

Department of Human Services
Bureau of Human Service Licensing

July 6, 2020

CARE HSL NEWTOWN OPCO LLC
765 SKIPPACK PIKE
C/O HERITAGE SENIOR LIVING
BLUE BELL, PA, 19422

RE: THE BIRCHES AT NEWTOWN
70 DURHAM ROAD
NEWTOWN, PA, 18940
LICENSE/COC#: 14230

Dear Mr. McCollum,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/16/2020 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *THE BIRCHES AT NEWTOWN* License #: *14230* License Expiration Date: *09/15/2020*
Address: *70 DURHAM ROAD, NEWTOWN, PA 18940*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: *Kim Yannuzzi* Phone: *2154977400* Email:
kyannuzzi@thebirchesatnewtown.com;
shparker@pa.gov

Legal Entity

Name: *CARE HSL NEWTOWN OPCO LLC*
Address: *765 SKIPPACK PIKE, C/O HERITAGE SENIOR LIVING, BLUE BELL, PA, 19422*
Phone: *2154977400* Email: *KMCCOLLUM@HERITAGESL.COM*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *106* Total Daily Staff: *290* Waking Staff: *218*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/16/2020*

Inspection Dates and Department Representative

04/16/2020 - Off-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *106*

Secured Dementia Care Unit

In Home: *Yes* Area: *Daybreak* 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: *106*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *78* Have Physical Disability: *2*

Inspections / Reviews

04/16/2020 - Partial

Lead Inspector: *Sabrina Freeman*

Follow-Up Type: *Not Required*

No Deficiencies Identified

File Note: The Birches at Newtown

License Number: 14230

Date: 4/16/20

Licensing Representative: Sabrina Freeman

Investigation Methods: staff interview

Investigation Summary:

- **The facility currently has an outbreak on the SDU, not on PC as of 4/16/20. (Will be treating the whole SDU even those without symptoms) First case was within the last two weeks.**
- **A resident tested positive and expired, diagnosis Covid-19.**
- **Reported – yes see above**
- **There are currently residents and staff that have a diagnosis and symptoms of Covid-19.**
- **The home has/is providing PPEs to staff and will provide to contract or agency staff that does not have equipment. SDU staff - mask N-95, gloves and gowns & PC mask and gloves. (all staff have been masked since 4/2/20)**
- **In-house physician, Dr. Scanapico**
- **Residents with a diagnosis or symptoms are in isolation**
- **Information obtained from Kevin McCollullum, minority owner of home**
- **Yardley has outbreaks**

Agency staff – no staff issues at-this-time, long time employees and they are showing up to work, paying bonus to staff but major concern and issues with possible staffing in the future. Mr. McCollullum stated they have worked with 7 Agencies and 0 have been able to provide staff. He stated he told the Agencies he is not placing a dollar limit for staff. Staff are afraid to work in homes that have residents and staff with Covid-19. He stated his company is working on a “Special Condition Team” task force to work with resident that have a diagnosis of symptoms of Covid-19.

Findings:

No violations noted

Bureau of Human Services Licensing
Incident Reporting Form

Type of Report: Initial Final Initial/Final

Facility Information			
Regulatory Chapter	<input checked="" type="checkbox"/> 2600	<input type="checkbox"/> 2800	
Name of Legal Entity:	Care HSL Newtown Opco		
Name of licensed setting as it appears on license:	The Birches at Newtown		
Facility Address:	70 Durham Rd. Newtown, PA 18940		
License Number:	142300	Phone Number:	2154977400
Incident Information			
Date Of Incident:	04/15/2020	Time: 11:00p	Regulation # and type of incident: 2600.16 Death of resident
Date Incident reported to Department:	04/16/2020	Time Incident reported to Department:	4p
Resident Information		Persons Involved	
Complete for any incident relating to a specific resident(s)		Example: Staff Person, Responding Officer, etc.	
Name (Last, First)	Date of Birth	Name (Last, First)	Job Title
	7/20/25		MD
Description of Incident			
(Attach Additional Pages as Necessary) Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.			
Resident of SDU was sent to Hospital on 4/12/2020 with diarrhea and temperature of 100.00. We were notified this AM from SMMC, that had died and had tested positive for the Covid virus, was expected to return, which makes his death a reportable event per DHS regulations			
Follow-Up Action Taken			
What action, if any, was initiated or is planned in response to the incident? Include any contacts made.			
Department of Health was notified by SMMC, Executive Director will also make report to DOH, to Lisa McCloskey			
Contact Information			
Name of person completing report:	Title: ED		
Klm Yannuzzi			
Contact Person Name: Same	Telephone Number: 2154977400		

