff person A to come with him to clean up resident #3. Staff person C informed staff person B that they changed resident #3 and she stated, "why?" Staff person C said "not changing a resident is neglect and we're not about to neglect a resident under any circumstances, that's inappropriate."

Staff persons A, B and C were changing resident #4. Resident #4 became agitated and started to grab and swing their arms. Staff person B smacked resident #4's hand. Staff person C told staff person B "that's not how we should react.

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.)

Short-Term Goal:

Staff Person A was suspended pending investigation on 11/30/2019. She did not return to work at the community after this incident was reported and the investigation occurred and was concluded. Staff Person A was terminated on 12/04/2019 at the conclusion of the full investigation and during a personal discussion with the Executive Director (ED) and the Secured Memory Care Director (SMCD).

An In-service was conducted on 12/1/2019 by the SMCD on abuse, abuse reporting and communication approaches with residents.

Administrator / designee will ensure rights of residents are always protected. They will not be neglected, intimidated, physically or verbally abused, mistreated, or subjected to corporal punishment or disciplined in anyway. Staff training will be maintained for Department review..... SP 04-23-2020

42b - Abuse *(continued)*

Legal Entity Representative

Susan G. Sunderland | Susan G. Sunderland, Executive Director | 02/14/2020
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 04-23-2020 (Date)

Plan of correction implementation status as of 04-23-2020 (Date)

- [x] Implemented
- [ ] Not Implemented

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

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 11/27/19, there were 105 residents in the home. 29 residents in the SDU, 76 personal care (PC) residents; and a total of 33 residents with mobility needs.

On the overnight shift, 11PM to 7AM there were two workers on the SDU, one of which was in training; and two workers on PC and one nurse for the home.

There were numerous allegations of abuse on the SDU and witness statements were written. The witness statements documented the home was short staffed.

Staff person A wrote: staff person C "came down to do rounds with me since it was my first night and we were short staffed."

Staff person C wrote: "I was working the night of 11/27/19. I clocked into my shift at 7:30PM. I was the only caregiver assigned to the floor that night. Approaching the 3rd shift at 11PM, a new trainee approached me to inform me that she was to be trained and I proceeded to make my rounds with the trainee.

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.)

Short-Term Goal:

The staffing pattern for the community on the overnight shift is 1 nurse, 2 resident assistants in Secure Memory Care and 2 resident assistants in Traditional Care. When there is an opening every effort is made to fill the open shift including posting the open position through the scheduling program as well as texting/calling individual team members. The Nurse on shift also assists with hands-on care on the overnight shift.

Administrator / designee will ensure there is adequate staffing on every shift to protect the health and safety, and well being of the residents in accordance with regulation 2600.60b.......... SP 04-23-2020

Legal Entity Representative

Susan G. Sunderland — Signature

Susan G. Sunderland, Executive Director — Printed Name and Title

02/14/2020 — Date

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

The above plan of correction is approved as of 04-23-2020 (Date)

Plan of correction implementation status as of 04-23-2020 (Date)

☑ Implemented
☐ Not Implemented

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