





August 30, 2021

██████████  
Manager  
Twining Retirement Community, LLC  
1800 Rockaway Avenue  
Hewlett, New York 11557

RE: Holland Senior Living Community  
1400 Old Jordan Road  
Holland, Pennsylvania 18966  
License #: 14657

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 11, 2021 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large, looped "J" and "B".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *Holland Senior Living Community* License #: 14657 License Expiration Date:  
Address: *1400 Old Jordan Rd , Holland , PA 18966*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: 215-322-6100 Email: [REDACTED]

**Legal Entity**

Name: *Twining Retirement Community LLC*  
Address: *1800 Rockaway Avenue , Hewlett, NY, 11557*  
Phone: 2153226100 Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/13/1989* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

**Inspection**

Type: *Full* Notice: *Announced* BHA Docket #:  
Reason: *Change Legal Entity* Exit Conference Date: *05/11/2021*

**Inspection Dates and Department Representative**

05/11/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *152* Residents Served: *60*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Lower East* Capacity: *27* Residents Served: *12*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *32* Have Physical Disability: *2*

Inspections / Reviews

05/11/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/21/2021*

6/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/31/2021*

8/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type:

Follow-Up Date:

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED]/21, Deodorant Solid Secret Power Fresh, Net Wt. 1.7 OZ (48 g), Deodorant Invisible Solid Secret PH balanced shower fresh, Net Wt. 2.6 (73 g) and Crest Plus complete Whitening Scope, Net Wt. 5.4 OZ (153 g) with a manufacture's label indicating (Caution: Keep out of reach of children. If swallowed get medical help or contact a Poison Control Center right away.), was unlocked, unattended, and accessible to resident 1. Not all the residents of the home, including resident 1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

Issue: Harmful Materials were left in an open area of the apartment in the memory care unit and could be ingested by residents.

Action: Resident 1 personal hygiene products were immediately removed from the room and placed in a labeled basket and put in a secure closet.

Plan: All memory care unit staff educated on the issue of having another mobile resident enter the home and ingest harmful products.

Locks have been purchased and will be installed in bathroom cabinets to have a secure but local place to have potentially harmful toiletries.

Administer or designee will have weekly checks to ensure proper protocol is followed.

Completion Date: 06/28/2021

Document Submission

Implemented

See attached. Locks have been purchased and in place.

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 5/11/21, there were wood pallets, piled up outside the homes dumpsters. There was two empty plastic cases, a hose, a snow shovel, one concrete block, metal racks and debris located under the stairs.

85e - Trash Outside Home (continued)

Plan of Correction

Accept

Issue: Trash (wood pallets were piled up outside of the facility along with crates, shovel, concrete block, and other debris.

Action: Staff removed all items immediately following the visit.

Plan: Staff will be educated on the proper disposal of trash.

The Director of Housekeeping will inspect outside areas of the home on a weekly basis.

Completion Date: 06/28/2021

Document Submission

Implemented

See attachment. Trash was immediately removed.

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 05/11/21, the hot water temperature in the bathroom in room 2109 measured 122.9 degrees Fahrenheit.

Plan of Correction

Accept

Issue: Hot water temp in areas accessible to the resident may not exceed 120 degreesF.

Action: Contacted maintenance immediately and had the boiler adjusted. Other rooms were checked as a precaution. No issues after the correction was made.

Plan: Maintenance staff already has log incorporated in daily routines on various rooms. See attached.

Maintenance Director or designee to follow up with staff multiple times a week to ensure no issues arise with temperature level.

Completion Date: 06/21/2021

Document Submission

Implemented

See attachment. Immediately corrected.

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**

*Issue: Staff persons should know the location of First Aid Kit.*

*Action: Nurse was immediately informed of the location of the First Aid Kit where she stated she forgot.*

*All nurses were inserviced with the location of the First Aid Kit.*

*Plan: The administrator or designee will ask nurses where the kit is located at various times.*

**Completion Date:** 06/21/2021

**Document Submission**

**Implemented**

*See attachment. Inservice given and will continue to update nurses as hired.*

101o - Walls, Floors, Ceilings

**1. Requirements**

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

**Description of Violation**

*On 5/11/21, there was water leaking from the ceiling inside the boiler room and from the ceiling, at the entrance of the laundry room.*

*On 5/11/21, there was a brown stain on the ceiling tile of the first floor which appeared to be from water damage.*

**Plan of Correction**

**Accept**

*Issue: Water leak from the boiler room ceiling; stained ceiling tiles from water damage.*

*Action: Maintenance immediately contacted a plumbing company to investigate the leak and had the ceiling tiles painted/replaced.*

*Plan: Maintenance is working with the plumbing company to determine where the leak is coming from. All management was made aware of the issue and will continue to reach out for a resolution.*

**Completion Date:** 07/30/2021

**Document Submission**

**Implemented**

*Action: Plumber has been out to the facility with attempts to find the leak. It has been narrowed down to an area.*

*Plan: Water shut off scheduled in kitchen on 8/16/21 after hours. Issues estimated resolve to be 8/18/21.*

*8/17/21 - Shut down of water in the area of leak narrowed down the problem site. Plumber has ordered the parts and will advise today 8/19/21 or 8/20/21 of the estimated time of completion.*

*8/23/21 - Hertler Plumbing & HVAC scheduled to repair the leak of 2 pipes in basement 8/25/21.*

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.