Bureau of Human Services Licensing
Incident Reporting Form

Type of Report: Initial Final Initial/Final

Facility Information			
Regulatory Chapter	<input checked="" type="checkbox"/> 2600 <input type="checkbox"/> 2800		
Name of Legal Entity:	Care HSL Newtown Opco		
Name of licensed setting as it appears on license:	The Birches at Newtown		
Facility Address:	70 Durham Rd. Newtown, PA 18940		
License Number:	142300	Phone Number:	2154977400
Incident Information			
Date Of Incident:	Time of Incident: 8a	Regulation # and type of incident: 2600.16	
04/16/2020		(AM/PM)	
Date Incident reported to Department: 04/16/2020		Time Incident reported to Department: 4:30p	
		(AM/PM)	
Resident Information		Persons Involved	
Complete for any incident relating to a specific resident(s)		Example: Staff Person, Responding Officer, etc.	
Name (Last, First)	Date of Birth	Name (Last, First)	Job Title
	2/14/29		MD
Description of Incident			
(Attach Additional Pages as Necessary) Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.			
<p>exhibited symptoms of shortness of breath and lethargy. Pulse ox reading was 90%, temp 98. Dr. Scannaplecco requested swab for covid which was completed on 4/15/2020. was placed in isolation. This AM received call from Abington Labs that test was positive for Covid 19. Dr. Scannaplecco had ordered Plaquinil and Zithromax be started on 4/15/2020.</p>			
Follow-Up Action Taken			
What action, if any, was initiated or is planned in response to the incident? Include any contacts made.			
Doris will remain on isolation until she is asymptomatic, and has completed medications Husband, her roommate has also tested positive and is returning from Hospital this afternoon, and remain in isolation as well.			
Contact Information			
Name of person completing report:		Title: ED	
Kim Yamuzzi, LPN			
Contact Person Name: same		Telephone Number: 2154977400	

Bureau of Human Services Licensing
Incident Reporting Form

Type of Report: Initial Final Initial/Final

Facility Information			
Regulatory Chapter:	<input checked="" type="checkbox"/> 2600	<input type="checkbox"/> 2800	
Name of Legal Entity:	Care HSL Newtown Opco		
Name of licensed setting as it appears on license:	The Birches at Newtown		
Facility Address:	70 Durham Rd. Newtown, PA 18940		
License Number:	142300	Phone Number:	2154977400
Incident Information			
Date Of Incident:	Time of Incident:	Regulation # and type of incident:	
04/16/2020	8am (AM/PM)	2600.16 Covid	
Date Incident reported to Department:		Time Incident reported to Department:	
04/09/2020		4:30p (AM/PM)	
Resident Information		Persons Involved	
Complete for any incident relating to a specific resident(s)		Example: Staff Person, Responding Officer, etc.	
Name (Last, First)	Date of Birth	Name (Last, First)	Job Title
	8/27/26		MD
Description of Incident			
(Attach Additional Pages as Necessary) Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.			
<p>was sent to hospital on 4/14/20 with shortness of breath, lethargy. Temp 97.7 pulse ox 88%, came up to 92 with O2, however sent to ER for evaluation. Received call this AM from SMMC that tested positive for Covid 19. Dr. Scannapieco had prescribed medications and spoke to POA this AM.</p>			
Follow-Up Action Taken			
What action, if any, was initiated or is planned in response to the incident? Include any contacts made.			
Mr. Capurso, who rooms with his wife in SDU, will return to The Birches today and remain in isolation until asymptomatic. DOH will be notified by SMMC and Executive Director will notify Lisa McCloskey at DOH as well.			
Contact Information			
Name of person completing report:	Title:		
Kim Yannuzzi, LPN	ED		
Contact Person Name:	Telephone Number:		
same	2154977400		

