Department of Human Services
Bureau of Human Service Licensing

March 18, 2022

CARE HSL HARLEYSVILLE OPCO LLC

RE: BIRCHES AT ARBOUR SQUARE
691 MAIN STREET
HARLEYSVILLE, PA, 19438
LICENSE/COC#: 14266

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/12/2022, 01/13/2022, 01/14/2022, 01/18/2022 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

Facility Information

Name: *BIRCHES AT ARBOUR SQUARE* **License #**: *14266* **License Expiration**: *03/27/2022*

Address: *691 MAIN STREET, HARLEYSVILLE, PA 19438*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *215-541-3701* **Email**: [redacted]

Legal Entity

Name: *CARE HSL HARLEYSVILLE OPCO LLC*

Address: *660 SENTRY PARKWAY, SUITE 220, HERITAGE SENIOR LIVING, BLUEBELL, PA, 19422*

Phone: *2155413700* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *R-3* **Date**: *08/10/2009* **Issued By**: *Lower Salford Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *107* **Waking Staff**: *80*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *01/18/2022*

Inspection Dates and Department Representative

01/12/2022 - On-Site: [redacted]
01/13/2022 - Off-Site: [redacted]
01/14/2022 - Off-Site: [redacted]
01/18/2022 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* **Residents Served**: *77*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *DAYBREAK* **Capacity**: *25* **Residents Served**: *21*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *53*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *30* **Have Physical Disability**: *30*

Inspections / Reviews

01/12/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/10/2022*

03/15/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/18/2022*

03/16/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/19/2022*

03/18/2022 - Document Submission

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

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 [redacted] resident #1 fell and hit [redacted] head on the wall leaving a indentation on the wall. Resident #1 sustained a skin tear to [redacted] right forearm and was sent to the hospital for evaluation for possible head injury. The home did not report this incident to the Department.

Plan of Correction ***Accept***

1-12-22

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 matter designated by the Department. Abuse reporting shall also follow the guidelines in 2600.15 (relating to abuse covered by law).

What: "On [redacted], resident #1 fell and hit [redacted] head on the wall leaving an indentation on the wall. Resident # 1 sustained a skin tear to [redacted] right forearm and was sent to the hospital for evaluation for possible head injury. The home did not report this incident to the department."

Who: On the date of the incident, resident #1 sustained a fall in the homes secured memory care neighborhood, in the area directly outside of the dining room.
When: Resident # 1 sustained this fall the evening of [redacted]. The fall happened after dinner as the resident was ambulating from the dining area and became upset with the use of [redacted] walker.

How: The fall in question was witnessed by care staff that were on duty and working in the neighborhood at the time, but they were unable to get to the resident to prevent [redacted] from falling. The staff on duty called for the med tech on duty and the homes administrator who is also a licensed nurse and was in the home at the time of the incident. Upon assessment, it was noted that the resident had sustained a small skin tear to [redacted] right forearm. Staff that witnessed the fall noted that the resident had struck [redacted] head upon falling and upon an environmental assessment it was noted by the homes administrator that there was a small dime sized indentation noted in the drywall. There were no visible signs of head injury, but per the homes policy the resident was sent out to the hospital for evaluation to rule out any internal injuries. The resident was cleared after testing at the emergency room, and since the resident did not sustain any serious injuries as outlined in 2600.16 (a) a report was not filed with the department.

Ongoing: The homes Resident Care Director and Executive Director will continue to review all incidents and will call in and/or report any incidents that meet the criteria for reporting. Any concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. As any future members of the community management team are trained or added to the Designee role they will receive the same oral training from the homes Administrator from the Regulatory Compliance Guide to ensure ongoing compliance at all times.

Completion Date: *03/10/2022*

16c - Written Incident Report *(continued)*

Document Submission ***Implemented***

Update 3/17/22-previously completed as of 3/10/22. The homes Resident Care Director and Executive Director have continued to review all incidents in the home daily to ensure that any information for reporting is done timely.

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 1/2/22, while sitting on the couch resident #1 struck resident #2 with a opened hand on the right side of [redacted] chest without being provoked. Resident #1 was admitted to the home on [redacted], with documented incidents of aggression, including behaviors of hitting staff at the previous facility. The home was aware of resident #1's behaviors but failed to implement safety precautions. Resident #1 also has documented aggressive behaviors since [redacted] admission to the home. Failure to provide safety measures resulted in resident #2 being physical assaulted and risking the safety of other residents' in the home.