103f - Refrigerator/Freezer Temps (continued)

**Description of Violation**

On 05/11/21, the temperature in the freezer was 18 degrees Fahrenheit.

**Plan of Correction**

**Accept**

Issue: Freezer temp was 18 degreesF during the inspection.

Action: Director of Culinary was immediately contacted and addressed the situation. He stated the freezer was in defrost mode as it normally would be which causes the temperature to rise. The freezer was later checked by Director and Administrator to find the thermometer read 0 degrees.

Plan: The Director or designee will continue to check the temperature on a daily basis. and bring it to the administrators' attention if issues arise.

Completion Date: 06/21/2021

**Document Submission**

**Implemented**

See attachment.

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 05/11/21, there was an approximate 2 inches accumulation of lint in the lint trap of the dryer in the main laundry room in the basement. There were no clothes in the dryer at the time.

**Plan of Correction**

**Accept**

Issue: Dryer had an accumulation of lint in the trap of the main laundry room.

Action: The housekeeping staff immediately removed the lint which consisted of one round 1 in ball that was laying in the trap.

Plan: Inservice was given on Lint Trap Procedure. Daily records are kept for each dryer and are cleaned after every load.

Director of Housekeeping or designee will ensure that protocol continues to be followed.

Completion Date: 06/21/2021

**Document Submission**

**Implemented**

See attachment.

107d - Procedure Emergency Management Agency Submission

**1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission (continued)

**Description of Violation**

The home was unable to provide a copy of the Letter from local emergency management agency confirming the homes annual written emergency procedures.

**Plan of Correction**

**Accept**

Issue: Inability to provide the written emergency procedures signed off by the local emergency management agency.

Action: Hand-delivered the policy to the Fire Marshall of Northampton Township and [redacted] stated [redacted] wanted to introduce [redacted] to the new executive director so [redacted] would bring the signed copy over to the facility. Awaiting the sign-off from [redacted]

Plan: This administrator will follow up with fire marshal and will send back to DHS. Will also keep in readiness binder and will ensure that it is updated annually with a calendar reminder set.

Completion Date: 06/28/2021

**Document Submission**

**Implemented**

See attachment. Signed off by Fire Marshall.

130h - Inoperable Smoke Detector

**1. Requirements**

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

**Description of Violation**

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

**Plan of Correction**

**Accept**

Issue: Did not provide the emergency procedure implemented when a smoke detector is deemed inoperable.

Action: Located the fire watch policy and procedure.

Plan: Administrator has immediate access to readiness binder containing the emergency plan which incorporates the fire watch policy.

Completion Date: 06/21/2021

**Document Submission**

**Implemented**

See attached.

131f - Fire Extinguisher Inspection

**1. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

131f - Fire Extinguisher Inspection *(continued)*

**Description of Violation**

*The fire extinguisher in the dining room has not been inspected by a fire safety expert since May 2019.  
The fire extinguisher in the basement by the boiler room has not been inspected by a fire safety expert since February 2020.  
The fire extinguishers in the kitchen, basement by the laundry room, on the 2nd floor by the exit door, and 2nd floor hall have not been inspected by a fire safety expert since March 2020.*

**Plan of Correction**

**Accept**

*Issue: Some fire extinguishers were late with inspections in various locations.  
Actions: Maintenance immediately took note of all extinguishers and contacted the proper authorities to complete the inspection.  
Plan: Maintenance Staff was educated and will make monthly rounds and notify Electronic Security Solutions who takes care of all life safety issues and has the facility on schedule annually for upcoming inspections.*

**Completion Date:** 06/21/2021

**Document Submission**

**Implemented**

*See attached. Updated/inspected all extinguishers in facility.*

162c - Menus Posted

**1. Requirements**

2600.  
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*On 05/11/21, the home's menu for the week of May 9-15 was not posted. Also the home's posted menu outside the dining room was from March 22-28th and April 1-7th, 2021.*

**Plan of Correction**

**Accept**

*Issue: Displayed Weekly Menu was outdated.  
Action: The current menu was immediately placed in the shadow box at the opening of the dining room in clear view for residents.  
Plan: The Director of Culinary will email the menu to the administrator and have the culinary staff place it in the shadow box. The Administrator or designee will ensure every Sunday that a menu is placed at least one week in advance.*

**Completion Date:** 06/28/2021

**Document Submission**

**Implemented**

*Updated. See attached.*