Bureau of Human Services Licensing
Incident Reporting Form

Type of Report: Initial Final Initial/Final

Facility Information			
Regulatory Chapter	<input checked="" type="checkbox"/> 2600 <input type="checkbox"/> 2800		
Name of Legal Entity:	Care HSL Newtown Opco		
Name of licensed setting as it appears on license:	The Birches at Newtown		
Facility Address:	70 Durham Rd. Newtown, PA 18940		
License Number:	142300	Phone Number:	2154977400
Incident Information			
Date Of Incident:	Time of Incident:	Regulation # and type of Incident:	
04/16/2020	12p (AM/PM)	2600.16	
Date Incident reported to Department:		Time Incident reported to Department:	
04/16/2020		5p (AM/PM)	
Resident Information		Persons Involved	
Complete for any incident relating to a specific resident(s)		Example: Staff Person, Responding Officer, etc.	
Name (Last, First)	Date of Birth	Name (Last, First)	Job Title
	3/20/41		MD
Description of Incident			
(Attach Additional Pages as Necessary) Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.			
resident of SDU, became shaky, lethargic and pulse ox dropped to 80%. O2 applied at 3 liters, and still was hypoxic. Temp 99. Sent to ER for evaluation. Received call from Dr. Scannapieco at 12:00pm that she was discharging back to community with a positive diagnosis of Covid			
Follow-Up Action Taken			
What action, if any, was initiated or is planned in response to the incident? Include any contacts made.			
Ron will return this evening and remain in isolation. Dr. Scannapieco prescribed medications to be continued here for 5 days. SMMC notified DOH, Executive Director will notify Lisa McClosky at DOH as well.			
Contact Information			
Name of person completing report:		Title:	
Kim Yannuzzi, LPN		ED	
Contact Person Name: same		Telephone Number: 2154977400	

Bureau of Human Services Licensing
Incident Reporting Form

Type of Report: Initial Final Initial/Final

Facility Information

Regulatory Chapter	<input type="checkbox"/> 2380	<input type="checkbox"/> 2390	<input checked="" type="checkbox"/> 2600	<input type="checkbox"/> 2800	<input type="checkbox"/> 3800	<input type="checkbox"/> 6400	<input type="checkbox"/> 6500
Name of Legal Entity:	Newtown Opco LLC						
Name of licensed setting as it appears on license:	The Birches at Newtown						
Facility Address:	70 Durham Rd. Newtown, Pa 18940						
License Number:	142301		Phone Number:	215-497-7400			

Incident Information

Date Of Incident:	4.15.20	Time of Incident: (AM/PM)	8A	Regulation # and type of incident:	2600.16
Date Incident reported to Department:	4.15.20	Time Incident reported to Department: (AM/PM)	2:30 pm		

Resident Information

Persons Involved

Complete for any incident relating to a specific resident(s)		Example: Staff Person, Responding Officer, etc.	
Name (Last, First)	Date of Birth	Name (Last, First)	Job Title
	4.13.34		MD

Description of Incident

(Attach Additional Pages as Necessary) Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.

1 resident on SOU - had diarrhea on Thurs. 4/9/20
hypoactive bowel sounds. Telehealth with NP - sent
to hospital e that time. Sent back 4 hours later. all tests
negative. 4/10/20 continued e diarrhea - kept isolated.
Dr. Scannapieco ordered Covid swab on 4/13/20. Positive result
on 4/15/20. No further diarrhea e this time

Follow-Up Action Taken

What action, if any, was initiated or is planned in response to the incident? Include any contacts made.

Already isolated - had started Plaquanil e Zithromax 4/10/20.
Will monitor for symptoms. VSS. Afebrile. No SOB. DOH notified.
Son aware.

Contact Information

Name of person completing report:	same	Title:	ED	Kim Cahill Yannuzzi, LPN ED
Contact Person Name:		Telephone Number:		215-497-7400

Bureau of Human Services Licensing
Incident Reporting Form

Type of Report: Initial Final Initial/Final

Facility Information			
Regulatory Chapter	<input checked="" type="checkbox"/> 2600	<input type="checkbox"/> 2800	
Name of Legal Entity:	Care HSL Newtown Opco		
Name of licensed setting as it appears on license:	The Birches at Newtown		
Facility Address:	70 Durham Rd. Newtown, PA 18940		
License Number:	142300	Phone Number:	2154977400
Incident Information			
Date Of Incident: 04/12/2020	Time of Incident: 8a (AM/PM)	Regulation # and type of incident: 2600.16	
Date Incident reported to Department: 04/12/2020		Time Incident reported to Department: 3:45p (AM/PM)	
Resident Information		Persons Involved	
Complete for any incident relating to a specific resident(s)		Example: Staff Person, Responding Officer, etc.	
Name (Last, First)	Date of Birth	Name (Last, First)	Job Title
	11/5/34		Executive Director
			MD
Description of Incident			
(Attach Additional Pages as Necessary) Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.			
a resident of SDU was running a low grade temperature of 99.9, ans expiatory wheezing on 4/8/2020. has a history of pneumonia, so Dr. Scanapiecco ordered chest xray that did show right lower lobe infiltrate. Dr. Scannapiecco ordered swab for Covid 19, which ED performed on 4/9/2020			
Follow-Up Action Taken			
What action, if any, was initiated or is planned in response to the incident? Include any contacts made.			
was placed into isolation as of 4/8/2020. Staff was made aware of the test being done, and the isolation precautions. They all have had additional PPE training, and are aware of the precautions. This AM ED received call from Dr. Scannapiecco that the test came back positive. Continue with isolation precautions . All staff and families made aware, residents will maintain quarantine, have temperatures and pulse ox checked twice daily. Staff also will continue to have temperature taken upon arrival and leaving the community. No visitor policy will remain in effect . Bucks County Department of Health notified at 215-345-3318			
Contact Information			
Name of person completing report: Kim Yannuzzi	Title: ED		
Contact Person Name: same	Telephone Number: 2154977400		

