

Department of Human Services
Bureau of Human Service Licensing

February 2, 2022

[REDACTED]
TWINING RETIREMENT COMMUNITY LLC
[REDACTED]
[REDACTED]

RE: HOLLAND SENIOR LIVING
COMMUNITY
1400 OLD JORDAN ROAD
HOLLAND, PA, 18966
LICENSE/COC#: 14657

Dear Mr. [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/01/2021, 11/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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: *HOLLAND SENIOR LIVING COMMUNITY* License #: *14657* License Expiration: *08/30/2022*
Address: *1400 OLD JORDAN ROAD, HOLLAND, PA 18966*
County: *BUCKS* 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: *98* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *11/02/2021*

Inspection Dates and Department Representative

11/01/2021 - On-Site: [REDACTED]

11/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *152* Residents Served: *67*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *27* Residents Served: *12*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *31* Have Physical Disability: *1*

Inspections / Reviews

11/01/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/04/2022*

Inspections / Reviews (*continued*)

01/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/20/2022*

02/02/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 10/22/21, during the 3:00 pm to 11:00 pm shift, resident #1 reported to staff person A that staff person B hit the resident. However, this allegation of abuse was not reported immediately in accordance with Older Adults Protective Services Act (OAPSA).

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Staff person A (immediately) and staff members were re-educated (inservice) on the policy of Holland Village and DHS incident reporting with an emphasis on investigating and reporting abuse. Going forward, reports of suspicion of abuse will be evaluated to determine if suspicions are immediately reported. See Attachments

Document Submission

Implemented

Staff person A (immediately) and staff members were re-educated (inservice) on the policy of Holland Village and DHS incident reporting with an emphasis on investigating and reporting abuse. Going forward, reports of suspicion of abuse will be evaluated to determine if suspicions are immediately reported.

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home’s staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 10/22/21, during the 3:00 pm to 11:00 pm shift, resident #1 reported to staff person A that staff person B hit the resident. The home did not immediately suspend staff person B and did not develop a plan of supervision. Staff person B was allowed to complete the 3:00 pm to 11:00 pm shift. Staff person B then worked the 11:00 pm to 7:00 am shift.

Plan of Correction

Directed

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Holland Village policy will immediately relieve the staff member of any duties until a full investigation is completed.

DPOC - 01-06-2022- SP

Within 15 calendar days receipt of this POC, the Administrator will develop and implement a plan of supervision policy for staff members accused of abuse or neglect. Administrator will ensure supervision plan or notification of staff suspension is reported to Department immediately.

Document Submission

Implemented

Per our email correspondence, no supervisor plan is needed as staff member was suspended. In working with DOH,

15b - Supervisor Plan (continued)

the administrator is clear should an abuse allegation, a supervisor plan must immediately be out into place OR the staff member needs to be suspended until the investigation is complete.

15d - Resident Abuse-Notification**1. Requirements**

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 10/22/21, during the 3:00 pm to 11:00 pm shift, the home received a report of suspected abuse involving resident #1. The home did not notify the resident's designated person.

Plan of Correction**Accept**

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

POA was notified on 10/25/21 when initial report was filed.

Staff educated on the notification process during the inservice of mandatory abuse reporting including the notification.

Annual education will be conducted by administrator / designee to ensure compliance with regulations of 15d - notification to designated person of suspected abuse or neglect involving the resident.

Document Submission**Implemented**

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

POA was notified on 10/25/21 when initial report was filed.

Staff educated on the notification process during the inservice of mandatory abuse reporting including the notification.

Annual education will be conducted by administrator / designee to ensure compliance with regulations of 15d - notification to designated person of suspected abuse or neglect involving the resident.

16c - Written Incident Report**1. Requirements**

2600

On 10/22/21, during the 3:00 pm to 11:00 pm shift, resident #1 reported to staff person A that staff person B hit the resident. The home did not report this incident to the department until 10/25/21.

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

16c - Written Incident Report (continued)

AAA and law enforcement. within 48 hours of oral reporting. see attached.