Plan of Correction ***Accept***

1-12-22

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
What: "On 1/2/22, while sitting on the couch, resident # 1 struck resident # 2 with a opened hand on the right side of [redacted] chest without being provoked. Resident # 1 was admitted to the home on [redacted], with a documented incidents of aggression, including behaviors of hitting staff at the previous facility. The home was aware of resident # 1's behaviors but failed to implement safety precautions. Resident # 1 also has documented aggressive behaviors since [redacted] admission to the home. Failure to provide safety measures resulted in resident # 2 being physical assaulted and risking the safety of other residents' in the home."

Who: On the date of the incident, which was actually on 1/5/22 (not 1/2/22 as listed in this report), resident # 1 struck resident # 2 with an opened hand on the right side of [redacted] chest. Resident # 2 was seen entering into resident # 1's personal space at the time of the incident attempting to speak with [redacted].

When: Resident # 1 was seen on 1/5/22 at 2:10pm in the afternoon, swinging with an open hand and striking another resident.

How: Both resident # 1 and resident # 2 reside in the homes Secured Memory Care Neighborhood. Resident # 1 who was the assailant was admitted to the home on [redacted] the [redacted] where [redacted] received treatment after hitting a nurse at the short term rehab that [redacted] was getting treatment at after a fall. While at the [redacted] and prior to admission to the home, there were no documented behaviors and medication adjustments had been made. The homes Resident Care Director went out to assess the resident and there was no concern for behaviors at that time, nor upon admission. The resident has been seen by the in house Psychiatrist on an ongoing basis since admission for management of [redacted] medication and for changes noted in his overall

42b - Abuse (continued)

cognition. The resident had in total four incidents of aggressive behaviors, all towards staff, and all regarding care between the date of admission and the date of the incident in question. During each incident, the resident had either been easily redirected or then cared for by another staff member, or left alone and re-approached shortly thereafter with success. The homes Resident Care Director and Memory Care Director also hold weekly telephone conferences with the resident's family, which have been documented in the residents file, to coordinate the ongoing management of the residents care needs. After the resident to resident contact, the family was asked to provide 1:1 private duty care to the resident for several hours each evening, and medication adjustments were again made by the homes clinical partner Psychiatrist. Resident # 2 did not sustain any injuries from this event, and neither resident have any memory of it happening. The home reported the incident per department guidance via reportable incident and via ACT-13 and with local law enforcement.

Ongoing: The homes Memory Care Director and Resident Care Director will continue with weekly care coordination calls with the resident's family supports. The family continues to supplement resident with private duty aides in the evenings daily at present. The homes Psychiatrist will continue to follow the resident and make medication adjustments as needed. If and when the resident should need an inpatient stay in the future, that recommendation will be made to the resident's family. The homes care staff have been instructed to sit the resident in single seating when in common area spaces to prevent further incidents from occurring. Any concerns will be reviewed and reported immediately to the homes Executive Director, Resident Care Director or Memory Care Director.

Completion Date: *03/10/2022*

Document Submission ***Implemented***

Update 3/17/22-previously completed as of 3/10/22. The homes Resident Care Director and Memory Care Director continue to meet weekly with residents family for care coordination calls to ensure that all supports are in place. All new staff will also continue to be instructed on plan of care for resident to prevent further incidents.

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired on [redacted] however a criminal background check was not completed until 11/4/21.

Plan of Correction ***Do Not Accept***

1-12-22

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
What: "On 1/2/22, while sitting on the couch, resident # 1 struck resident # 2 with a opened hand on the right side of [redacted] chest without being provoked. Resident # 1 was admitted to the home on [redacted] with a documented incidents of aggression, including behaviors of hitting staff at the previous facility. The home was aware of resident # 1's behaviors but failed to implement safety precautions. Resident # 1 also has documented aggressive behaviors since [redacted] admission to the home. Failure to provide safety measures resulted in resident # 2 being physical assaulted and risking the safety of other residents' in the home."

51 - Criminal Background Check (continued)

Who: On the date of the incident, which was actually on 1/5/22 (not 1/2/22 as listed in this report), resident # 1 struck resident # 2 with an opened hand on the right side of [redacted] chest. Resident # 2 was seen entering into resident # 1's personal space at the time of the incident attempting to speak with [redacted]

When: Resident # 1 was seen on 1/5/22 at 2:10pm in the afternoon, swinging with an open hand and striking another resident.

