



Sent via e-mail kmccollum@heritagesl.com
Sent via e-mail kyannuzzi@thebirchesatnewtown.com
April 17, 2020

Mr. Kevin M. McCollum
Member
Care HSL Newtown OPCO, LLC
% Heritage Senior Living
765 Skippack Pike
Blue Bell, Pennsylvania 19422

RE: The Birches at Newtown
70 Durham Road
Newtown, Pennsylvania 18940
License #: 142300

Dear Mr. McCollum:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 15 and 16, 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 BIRCHES AT NEWTOWN

License Number: 14230

Address: 70 DURHAM ROAD,, NEWTOWN, PA 18940

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Kim Yannuzzi

Phone: 2154977400

Email: kyannuzzi@thebirchesatnewtown.com

Legal Entity

Name: CARE HSL NEWTOWN OPCO LLC

Address: 765 SKIPPACK PIKE, C/O HERITAGE SENIOR LIVING, BLUE BELL, PA, 19422

Certificate(s) of Occupancy

Type: I-2

Date: 06/17/2016

Issued By: Newtown Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 184

Waking Staff: 138

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

01/15/2020 - On-Site: Alexander Goldstein, Youn Chung, Denise Gillespie

01/16/2020 - On-Site: Alexander Goldstein, Youn Chung, Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120

Residents Served: 106

Secured Dementia Care Unit

In Home: Yes

Area:

Capacity: 60

Residents Served: 49

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 109

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 78

Have Physical Disability: 2

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident bedroom #30 has an enabler bar present in the room. The enabler bar is uncovered.

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: Enabler Bar was missing a cover

Corrected at time of inspection, cover was added to the bar.

Caregiver and housekeeping staff were inserviced on 1/24/2020 of the regulation, and the approved type of enabler bar and the need for the cover. (Attachment D). They were instructed to check resident rooms for any enabler bars that may be new and or uncovered.

Executive Director or designee will monitor the current residents with enabler bars to ensure compliance with covers.

Results will be review by Executive Director or designee in quarterly QA meeting.

Legal Entity Representative

Kim Cahill Yannuzzi
Signature

Kim Cahill Yannuzzi ED
Printed Name and Title

1/31/20
Date

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The above plan of correction is approved as of 04-16-2020
(Date)

Plan of correction implementation status as of 04-16-2020
(Date)

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

Implemented
 Not Implemented

103g - Storing Food

Regulations

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The apple sauce on cart #3 was opened on 1/14/2020 and not sealed. On the PC unit, cart #2, an apple sauce container was opened dated 01/15/2020 and not sealed.

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: The applesauce was opened and dated, but not sealed

The applesauce in question, was discarded at time of inspection.

At a meeting held on 1/24/2020, Medication Techs were made aware of the regulatory violation and the correction need to remain compliance with regulation.

The Resident Care Director, or designee will make checks throughout the day for 2 weeks, and randomly ongoing to ensure applesauce or any other food being used for medication pass, is covered and dated.

Executive Director or Designee will review results in quarterly QA meeting

Attachment E- Sign in sheet for training

Attachment F- Medication Cart Education Outline

Legal Entity Representative

Kim Cahill Yannuzzi ED
Signature

Kim Cahill Yannuzzi ED 1/31/20
Printed Name and Title Date

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The above plan of correction is approved as of 04-16-2020 Plan of correction implementation status as of 04-26-2020
(Date) (Date)

The above plan of correction was approved by SP Implemented
(Initials) Not Implemented

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 1/15/20 at 10:38 am, the Sycamore exit door had a line of four outdoor chairs in front of the exit door obstructing this exit route.

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: Chairs blocking exit door

Chairs were removed from in front of the door at time of inspection. A sign was posted, and Maintenance Director painted a yellow caution pattern in front of the door to prevent anyone from pulling chairs in front of door. (See attachment G)

Reviewed the violation with staff at 1/24/2020 meeting.(attachment D) Staff was instructed not to block the door and to remove any obstructions they may encounter upon entering or leaving the community.

Executive Director, Maintenance Director, or designee will monitor and review in quarterly QA meeting

Legal Entity Representative

Kim Cahill Yannuzzi (RD) ED
Signature

Kim Cahill Yannuzzi (RD)
Printed Name and Title

1/31/20
Date

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141a - Medical Evaluation

Regulations

2600.141.a.

A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Initial Medical Evaluation for Resident #1 was completed on 8/16/18. Resident #1 was admitted on 10/18/18. The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the 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.)

Regulation 2600.141a was listed as 2 separate violations.

The Plan for correction will serve both and should be listed

The Medical evaluation for Resident #1, was an initial evaluation.