Ongoing education to all staff members will be taken place quarterly to help eliminate any confusion the staff may have and provide that important reminder of the severity of abuse or abuse allegations.

Document Submission

Implemented

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

10/25/21 -Staff made aware of the proper protocol when administrator is unavailable - using a designee, contacting AAA and law enforcement. within 48 hours of oral reporting. see attached.

Ongoing education to all staff members will be taken place quarterly to help eliminate any confusion the staff may have and provide that important reminder of the severity of abuse or abuse allegations.

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted to the home on [REDACTED], did not have a resident-home contract completed.

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Contract was located in the chart, but filed incorrectly. This was pulled and Contract was faxed to DOH already. Attached for your review again.

PCA / Designee will be sure to confirm that all resident files have contracts readily available for review.

PCA / Designee involved in the admission process will be educated on completion of the resident contract.

All copies of the contracts will be moved to the administrators office in personal care and admissions for the month will be reviewed and audited monthly by PCA / designee.

Document Submission

Implemented

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Contract was located in the chart, but filed incorrectly. This was pulled and Contract was faxed to DOH already. Attached for your review again.

PCA / Designee will be sure to confirm that all resident files have contracts readily available for review.

PCA / Designee involved in the admission process will be educated on completion of the resident contract.

All copies of the contracts will be moved to the administrators office in personal care and admissions for the month will be reviewed and audited monthly by PCA / designee.

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.
I respectfully ask that this violation be looked at again as the paperwork was signed on pg 11 to cover all rights. If this needs to be signed separately, please advise and we will have this completed as requested.
Residents rights paperwork was signed and dated as attached upon admission to Twining Village in February 2020. This was attached to the contract.
PCA / Designee will be sure to confirm that all resident files have resident rights readily available for review.

Document Submission

Implemented

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.
I respectfully ask that this violation be looked at again as the paperwork was signed on pg 11 to cover all rights. If this needs to be signed separately, please advise and we will have this completed as requested.
Residents rights paperwork was signed and dated as attached upon admission to Twining Village in February 2020. This was attached to the contract.
PCA / Designee will be sure to confirm that all resident files have resident rights readily available for review.

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 10/22/21, during the 3:00 pm to 11:00 pm shift, resident #1 was grabbed by staff person B and sustained bruises as a result. Resident #1 reported this to staff person A when it occurred and was not taken seriously. Staff person B was allowed to finish the 3:00 pm to 11:00 pm shift and later worked the 11:00 pm to 7:00 am shift. Resident #1 was not evaluated for injuries until 10/25/21 when the incident was reported to staff person D.

On 10/22/21, during the 3:00 pm to 11:00 pm shift, resident #1 was told by staff person C not to ring the call bell anymore because no one would be coming to assist.

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

42b - Abuse (continued)

Staff member D talked with resident about incident and explained to staff [redacted] cognitive state that although [redacted] may not remember (reduced short term memory), we must take ANY complaint of abuse as true. The MUST of investigation.

Staff was educated on the definitions and types of abuse and examples of active neglect.

Ongoing education to all staff members will be taken place quarterly to help eliminate any confusion the staff may have and provide that important reminder of the severity of abuse or abuse allegations.

Document Submission

Implemented

Staff member D talked with resident about incident and explained to staff [redacted] cognitive state that although [redacted] may not remember (reduced short term memory), we must take ANY complaint of abuse as true. The MUST of investigation.

Staff was educated on the definitions and types of abuse and examples of active neglect.

Ongoing education to all staff members will be taken place quarterly to help eliminate any confusion the staff may have and provide that important reminder of the severity of abuse or abuse allegations.

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 10/22/21, staff person B entered resident #1's room without knocking. When resident #1 expressed to staff person B that the resident did not like the staff person entering the room without knocking, staff person B argued with resident #1. Resident #1 expressed feeling violated by staff person B entering the room and not knocking first.

