

Department of Human Services
Bureau of Human Service Licensing

September 8, 2021

[REDACTED], ADMINISTRATOR
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 licensing inspections on 07/08/2021, 07/09/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

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 Date: *08/19/2021*
Address: *2343 BETHLEHEM PIKE, HATFIELD, PA 19440*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2679078161* Email: [REDACTED]

Legal Entity

Name: *HATFIELD MENNONITE HOME*
Address: *2343 BETHLEHEM PIKE, HATFIELD, PA, 19440*
Phone: *2158220688* 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

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

8/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/26/2021*

9/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/11/2021*

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 Repeat Violation

On 07/08/21, the home's current license, dated 08/19/21, was not posted in a conspicuous and public place in the home.

Repeat violation: 01/06/2020.

Plan of Correction

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.

Completion Date: 07/29/2021

16c - Written Incident Report

1. 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 02/02/20, resident 1 reported another resident entered [redacted] room without pants or underwear and masturbating. There is no date on the incident report as to when this was reported to the Department.

On 07/03/21, 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 07/06/21.

Plan of Correction

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.

Completion Date: 11/01/2021

18 - Compliance With Laws

1. Requirements

18 - Compliance With Laws (continued)

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.

Plan of Correction

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.

Completion Date: 07/21/2021

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

1. 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.

Description of Violation

Resident 3 was discharged on [REDACTED]. The home did not send the refund check until 09/15/20.

Resident 4 was discharged on [REDACTED]. The home did not send the refund check until 09/14/20.

Resident 5 was discharged on [REDACTED]. The home did not send the refund check until 07/08/21.

28f - Resident's Funds and 30-day Refund (*continued*)**Plan of Correction****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.*

Completion Date: 11/01/2021

91 - Telephone Numbers

1. 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.

Plan of Correction**Accept**

1. *Emergency Telephone Numbers were placed in Apt 13 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.*

Completion Date: 11/01/2021

96b - First Aid Location

1. 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.

96b - First Aid Location (continued)**Plan of Correction****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.

Completion Date: 09/01/2021

103f - Refrigerator/Freezer Temps**1. 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.

Plan of Correction**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.

Completion Date: 08/04/2021

105g - Lint Removal and Duct Cleaning**1. 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.

Plan of Correction**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.

Completion Date: 07/29/2021

121a - Unobstructed Egress**1. 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.

Plan of Correction**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.

Completion Date: *08/13/2021*