The Medical Evaluation did not include ability to self-administer medications

The Resident Care Director or designee will review all Medical Evaluations for completeness and accuracy. Any missing or incorrect information will be noted, and Medical Evaluation will be returned to the physician for completion.

An initial audit of current Medical evaluations will be completed by Executive Director by 2/28/2020, and forward to DHS to add to this POC. Corrections will be made as appropriate.

Results will be reviewed at quarterly QA meetings by Executive Director or designee

Legal Entity Representative

Signature Kim Cahill (Yannuzzi) (ED)

Printed Name and Title Kim Cahill Yannuzzi ED Date 1/31/20

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The above plan of correction is approved as of 4-16-2020 (Date) Plan of correction implementation status as of 4-16-2020 (Date)
 Implemented
 Not Implemented
The above plan of correction was approved by SP (Initials)

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a.

A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's medical evaluation did not include ability to self-administer 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.)

Violation is not a duplicate. Home will update resident #3's DME to identify residents' ability to self-administer medications. All residents DME's will be checked by 05-01-2020 to ensure all aspects of regulation are documented. SP 04-16-2020

See previous page. Duplicate violation. Kacy

Legal Entity Representative

Kim Cahill Yannuzzi
Signature

Kim Cahill Yannuzzi ED
Printed Name and Title

1/31/20
Date

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Implemented
 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 01/16/2020, resident 5's insulin flexpens had no open date or expiration date indicating how long the insulin was good for.

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: Pen had no label or date opened

Corrected at time of inspection- Pen was labeled and date opened was added to pen

Medication Techs were informed of violation at meeting on 1/24/2020.(attachment E & F) They were instructed on the proper procedures related to medication passes, which included labeling and dating of medications. Weekly med carts audits will be conducted by Resident Care Director or designee and Med techs will be made aware of any issues not in compliance with regulation and corrected. Audits will be documented on attached form to ensure compliance with regulation cited. (Attachment H- audit tool)

Legal Entity Representative

Kim Cahill (Yannuzzi) RA
Signature

Kim Cahill Yannuzzi RA 1/31/20
Printed Name and Title Date

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(Date) (Date)

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(Initials) Not Implemented

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated 9/27/18, does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident 2's #preadmission screening form, dated 9/25/18, does not include a determination that the needs of the resident can be met by the services provided by 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.)

What: Prescreens were missing information

The Resident Care Director will review prescreens for new residents for completeness and accuracy. Any missing or incorrect information will be noted and corrected prior to move in. The Executive Director will also review initial documentation to ensure completeness and accuracy prior to document being accepted.

An audit of current prescreens will be completed by Executive Director, or designee by 2/28/2020, and forward to DHS to add to this POC.

Legal Entity Representative

Signature Kim Cahill Yannuzzi

Printed Name and Title Kim Cahill Yannuzzi ED

Date 1/31/20

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for resident #3, dated 12/12/19, does not indicate the resident has a need for an enabler bar.

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: RASP did not include enabler bar being used

Corrected, added enabler bar to RASP. (See attachment I)

Assessment for the need of an enabler bar is determined by Physical Therapy Evaluation. Caregiver and housekeeping staff were inserviced on 1/24/2020 of the regulation, and the approved type of enabler bar and the need for the cover. They were asked to be checking resident rooms for any new assistive devices they note on beds when providing care or cleaning. Physical Therapist will notify Executive Director of any resident that is requiring an enabler bar, so this information may be added to the RASP, during weekly Collaborative Care meeting.

All residents that currently have enabler bars had the Support plan audited by Executive Director on 2/27/2020, to ensure compliance with regulation, and forwarded to DHS to add to this POC

Legal Entity Representative

Kim Cahill Yannuzzi
Signature

Kim Cahill Yannuzzi ED
Printed Name and Title

1/31/20
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231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 resides in the secure dementia unit. Resident #2's preadmission screening form, dated 9/25/18, does not have Part IV: Cognitive Screening completed.

Resident #4 resides in the secure dementia unit. Resident #4's preadmission screening form Part IV: Cognitive Screening, dated 10/30/19, is incomplete.

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 #2 and Resident #4 had missing information on prescreen

The Resident Care Director will review prescreens for new residents for completeness and accuracy, including the cognitive screening portion of the prescreen. Any missing or incorrect information will be noted and corrected prior to move in. The Executive Director will randomly audit prescreen documentation to ensure completeness and accuracy. Will review findings at quarterly QA meeting.

Legal Entity Representative

Signature *Kim Cahill Yannuzzi*

Printed Name and Title *Kim Cahill Yannuzzi ED* Date *1/31/20*

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