

Department of Human Services
Bureau of Human Service Licensing

February 8, 2022

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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: *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: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *11/19/2021*

Inspection Dates and Department Representative

11/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *152* Residents Served: *61*

Secured Dementia Care Unit

In Home: *Yes* Area: Capacity: *27* Residents Served: *13*
2nd Floor Memory Care Unit

Hospice

Current Residents: *na*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

11/19/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/17/2021*

Inspections / Reviews *(continued)*

12/17/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/20/2021*

02/08/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near three of the doors in the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept

Issue: Pictures with hidden code of the secured unit keypad was not located directly by each door.

Action: Immediately made copies to place at the other 2 doors beside the original door.

Correction: Inservice with the MCU staff of importance of replacing the pictures that are removed by residents containing this information. Added this point to the monthly check list. Administrator / designee will do random checks to ensure the pictures remain within proper location of doors.

Document Submission

Implemented

Correction: Inservice with the MCU staff of importance of replacing the pictures that are removed by residents containing this information. Added this point to the monthly check list. Administrator / designee will do random checks to ensure the pictures remain within proper location of doors.

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

Secret Antiperspirant, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away.", was unlocked, unattended, and accessible to residents in memory care unit room [REDACTED].

Crest Complete Fluoride Toothpaste, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away.", was unlocked, unattended, and accessible to residents in memory care unit room [REDACTED].

Medline Remedy Cleanser, with a manufacture's label indicating "for external use only - in case of eye contact, flush eyes with water. If irritation persists, contact your physician.", was unlocked, unattended, and accessible to residents in memory care unit room [REDACTED].

Not all the residents of the home, including residents of the memory care unit, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: 05/11/2021

Plan of Correction

Accept

Issue: Lock was broken on bathroom cabinet.

Action: Immediately removed the items located in the cabinet and placed in a locked area. Notified maintenance and lock was fixed the same day. Also, checked all remaining occupied apartments to ensure all locks working properly.

Correction: Checking of all apartment locks of bath cabinets were added to the check list that is completely on a

82c - Locking Poisonous Materials (continued)

monthly basis. As a back up to this, the staff uses the cabinets daily and had an inservice to immediately report if lock is found to be faulty.

Administrator or designee will also do random checks 3x weekly to ensure that this is happening.

See attached inservice Sheets.

Document Submission

Implemented

Correction: Checking of all apartment locks of bath cabinets were added to the check list that is completely on a monthly basis. As a back up to this, the staff uses the cabinets daily and had an inservice to immediately report if lock is found to be faulty.

Administrator or designee will also do random checks 3x weekly to ensure that this is happening.

See attached inservice Sheets.

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

There was no thermometer in the GE refrigerator in the memory care unit's kitchenette.

Repeat Violation: 05/11/2021

Plan of Correction

Accept

Issue: There was only one thermometer in the freezer and nothing in the refrigerator.

Action: Contacted culinary director for a thermometer and had it placed in the refrigerator. Also ensured there was a daily log placed on outside of the refrigerator.

Correction: Had audited all refrigerator / freezers to ensure all have separate thermometers and a daily log with the target temp listed. Culinary Director and manager will ensure all kitchen refrigerators are managed. Administrator / designee will ensure all nursing unit refrigerators are managed. Administrator / designee will audit refrigerators 2x weekly randomly.

See attached inservice Sheet

Document Submission

Implemented

Correction: Had audited all refrigerator / freezers to ensure all have separate thermometers and a daily log with the target temp listed. Culinary Director and manager will ensure all kitchen refrigerators are managed. Administrator / designee will ensure all nursing unit refrigerators are managed. Administrator / designee will audit refrigerators 2x weekly randomly.

See attached inservice Sheet

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

The home's menu for the current and following week were not posted in a conspicuous and public place in the home.

162c - Menus Posted (continued)

However, a menu titled *Fall/Winter 22 Holland Village - Manor - Personal Care, Week 1* was posted on the "Community Information Board" but the items listed were not being served for the day of the onsite visit.

Repeat Violation: 05/11/2021

Plan of Correction**Accept**

Issue: Bulletin Board only contained one weekly menu.

Action: The following weekly menu was placed immediately up on the bulletin board.

Correction: Director of Culinary and designee will post the weekly / advance weekly menu on the bulletin board.

Due to residents ripping it down, we will place it in multiple areas and make copies for residents as well.

Administrator / designee will audit the bulletin board daily to ensure this has been completed. Administrator will always have a copy in her office to ensure it will be rehung if taken off. Facility has ordered a display case to highlight the menu.

Document Submission**Implemented**

Correction: Director of Culinary and designee will post the weekly / advance weekly menu on the bulletin board. Due to residents ripping it down, we will place it in multiple areas and make copies for residents as well.

Administrator / designee will audit the bulletin board daily to ensure this has been completed. Administrator will