



**Sent via e-mail [monique.cole@livingbranches.org](mailto:monique.cole@livingbranches.org)  
Sent via e-mail [cheryl.loftus@livingbranches.org](mailto:cheryl.loftus@livingbranches.org)  
January 29, 2020**

Ms. Monique Cole  
Executive Director  
Hatfield Mennonite Home  
2343 Bethlehem Pike  
Hatfield, Pennsylvania 19440

RE: The Willows of Living Branches  
License #: 126780

Dear Ms. Cole:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 6, 2020 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 WILLOWS OF LIVING BRANCHES

License Number: 12678

Address: 2343 BETHLEHEM PIKE,, HATFIELD, PA 19440

County: BUCKS

Region: SOUTHEAST

## Administrator

Name: Cheryl Loftus

Phone: 2158220688

Email: cheryl.loftus@livingbranches.org

## Legal Entity

Name: HATFIELD MENNONITE HOME

Address: 2343 BETHLEHEM PIKE, HATFIELD, PA, 19440

## Certificate(s) of Occupancy

Type: Other

Date: 03/02/1987

Issued By: COPA L&I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 35

Waking Staff: 26

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

01/06/2020 - On-Site: Michele Swisher, Natasha Braswell

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 80

Residents Served: 35

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 1

### Number of Residents Who:

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 34

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

3c - Post Current License

Regulations

2600. 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 1/6/2020 the home's current violation report dated 3/15/2019 and a copy of 55 Pa.Code Chapter 2600, was not posted in a conspicuous and public place in the home.

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.)

Violation Report received July 2019 was posted immediately in hanging basket near Nurses station. It was checked in late November by Director and documents were in basket. January 6, 2020 when DHS Inspector was checking if all posting were displayed, the Violation Report nor the 55 Pa. Code Chapter 2600 was not in hanging basket. Inspector noted someone may have removed them but not posted currently.

Inspector suggested we put note on bulletin board that violation report is at front desk and copies would be provided upon request. Director immediately had sign for both bulletin boards completed and hung - Front desk has copy of Violation report for your review upon request. A copy of 55 Pa. Code Chapter 2600 was placed back in basket. Director has been checking weekly.

Administrative Assistant will check weekly, Mondays and Fridays, to make sure 55 Pa. Code Chapter is still in basket near nurses station. Task was assigned to Administrative Assistant January 27, 2020.

Legal Entity Representative

Signature Cheryl Loftus

Cheryl Loftus, PCHA  
Printed Name and Title

1/24/2020  
Date

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The above plan of correction is approved as of 01-28-2020 (Date)

Plan of correction implementation status as of 01-28-2020 (Date)

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

Implemented (checked)
Not Implemented

65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A has no documented training hours for the training year September 2018 to August 2019.

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.)

Staff Person A , pool nurse, was mistakenly terminated as an employee in our online training system when she should have been a status change to pool. Because staff A was terminated in the system, she did not receive any training notifications or requirements.

HR department, started immediately, quarterly reconcillations between our payroll system (ADP) and our online training system (Relias) will be completed so that no employees will be missed from training requirements.

Reconcillation will follow our education year and will be done quarterly in the first two weeks of September, December, March and June.

Care Coordinator will be receiving monthly reports for her department. She will be able to monitor her staff and the completion of required DHS training. The reports for Care Coordinator will be set up and reviewed with her by HR on January 24, 2020.

In our first day of orientation we review Relias, our training program. We are going to add to the orientation checklist reviewing the regulations 2600 -65.e, 65.f, 65.g.

Staff A, when notified January 6th did not acknowledge she just sent a letter to HR that she was resigning as of Dec 31st.

Legal Entity Representative

Cheryl Loftus  
Signature

Cheryl Loftus, PCHA  
Printed Name and Title

1/24/2020  
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65f - Training Topics

Regulations

2600.  
 65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
  2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  3. Care for residents with dementia and cognitive impairments.
  4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  5. Personal care service needs of the resident.
  6. Safe management techniques.
  7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques , care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year September 2018 to August 2019.

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.)

All new employees including pool staff will be educated on Regulation 65e, 65f and 65g, 12 Hours Annual Training requirement. This will be completed on first day orientation by Care Coordinator or Nurse Supervisor. Care Coordinator will audit completion of trainings through the monthly Relias reports and address any concerns as needed.

Legal Entity Representative

*Cheryl Loftus*  
 Signature

Cheryl Loftus, PCHA  
 Printed Name and Title

1/24/2020  
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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year September 2018 to August 2019.

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.)

Care Coordinant or Nurse Supervisor reviews Fire Safety and Emergency Preparedness for our new employees. Our Orientation sheet was updated to include review of regulations 2600. 65.e, 65.f, 65.g. (see attached).

We now have Fire Safety Experts on staff so we can make training available more then one time a year and have a video of training.

Legal Entity Representative

Cheryl Loftus  
Signature

Cheryl Loftus, PCHA  
Printed Name and Title

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 Not Implemented

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/12/19 resident #1's glucometer was used to take the blood glucose level for resident #2. Sharing of glucometers between residents is prohibited and constitutes an unsanitary condition.

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.)

Resident #1 glucometer that was used for another resident was replaced.  
Nursing department has added larger print labels and writing Resident name with paint pen to both the glucometer and the storage bags.


All License Nurses and Med Techs have been assigned Relais training - Checking Blood Sugar and Maintaining Infection Control. Staff required to complete by January 31, 2020.

Staff meeting is scheduled for Wednesday, 1/29/2020. Care Coordinator will review DHS Bulletin, dated 3/17/2015 on Infection Control and individual use of glucometer. She will discuss Infection Control and Best Practices. She will also review CDC bulletin.