Bureau of Human Services Licensing
Incident Reporting Form

Type of Report: Initial Final Initial/Final

Facility Information

Regulatory Chapter	<input checked="" type="checkbox"/> 2600 <input type="checkbox"/> 2800		
Name of Legal Entity:	Care HSL Newtown Opco		
Name of licensed setting as it appears on license:	The Birches at Newtown		
Facility Address:	70 Durham Rd. Newtown, PA 18940		
License Number:	142300	Phone Number:	2154977400

Incident Information

Date Of Incident: 04/17/2020	Time of Incident: 10a (AM/PM)	Regulation # and type of incident: 2600.16
Date Incident reported to Department: 04/17/2020	Time Incident reported to Department: 11:30a (AM/PM)	

Resident Information Complete for any incident relating to a specific resident(s)		Persons Involved Example: Staff Person, Responding Officer, etc.	
Name (Last, First)	Date of Birth	Name (Last, First)	Job Title
	1/25/37		MD

Description of Incident

(Attach Additional Pages as Necessary) Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.

On 4/15/2020, _____, a resident on SDU presented with red eyes, general malaise. Temp 99, pulse ox 96% Dr. Scannapiecco ordered swab for Covid 19. Nancy placed in isolation and started on Plaquanil and Zithromax. Skilled Nursing will also follow.

Follow-Up Action Taken

What action, if any, was initiated or is planned in response to the incident? Include any contacts made.

Recieved confirmation this AM, Covid 19 positive. VS remain stable, will monitor for any further symptoms. DOH notified of positive result as well. Daughter called by Dr. Scannapiecco, _____ will be DNR

Contact Information

Name of person completing report: Kim Yannuzzi, LPN	Title: ED
Contact Person Name: same	Telephone Number: 2154977400

Date: 4/16/20

Completed by: Sabrina Freeman

COVID-19 Template

Name of Home:	The Birches at Newtown
Address	70 Durham Road
City, State, Zip code	Newtown, PA 18940
Phone:	215-497-7400
County :	Bucks
Region:	SE
License#:	142300

Reporter's phone #:	215-290-0590
Resident Name: (or staff person)	
DOB:	7/20/25
Date of onset of symptoms:	4/12/20
Date of test:	Unknown was in the hospital
Date test result received:	4/16/20
If Staff Person, is the staff person working at another facility?:	policy not to cross or work between buildings staff are not working at another facility
Summary: (include timeline)	Owner confirmed outbreak - prior to outbreak extensive training was done, Covid-19 drills, meetings, counselors, doctors, deep cleaning done per OSHA guidelines, working with cleaning company Next Clean for through cleaning of SDU, using anti-microbial cleaners. Cost up to \$14,000.
Resident Screening:	Temp logs for weeks
Employee Screening:	Temp logs of all employees also doing pulse oxy Sending staff home that have symptoms, stated headache is not a symptom.
Dining/group activities:	No dining or communal activities since 3/18/20, letter sent to family and residents
Visitor policy:	No visitors since 3/11/20

COVID-19 Template

Additional information:	<ul style="list-style-type: none">• The facility currently has an outbreak on the SDU, not on PC as of 4/16/20. (Will be treating the whole SDU even those without symptoms) First case was within the last two weeks.• A resident tested positive and expired, diagnosis Covid-19.• Reported – yes see above• There are currently residents and staff that have a diagnosis and symptoms of Covid-19.• The home has/is providing PPEs to staff and will provide to contract or agency staff that does not have equipment. SDU staff - mask N-95, gloves and gowns & PC mask and gloves. (all staff have been masked since 4/2/20)• In-house physician, Dr. Scanapico• Residents with a diagnosis or symptoms are in isolation• Information obtained from Kevin McCollullum, minority owner of home• Yardley has outbreaks• Agency staff – no staff issues at-this-time, long time employees and they are showing up to work, paying bonus to staff but major concern and issues with possible staffing in the future. Mr. McCollullum stated they have worked with 7 Agencies and 0 have been able to provide staff. He stated he told the Agencies he is not placing a dollar limit for staff. Staff are afraid to work in homes that have residents and staff with Covid-19. He stated his company is working on a “Special Condition Team” task force to work with resident that have a diagnosis of symptoms of Covid-19.
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