On 10/22/21, later during the 3:00 pm to 11:00 pm shift, resident #1 requested PRN medication and was told by staff person C, that the medication would only be administered if the resident came to the counter to get it because staff would not be coming to the resident's room.

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Staff members were inserviced on the importance of resident rights, dignity and their right to refuse.

Repetitive training initiated in this area.

Staff member C - agency was also informed of the policy of resident rights.

Monthly staff meetings address this issue - reiterating the setting of this facility as being the "home" of the residents and we are guests. Ongoing education will continue.

Document Submission

Implemented

Staff members were inserviced on the importance of resident rights, dignity and their right to refuse.

Repetitive training initiated in this area.

Staff member C - agency was also informed of the policy of resident rights.

Monthly staff meetings address this issue - reiterating the setting of this facility as being the "home" of the residents and we are guests. Ongoing education will continue.

141a 1-10 Medical Evaluation Information

1. Requirements

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 #1's medical evaluation did not include a general physical examination, immunization history, nor answer to ability to self-administer medications .

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

DME was pulled and completed immediately. All NP / PCP were made aware that they must compete this section when resident is unknown to the nursing staff and can not sign an uncompleted document.

PCA / designee will initiate DME for annuals, receive the signed document and will be reviewed by CSM and then passed to PCA for second check.

The administrator or designee will conduct bi-annual audits of all residents DME to ensure all required elements are documented, starting Jan. 2022.

Document Submission

Implemented

DME was pulled and completed immediately. All NP / PCP were made aware that they must compete this section when resident is unknown to the nursing staff and can not sign an uncompleted document.

PCA / designee will initiate DME for annuals, receive the signed document and will be reviewed by CSM and then passed to PCA for second check.

The administrator or designee will conduct bi-annual audits of all residents DME to ensure all required elements are documented, starting Jan. 2022.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1 was prescribed Pharbetol 325 MG, 2 tablets (650 MG) by mouth every 6 hours for 10 days starting 6/9/21. There were three blister packs of this medication still on the cart as of 11-02-2021.

183d - Prescription Current (continued)

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Resident #1 medication pharbetol was immediately removed from cart as there was no current order for that instruction.

Cart audit was completed to ensure all expired orders were removed from the cart.

Staff training was initiated and will continue as education with all medication related issues : Proper storage, discontinued medication and following prescribers orders.

Document Submission

Implemented

Resident #1 medication pharbetol was immediately removed from cart as there was no current order for that instruction.

Cart audit was completed to ensure all expired orders were removed from the cart.

Staff training was initiated and will continue as education with all medication related issues : Proper storage, discontinued medication and following prescribers orders.

183e - Storing Medications

1. Requirements

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

At 10:15 am, there were 2 loose pills, one round and one oblong, in the second drawer of the medication cart in Lower West.

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Loose pills were removed immediately.

Cart audit was completed to ensure no loose pills were left inside cart.

Staff training was initiated and will continue as education.

PCA / designee will conduct audits monthly to ensure the carts are clean and appropriately stocked with packaged medications.

Document Submission

Implemented

Loose pills were removed immediately.

Cart audit was completed to ensure no loose pills were left inside cart.

Staff training was initiated and will continue as education.

PCA / designee will conduct audits monthly to ensure the carts are clean and appropriately stocked with packaged medications.

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Milk of Magnesia 400 MG/5 ML prescribed to resident #1 was still on the medication cart as of 11/02/2021, however this medication expired 9/2021.

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Resident #1 medication was immediately removed from cart. New bottle of medication was ordered. Cart audit was completed to ensure all expired medications were removed from the cart and reordered. Staff training was initiated and will continue as education.

Document Submission

Implemented

Resident #1 medication was immediately removed from cart. New bottle of medication was ordered. Cart audit was completed to ensure all expired medications were removed from the cart and reordered. Staff training was initiated and will continue as education.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is ordered to have vital signs taken monthly on the 1st of each month. For the month of October, vitals were not taken on the 1st.

