

Department of Human Services
Bureau of Human Service Licensing

April 22, 2022

[REDACTED]
THE COMMUNITY AT ROCKHILL
3250 STATE ROAD
SELLERSVILLE, PA, 18960

RE: THE COMMUNITY AT ROCKHILL
3250 STATE ROAD
SELLERSVILLE, PA, 18960
LICENSE/COC#: 12687

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2022, 03/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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 COMMUNITY AT ROCKHILL* License #: 12687 License Expiration: 04/02/2023
Address: 3250 STATE ROAD, SELLERSVILLE, PA 18960
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: 2152572751 Email: [REDACTED]

Legal Entity

Name: *THE COMMUNITY AT ROCKHILL*
Address: 3250 STATE ROAD, SELLERSVILLE, PA, 18960
Phone: 2152572751 Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: 12/18/1997 Issued By: *West Rock Township*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 40 Waking Staff: 30

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: 03/18/2022

Inspection Dates and Department Representative

03/15/2022 - On-Site: [REDACTED]
03/18/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 Residents Served: 40

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/15/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 04/15/2022

Inspections / Reviews (*continued*)

04/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/15/2022*

04/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/20/2022*

04/22/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 02/22/22 at 7:13am, resident #1 rang the call bell after falling to the floor next to the bed. Staff member A responded to the call bell by going into the resident's room. Resident#1 was on the floor in a sitting position next to the bed. Staff member A left the room to seek assistance from staff member B, a nurse. However, staff member B did not arrive to the home until 7:30am. No other nurse was on duty at the time. Resident #1 remained on the floor until staff member B was available to assist resident and complete an assessment. The resident did not receive assistance, as required by his/her assessment and support plan, until 7:40am.

Plan of Correction**Accept**

Resident #1 rang the call bell at 7:13AM. Staff member A alerted the PC 7A-3P nurse at 7:18AM. The resident's call bell was not cleared until 7:40AM although the staff were present in the room with the resident during this time. The staff cared for and assessed Resident #1 for injuries and administered prescribed medication (see the attached note written by the nurse). Once the resident was in the recliner and comfortable the call bell was turned off. Please see the attached time cards for the PC nurses. At no time was there a lapse in nurse coverage. The 11PM-7AM nurse clocked out of [redacted] shift at 7:18AM on 2/22/22 and the 7A - 3P nurse clocked in at 6:59AM on 2/22/22.

Plan of correction updated:

The Personal Care Administrator/Clinical Coordinator will continue to monitor daily call bell reports that are over 30 minutes. Monthly audits of the call bell system will also be audited by the Administrator/Clinical Coordinator. A staff meeting that is scheduled on 4/19/22 will review the call bell policy with the team.

Completion Date: 04/19/2022

Document Submission**Implemented**

Call bell submission from staff meeting on 4/19/22 to review expectations to the team.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident#1 brought [redacted] own furniture upon admission to include a hospital bed. The home failed to ensure the bed was safe or to evaluate Resident#1 for safety using the bed and for transferring in and out of the bed.

On 2/22/22, the wheels on resident #1's bed were not locked. As the resident was transferring from the bed to the walker, the bed moved backwards, causing the resident to lose balance and fall to the floor.

Plan of Correction**Accept**

This bed was the property of the resident. After speaking with Resident #1 and also contacting Resident #1's family, permission was granted for the wheels of the bed to be removed. To ensure continued compliance with the wheels of the bed being locked, housekeeping team and the personal care aides will be reminded to check that all beds with wheels are in the locked position. The RCC and PC Nurses in conjunction with the therapy dept (if needed) will evaluate the residents ability to successfully transfer in/out of bed.

95 - Furniture and Equipment (continued)

All current beds with wheels were inspected to ensure the wheels are in a locked position and the bed is unable to move.

Staff will be reminded of the importance of ensuring each resident's safety at the next staff meeting scheduled for 4/19/22.

Completion Date: 04/19/2022

Document Submission

Implemented

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #2 utilizes a walker to assist with ambulation. The resident's assessment, dated [REDACTED] does not include the use of a walker and was not updated to include the significant change in the resident's ability to ambulate independently.

Plan of Correction

Accept

A medical evaluation was completed for Resident #2 on [REDACTED] a new RASP was completed to reflect the use of a walker to assist with ambulation. All PC residents RASP's will be evaluated by the RCC and PC Nurses to ensure the current mobility device is noted on the current RASP and that the RASP reflects the current condition of each resident. Going forward weekly therapy meetings will include discussions on any PC resident being evaluated for a new piece of DME ie: bed enabler, walker, wheelchair, cane, adaptive equipment for meals, dressing or bathing. Reeducation of the PC Nurses will be provided on significant changes and the documentation that must accompany the change as the needs of the resident change. This training will be completed by 4.11.22

Completion Date: 04/11/2022

Document Submission

Implemented