How: Both resident # 1 and resident # 2 reside in the homes Secured Memory Care Neighborhood. Resident # 1 who was the assailant was admitted to the home on [redacted] from the [redacted] where [redacted] received treatment after hitting a nurse at the short term rehab that [redacted] was getting treatment at after a fall. While at the [redacted] and prior to admission to the home, there were no documented behaviors and medication adjustments had been made. The homes Resident Care Director went out to assess the resident and there was no concern for behaviors at that time, nor upon admission. The resident has been seen by the in house Psychiatrist on an ongoing basis since admission for management of [redacted] medication and for changes noted in [redacted] overall cognition. The resident had in total four incidents of aggressive behaviors, all towards staff, and all regarding care between the date of admission and the date of the incident in question. During each incident, the resident had either been easily redirected or then cared for by another staff member, or left alone and re-approached shortly thereafter with success. The homes Resident Care Director and Memory Care Director also hold weekly telephone conferences with the resident's family, which have been documented in the residents file, to coordinate the ongoing management of the residents care needs. After the resident to resident contact, the family was asked to provide 1:1 private duty care to the resident for several hours each evening, and medication adjustments were again made by the homes clinical partner Psychiatrist. Resident # 2 did not sustain any injuries from this event, and neither resident have any memory of it happening. The home reported the incident per department guidance via reportable incident and via ACT-13 and with local law enforcement.

Ongoing: The homes Memory Care Director and Resident Care Director will continue with weekly care coordination calls with the resident's family supports. The family continues to supplement resident with private duty aides in the evenings daily at present. The homes Psychiatrist will continue to follow the resident and make medication adjustments as needed. If and when the resident should need an inpatient stay in the future, that recommendation will be made to the resident's family. The homes care staff have been instructed to sit the resident in single seating when in common area spaces to prevent further incidents from occurring. Any concerns will be reviewed and reported immediately to the homes Executive Director, Resident Care Director or Memory Care Director.

Completion Date: *03/10/2022*

Update: *03/15/2022*

Provide a plan of correction.

Plan of Correction ***Accept***

1-12-22

51. Criminal History Checks – Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

What: "Staff person A, hired on [redacted] however a criminal background check was not completed until 11/4/21."

51 - Criminal Background Check (continued)

Who: Staff person A's start date was [redacted] however the homes Business Office Manager did not run the criminal background check on staff person A until 11/4/21.

When: The Business Office Manager did not run staff person A's criminal background check until 11/4/21, which was staff person A's [redacted] day of general orientation. This was a result of human error. Upon inspection and learning of this omission, the homes Administrator met with the homes Business Office Manager and reviewed guidance on this from the Regulatory Compliance Guide.

How: Verbal review of the proper procedures in regards criminal background checks and the processes related to the proper timeframe in order for them to be run was done with the homes Business Office Manager the day of inspection. At present time, said Director is the only designee trained and with access to run the background checks, besides the homes Administrator.

Ongoing: The homes Business Office Manager will continue to run all background checks for the home per the proper guidance as set forth in the Regulatory Compliance Guide. The homes Business Office Manager and the homes Executive Director will check all newly onboarding staff's online profiles the day prior to their start date to ensure that this regulation is met. Documentation for this staff member and this survey has been made in the employee file to avoid future violations for the same employee. Any future concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. As any future members of the community management team are trained or added to the Designee role they will receive the same oral training from the homes Administrator from the Regulatory Compliance Guide to ensure ongoing compliance at all times.

(The previous information submitted for this regulation was inadvertently placed under the wrong regulation in the Sans Write system due to human error).
Completion Date: *03/15/2022*

Document Submission ***Implemented***

Update 3/17/22-previously completed as of 3/15/22. The homes Business Office Manager continues to run all the homes background checks prior to the first day of hire and Business Office Manager and the homes Executive Director check the online portal to ensure completion of this prior to the first day of orientation.

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, admitted on [redacted] with a history of aggression. Resident #1 had several incidents of aggression on 12/22/21, 1/5/22, 1/10/22, and 1/11/22. The home failed to implement interventions in regards to the physical safety of the resident and the safety of other residents in the home. Positive interventions to modify or eliminate the behavior were not put in place.

201 - Positive Interventions *(continued)*

Plan of Correction ***Accept***

1-12-22

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 behaviors, redirection, conflict resolution, violence prevention, praise, de-escalation techniques and alternative techniques to identify and defuse potential emergency situations.