Resident #1 is ordered to have Aspercreme Lidocaine patch applied to the resident's lower back two times per day. This order was not followed on 10/7/21, 10/10/21, 10/12/21, 10/13/21, 10/15/21, 10/18/21, 10/25/21, 10/26/21, 10/28/21, 10/30/21, and 10/31/21.

Resident #1 is ordered to have COVID surveillance twice per day. This order was not followed 10/1/21, 10/4/21, 10/5/21, 10/6/21, 10/7/21, 10/11/21, 10/12/21, 10/13/21, 10/14/21, 10/15/21, 10/18/21, 10/19/21, 10/20/21, 10/21/21, 10/22/21, 10/25/21, 10/26/21, 10/27/21, 10/28/21, and 10/29/21.

Plan of Correction

Accept

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Resident #1 Vital signs and patch - Orders were immediately addressed. Staff educated on completing vital signs the day of or advising so vitals can be updated by the nurse or CSM to another time and/or date. See attachment.

187d - Follow Prescriber's Orders (continued)

PCA / designee / night charge nurse will complete bimonthly checks to ensure that the vital signs and orders have been completed as ordered.

Document Submission**Implemented**

Resident #1 Vital signs and patch - Orders were immediately addressed.

Staff educated on completing vital signs the day of or advising so vitals can be updated by the nurse or CSM to another time and/or date. See attachment.

PCA / designee / night charge nurse will complete bimonthly checks to ensure that the vital signs and orders have been completed as ordered.

191 - Resident Right to Refuse**1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Directed**

I respectfully request that the violation be withdrawn, as it was not mentioned during or after the survey process. If not withdrawn, please see attached, that was reviewed with the resident.

Our residents are educated on regulation 191 upon admission. An audit will be completed by 1/17/22 to ensure that the home is in compliance with 191. To ensure compliance is maintained, the administrator and/or marketing director will ensure that residents sign upon admission.

DPOC - 01-06-2022

Within 15 calendar days receipt of this POC, Administrator or designated staff persons will educate residents of their rights to refuse medication. Sign off verification will be kept in residents records for Department review.

Document Submission**Implemented**

All residents rights were reviewed individually and signed off. An email was sent to POA's to update them on the education for the memory care unit. A copy of the rights including the right to refuse medication has been filed for DHS review.

Marketing will review with the resident upon admission.

Admin / designee will audit charts annually to ensure all residents are aware of their right to refuse.

201 - Positive Interventions**1. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 exhibits behaviors of irritability and agitation. The home has not implemented positive interventions to modify or eliminate the behaviors. On 10/22/21, staff person B engaged in an argument with resident #1 about whether

201 - Positive Interventions (continued)

the staff member went into the resident's room without knocking. The argument escalated from being verbal to the resident throwing an item.

Plan of Correction**Accept**

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

Care Plan updated with the behaviors exhibited during altercation. Staff member was given retraining and tested with supervision after completing the competency course.

Ongoing training with staff to be completed by 1/17/22 with attached criteria.

Document Submission**Implemented**

Care Plan updated with the behaviors exhibited during altercation. Staff member was given retraining and tested with supervision after completing the competency course.

Ongoing training with staff to be completed by 1/17/22 with attached criteria.

224a - Preadmission Screen Form**1. Requirements**

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 was admitted to the home on [REDACTED] however, there was no preadmission screening completed.

Plan of Correction**Accept**

Our POC is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.

The home will ensure that all residents admitted will have a pre admission screening completed. The PCA / designee will ensure that the pre-admission screening is accurate and completed in it's entirety, including signing and dating the screening form.

The PCA / designee will review all required documents on the day of admission and bi-annually in order to assure on-going compliance.

See attached in-service for PCA and designee.

Document Submission**Implemented**

The home will ensure that all residents admitted will have a pre admission screening completed. The PCA / designee will ensure that the pre-admission screening is accurate and completed in it's entirety, including signing and dating

224a - Preadmission Screen Form (continued)

See attached in-service for PCA and designee