Administrator or designee will ensure glucometers are not shared between residents. Within 10 days receipt of accepted POC, all glucometers will be audited to ensure all residents who have a need, have their own.

SP 01-28-2020

Legal Entity Representative

	Cheryl Loftus, PCHA	1/24/2020
Signature	Printed Name and Title	Date

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	(Date)	Plan of correction implementation status as of	(Date)

The above plan of correction was approved by	SP		
	(Initials)		<input checked="" type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented

183e - Storing Medications

Regulations

2600.  
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 1/6/2020, Latanoprost eye drops belonging to resident #3 had an opened on date written on the bottle of 11/22/19 was present in the medication cart. Manufacturers instructions read that opened bottles are to be stored at room temperature for up to 6 weeks then discarded. The opened bottle of Latanoprost eye drops should have been discarded on 1/3/2020.

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.)

Resident # 3 bottle of eyes drops were discaered by Care Coordinator.

Nurses should make sure any Medications with Shortened Expiration date are putting the expiration date on sticker when opening the medication. Care Coordinator will educate Nurses & Med Techs on 1/29 about writing expired date on medication with shortened expiration dates when opened.

Pharmacy provided a sheet about Medications with Shortened Expiration dates,Care Corrdinator will In-service, laminate and place on each Medication cart 1/29.

Med Cart audits are completed weekly by Nurses. On 1/24, Care Coordinator updated Med Cart Audit form to be completed by Nurses weekly,

Care Coordinator will review completed audit weekly. If any concerns, processes not being followed ,Care Coordinator will address with staff person involved, could result in discipliny action.

Legal Entity Representative

*Cheryl Loftus*  
Signature

Cheryl Loftus, PCHA  
Printed Name and Title

1/24/2020  
Date

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Implemented  
 Not Implemented

185a - Implement Storage Procedures

Regulations

2600. 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's glucose log has a reading of 191 recorded for 12/26/19 however the reading in the glucometer is 261. Resident #3 is prescribed Lorazepam 0.5mg- give 1/2 tablet by mouth (0.25mg) twice daily as needed for anxiety. This medication is not present on the medication cart on 1/6/2020.

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.)

Resident #2 - Nurse recalibrated glucometer after she noticed the date was wrong, had March instead of December. Nurse noticed the glucometer reading was 261. She had a reading of 191 before she recalibrated the glucometer. Glucometer is replaced.

3rd shift Nurse Supervisors will check all glucometers daily.
- They will compare blood glucose results in Point Click Care with the reading on machine
- Verify dates and times are accurate, if not nurse will recalibrate glucometer.
Facility has purchased an extra glucometer to replace any residents glucometer if needed.
Nurse on 3rd shift will send report to Care Coordinator weekly.

Resident #3 - Resident was admitted with a PRN order for Lorazepam, wasn't in med cart. Assessment completed, discontinued order.
- Medication /Mar Audit form (see attached) will help staff identify all meds on MAR are available, d/c med are removed.
Care Coordinator will check form weekly & review in QAPI Reports.

Legal Entity Representative

Signature: Cheryl Loftus, PCHA
Printed Name and Title: Cheryl Loftus, PCHA
Date: 1/27/2020

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[checked] Implemented
[ ] Not Implemented
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187b - Date/Time of Medication Admin.

Regulations

2600. 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 9/16/19, resident #4's Indapamide 2.5mg- take one by mouth on Monday, Wednesday, and Friday, was not administered because it was not available in the home however , staff person B had initialed the MAR as administered even though the medication was not administered.

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.)

Care Coordinator implemented for Nurse Supervisors a 24 hour log book to include items that needed to be followed up on until resolved -such as a medication needing to be delivered, questions with an order, labs, follow up with doctor appts, other various follow up required.

Care Coordinator or assigned designee will review MAR's weekly beginning 1/27/2020 for 5 weeks to ensure medication administration is recorded properly on MAR.

Staff person involved with this Medication error was given a verbal warning and removed from Medication Administration on 9/20/2019.

Staff person was required to repeat the Medication Technician Certification course before allowed to administer medications at facility. Staff person attended the course on Oct 21st & 22nd.

Staff person completed Med Pass observations and was approved to admnisiter medications on 10/31/2019.

Legal Entity Representative

Cheryl Loftus  
Signature

Cheryl Loftus, PCHA  
Printed Name and Title

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(Initials)

Implemented  
 Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 9/16/19, resident #4's Indapamide 2.5mg- take one by mouthy on Monday Wednesday and Friday, was not administered because it was not available in the home however , staff person B had initialed the MAR as administered even though the medication was not administered.

On 3/28/19 Resident #5's Ativan 0.5mg scheduled for 1:00 pm was not administered to resident.

On 6/3/2019 Resident #6's Lorazepam 0.5mg scheduled for 12:00pm was not administered to resident.

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.)

Med errors on 3/28 & 6/3 were made by Agency nurses. We have significantly reduced our agency use since October.

Care Coordinator developed a Medication /MAR Audit (see attached) to be completed by Nurses weekly, per shift and must be completed by Thursday so Care Coordinator can review Friday.

Contact our Pharmacy to conduct an observation on Medication pass for several of our Nurses, Med Techs. - complete by February 28,2020.

Set up training with our Pharmacy on topics regarding following direction of Prescriber - completed by March 13th, 2020.

Do a Root Cause Analysis with our Director of Risk Management and Compliance on Medication errors for 9/16, 3/28, 6/3.

Set up meeting with staff to go through a Root Cause Analysis with Risk Manager by February 28, 2020.

Legal Entity Representative

Signature Cheryl Loftus

Cheryl Loftus, PCHA Printed Name and Title

1/24/2020 Date

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Implemented Not Implemented

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