What: "Resident # 1, admitted on [redacted] with a history of aggression. Resident # 1 had several incidents of aggression on 12/22/21, 1/5/22, 1/10/22, and 1/11/22. The home failed to implement interventions in regards to the physical safety of the resident and the safety of other residents in the home. Positive interventions to modify or eliminate the behavior were not put in place."

Who: All direct care staff have annual training via Relias on "Managing Aggressive Behaviors". All direct care staff also all receive annual Dementia training to be equipped to deal with residents that have cognition impairment such as Resident # 1.

When: Resident # 1 has had positive interventions in place since admission, and the direct care staff working in the memory care neighborhood where Resident # 1 resides have all completed training specific to redirection, and communication with residents that have cognitive impairment.

How: Resident # 1 has been seen by the in house Psychiatrist on an ongoing basis since admission for management of [redacted] medication and for changes noted in [redacted] overall cognition. The resident had in total four incidents of aggressive behaviors, all towards staff, and all regarding care between the date of admission and the date of the incident in question. During each incident, the resident had either been easily redirected or then cared for by another staff member, or left alone and re-approached shortly thereafter with success. The homes Resident Care Director and Memory Care Director also hold weekly telephone conferences with the resident's family, which have been documented in the residents file, to coordinate the ongoing management of the resident's care needs. The resident's family has provided the resident with an Alexa in [redacted] room, which the home installed upon admission, as the resident enjoys music and this calms [redacted] The homes care staff and engagement staff have also been shown and trained with positive engagement activities for the resident and helpful techniques and approaches to help modify and/or eliminate behaviors. The home had conversations with the residents family on 1/5/22 and again on 1/7/22 regarding the need for private duty 1:1 care for the resident, which the family was in agreement with and has since put in place.

Ongoing: The homes Memory Care Director and Resident Care Director will continue with weekly care coordination calls with the resident's family supports. The family continues to supplement resident with private duty aides in the evenings daily at present. The homes Psychiatrist will continue to follow the resident and make medication adjustments as needed. If and when the resident should need an inpatient stay in the future, that recommendation will be made to the resident's family. The homes care staff have been instructed to sit the resident in single seating when in common area spaces to prevent further incidents from occurring. Any concerns will be reviewed and reported immediately to the homes Executive Director, Resident Care Director or Memory Care Director.
Completion Date: *03/10/2022*

201 - Positive Interventions *(continued)*

Document Submission ***Implemented***

Update 3/17/22-previously completed as of 3/10/22. The homes Resident Care Director and Memory Care Director continue to meet weekly with residents family for care coordination calls to ensure that all supports are in place. All new staff will also continue to be instructed on plan of care for resident to prevent further incidents.

234b - Support Plan Needs Elements

1. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [redacted] for resident #1 does not address the behavioral and psychological concerns which result in safety concerns for other residents.

Plan of Correction ***Accept***

1-12-22

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

What: "The support plan, dated [redacted], for resident # 1 does not address the behavioral and psychological concerns which result in safety concerns for other residents."

Who: Although the home had documented in the nursing notes, in the chart, and in the physician and specialist notes in the resident's chart, the homes Memory Care Director did not document this information on the residents RASP.

When: Upon inspection and learning of this need, the homes Memory Care Director documented all information on the homes RASP Update Sheets for this residents RASP.

How: The homes Memory Care Director documented updates from 12/2/21, 12/7/21, 12/23/21 and 1/5/22 on 1/19/22, update 1/21/22 of use of music to assist with behaviors/anxiety, updates from 10/4/21, 10/18/21, 11/1/21, 11/15/21, 11/29/21, 12/13/21, and 1/3/22 were all documented on [redacted] utilizing the homes RASP Update Sheets (see Attachment A).

Ongoing: The homes Memory Care Director will continue to update the RASP update sheet when and if needed. The homes Resident Care Director will monitor for ongoing compliance. Any concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. As any future members of the community management team are trained or added to the Designee role they will receive training from the homes Administrator from the Regulatory Compliance Guide to ensure ongoing compliance at all times.

Completion Date: *03/10/2022*

Document Submission ***Implemented***

Update 3/17/22-previously completed as of 3/10/22. The homes Memory Care Director has continued to update the residents RASP update sheet when and if needed and the homes Resident Care Director will continue to monitor for ongoing compliance.