

Department of Human Services
Bureau of Human Service Licensing

October 29, 2022

[REDACTED]

HATFIELD MENNONITE HOME
2343 BETHLEHEM PIKE
HATFIELD, PA, 19440

RE: THE WILLOWS OF LIVING
BRANCHES
2343 BETHLEHEM PIKE
HATFIELD, PA, 19440
LICENSE/COC#: 12678

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2021, 07/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *THE WILLOWS OF LIVING BRANCHES* License #: 12678 License Expiration: 08/19/2021
Address: 2343 BETHLEHEM PIKE, HATFIELD, PA 19440
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HATFIELD MENNONITE HOME*
Address: 2343 BETHLEHEM PIKE, HATFIELD, PA, 19440
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: 03/02/1987 Issued By: *Commonwealth of Pa Dept. of L & I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: 07/23/2021

Inspection Dates and Department Representative

07/08/2021 - On-Site: [REDACTED]
07/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80 Residents Served: 34

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: *N/A* 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

Inspections / Reviews

07/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2021*

08/23/2021 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/13/2021*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/26/2021*

09/08/2021 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/24/2021*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/11/2021*

10/29/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/24/2022*
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

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 07/08/21, the home's current license, dated [redacted] was not posted in a conspicuous and public place in the home.

Repeat violation: 01/06/2020.

POC Submission

Accept

- 1. The PCHA immediately replaced expired license with current license on 7/8/2021.
- 2. Administrative Assistant will check monthly to make sure current license is displayed. Task assigned to Administrative Assistant 7/29/2021.

Licensee's Proposed Overall Completion Date: 07/29/2021

Document Submission

Implemented ([redacted] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 07/29/2021

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident 1 reported another resident entered [redacted] [redacted] There is no date on the incident report as to when this was reported to the Department.

On 0 [redacted], resident 2 had an unwitnessed fall and was sent to the hospital via EMS. The home did not report this incident to the Department until 0 [redacted]

POC Submission

Accept

- 1. Involved staff educated by Care Coordinator as to proper procedure when completing reportable event form on 7/9/2021.
- 2. Nurses will receive training at August staff meeting on proper procedure for completing reportable event.
- 3. PCHA/Care Coordinator will review reportable event forms when completed to ensure they are dated and reported to the Department within 24 hours.
- 4. PCHA will present and discuss at monthly QAPI meeting for 3 months or until compliance is achieved.

Licensee's Proposed Overall Completion Date: 11/01/2021

16c - Written Incident Report (continued)

Document Submission

Implemented (████) - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 11/01/2021

18 - Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere on 07/08/21.

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate.

POC Submission

Accept

1. Influenza poster posted in hallways in North Wing and South Wing on 7/9/2021.

2. Administrative Assistant will check monthly to ensure Influenza poster is posted. Task assigned to Administrative Assistant 8/12/2021.

1. The boiler room inspections were completed on 7/21/21. The inspector signed the existing certificates. The Commonwealth of PA Department of Labor and Industry will mail new certificates.

2. A work order has been placed in the WorxHub facility maintenance system. The work order date is 2 months prior to the boiler certificate expiration date. This will allow sufficient time for the facility Maintenance Director to ensure the required inspection is scheduled.

Licensee's Proposed Overall Completion Date: 07/21/2021

Document Submission

Implemented (████) - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 08/12/2021

28f - Resident's Funds and 30-day Refund

4. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

28f - Resident's Funds and 30-day Refund (continued)

Description of Violation

Resident 3 was discharged o [redacted] The home did not send the refund check un
Resident 4 was discharged o [redacted] he home did not send the refund check un
Resident 5 was discharged o [redacted] he home did not send the refund check un

POC Submission

Accept

1. Noted residents have received refunds to close their accounts.
2. Education will be provided by 08/15/2021 by Controller or designee to accounting staff on requirement to process refunds within a 30 day time frame.
3. Refund tracking will be monitored by Billing Manager or assigned designee to ensure that personal care refund is paid within 30 days of move.
4. Billing Manager will provide the Personal Care Administrator the refund tracking tool report monthly to share findings at QAPI meeting for three months or until compliance is achieved.

Licensee's Proposed Overall Completion Date: 11/01/2021

Document Submission

Implemented ([redacted] 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 11/01/2021

91 - Telephone Numbers

5. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone located in room 13.

POC Submission

Accept

1. Emergency Telephone Numbers were placed in [redacted] by the phone
2. All resident apartments will be audited to ensure they have a list of emergency telephone numbers near phone by nursing staff on 8/12/2021.
3. Task assigned to nursing staff to monitor monthly to ensure emergency telephone numbers are posted near phones.
3. Audit will be conducted monthly for three months or until compliance is achieved, results will be shared at QAPI meeting.

Licensee's Proposed Overall Completion Date: 11/01/2021

91 - Telephone Numbers *(continued)*

Document Submission

Implemented [redacted] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 11/01/2021

96b - First Aid Location

6. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person did not know the location of the first aid kit.

POC Submission

Accept

- 1. Staff person involved was educated on location of first aid kit on 7/9/2021.
- 2. Location of first aid kit was added to the orientation checklist for new hires on 7/19/2021.
- 3. Staff will be trained on location of first aid kit at monthly staff meeting.

Licensee's Proposed Overall Completion Date: 09/01/2021

Document Submission

Implemented [redacted] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 09/01/2021

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 07/09/21, at 1:30 pm, the temperature in the freezer was 8 degrees Fahrenheit.

POC Submission

Accept

- 1. Adjusted mechanical defrost timer/cycle to occur during off peak hours to allow freezer to stay closed while this is occurring on 8/3/21.
- 2. Continue monitoring temperatures and recording with multiple checks throughout the day.
- 3. Add defrost cycle times to the temperature recording log to ensure awareness of defrost cycle times completed on 8/4/21.

Licensee's Proposed Overall Completion Date: 08/04/2021

Document Submission

Implemented [redacted] - 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 08/04/2021

105g - Lint Removal and Duct Cleaning

8. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 07/09/21, there was an approximate 2 inch accumulation of lint in the lint trap of the 2nd floor laundry dryer. There were no clothes in the dryer at the time.

POC Submission

Accept

- 1. Housekeeping staff cleaned the lint out of the dryer immediately upon notification on 7/9/2021.
- 2. PCHA posted a sign on the dryers stating "The lint traps must be cleaned after every use" as a reminder on 7/15/2021.
- 3. PCHA will conduct monthly check of the dryer for lint starting on 7/29/2021 and monthly thereafter.
- 4. Laundry staff will conduct daily check of the dryer for lint and will document this on signature sheets to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/29/2021

Document Submission

Implemented [redacted] 10/29/2022)

See attached.

Licensee's Proposed Overall Completion Date: 07/29/2021

121a - Unobstructed Egress

9. Requirements

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 07/09/21, there was a welded galvanized steel chain was obstructing the exit to the staircase on the second floor. On 07/09/21, there were plants and shrubs obstructing the exit to the staircase on the second.

POC Submission

Accept

- 1. Chain was removed from second floor staircase on 8/13/2021.
- 2. Plants and shrubs were removed from base of second floor staircase on 8/10/2021.

Licensee's Proposed Overall Completion Date: 08/13/2021

Document Submission

Implemented [redacted] - 10/29/2022)

Chain was removed on 08/13/2021 and plants and shrubs at the base of the staircase were removed on 08/10/2021.

Licensee's Proposed Overall Completion Date: 08/13/2021