

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

December 20, 2022

[REDACTED], COO
CARE HSL NEWTOWN OPCO LLC

RE: THE BIRCHES AT NEWTOWN
70 DURHAM ROAD
NEWTOWN, PA, 18940
LICENSE/COC#: 14230

Dear [REDACTED],

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

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE BIRCHES AT NEWTOWN **License #:** 14230 **License Expiration:** 09/15/2022
Address: 70 DURHAM ROAD, NEWTOWN, PA 18940
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: CARE HSL NEWTOWN OPCO LLC
Address: [REDACTED]
Phone: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 177 **Waking Staff:** 133

Inspection Information

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

Inspection Dates and Department Representative

03/18/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 120 **Residents Served:** 103
Secured Dementia Care Unit
In Home: Yes **Area:** Daybreak **Capacity:** 60 **Residents Served:** 43
Hospice
Current Residents: 14
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 102
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 74 **Have Physical Disability:** 2

Inspections / Reviews

03/18/2022 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/18/2022

11/28/2022 POC Submission
Submitted By: [REDACTED] **Date Submitted:** 12/15/2022
Reviewer: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/09/2022

Inspections / Reviews *(continued)*

12/05/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/09/2022

12/20/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

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

Sometime between [REDACTED] and [REDACTED] approximately \$250 was taken from Resident #1's wallet. This incident was reported to staff person A on [REDACTED]. However, this allegation of financial abuse was not reported to the Area Agency on Aging .

Plan of Correction

Accept ([REDACTED] - 12/05/2022)

The timeline in which [REDACTED] reported and the vein in which the money was reported missing is not to the recollection of The Executive Director.

The report was submitted at the time it was reported. The resident did in fact come to the Executive Director on 2/28/2022 and reported [REDACTED] had been out to a restaurant and went to use [REDACTED] \$20.00 as a tip and it was not there. [REDACTED] believed [REDACTED] saw it last a few days prior but was not sure. [REDACTED] further stated that [REDACTED] may have misplaced it, and [REDACTED] was not accusing anyone but wanted the ED to be aware. ED offered to credit [REDACTED] bill, as [REDACTED] had misplaced the money in [REDACTED] opinion.

On [REDACTED], report was sent to DHS, when [REDACTED] and [REDACTED] daughter stated it was \$250.00 and also a valuable necklace missing. Executive Director did offer police intervention, however indicated it would be up to [REDACTED].

Executive Director acknowledges not submitting report to AAA, nor calling police for the resident. Executive Director is aware of the definition of exploitation and failed to report as such per regulation.

Executive Director obtained police intervention, and report filed.

Added 11/29/2022

Executive Director reviewed the regulation, and understands the importance of identifying and reporting Abuse. Staff was also retrained by Executive Director on 5/4/2022 on the various types of abuse, reporting, and recognizing abuse.

Ongoing annual training for staff will be completed by Executive Director. Any allegations will be reported per regulation and reviewed at quality management meetings.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented (SW - 12/20/2022)

16c - Written Incident Report

2. 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 and the resident's designated person reported money missing from the resident's wallet. This was reported to staff person A. The home did not report this incident to the department until [REDACTED].

16c Written Incident Report (continued)

Plan of Correction

Accept (█ - 12/05/2022)

The timeline in which █ reported and the vein in which the money was reported missing is not to the recollection of The Executive Director.

The report was submitted at the time it was reported. The resident did in fact come to the Executive Director on █ and reported █ had been out to a restaurant and went to use █ \$20.00 as a tip and it was not there. █ believed █ saw it last a few days prior but was not sure. █ further stated that █ may have misplaced it, and █ was not accusing anyone but wanted the ED to be aware. ED offered to credit █ bill, as █ had misplaced the money in █ opinion.

On 3/16/2022, report was sent to DHS, when █ and █ daughter stated it was \$250.00 and also a valuable necklace missing. Executive Director did offer police intervention, however indicated it would be up to █.

Executive Director acknowledges not submitting report to AAA, nor calling police for the resident. Executive Director is aware of the definition of exploitation and failed to report as such per regulation.

Executive Director obtained police intervention, and report filed.

Executive Director will follow reporting procedures per regulation immediately and ongoing.

Added 11/29/2022

Executive Director reviewed regulation 16c on 5/4/2022, and understands that incidents must be reported within a 24 hour time period. Additionally staff was retrained by Executive Director on 5/4/2022, on reporting incidents timely, recognizing abuse and the Executive Director's obligation and procedure to which she needs to report. Incidents will be reviewed at Quality Management meetings and Executive Director will discuss any necessary plans of correction

Staff will receive annual training on abuse and reporting the same.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented (█ - 12/20/2022)

42c - Treatment of Residents

3. Requirements

2600.

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

Description of Violation

Nurses' notes from █ entered by staff person A indicate that resident #1 has "unrealistic concerns" none of which are documented. Notes from █ state Staff person A, the administrator, suggested resident move because of the resident's concerns. There is no documentation indicating what attempts were made to address the resident's complaints.

On █, staff person A sent an email to the ombudsman telling the ombudsman resident #1 would be calling and stating the resident is "impossible to please" and "I can tell you EVERYTHING.. Heads up!!!". This email was received by the ombudsman before the ombudsman spoke to the resident regarding the resident's complaints.

On █ at █, resident #1 sent a text to staff person A to ask what time the resident would be meeting with the staff person A's superior. After not receiving a response, the resident sent another text at 11:09 am stating "kindly respond". At █, staff person A replied, "[superior] is here now". This meeting was meant to address the

42c - Treatment of Residents (continued)

complaints resident #1 had about the home.

Sometime between [REDACTED] approximately [REDACTED] was taken from resident #1's wallet. This incident was reported to staff person A on [REDACTED]. Shortly after, another [REDACTED] went missing from the resident's wallet, a necklace that was gifted to the resident by the resident's late spouse, valued at approximately [REDACTED], went missing from the resident's room, and a gold necklace with an unknown value went missing from the resident's room. There was no investigation completed after resident #1 and the resident's designated person reported money missing from the resident's wallet. Staff person A submitted an incident report on [REDACTED] suggesting the items are reported missing because the resident has received a 30 day notice of intent to discharge. The incident report puts the word "missing" in quotation marks when referring to the resident's report of missing items. The incident report stated staff could not be interviewed because the resident could not remember when the items went missing, however in an interview with this agent of the Department, the resident and the resident's designated person were both able to narrow down a timeframe when the items began to go missing. The incident report submitted [REDACTED] indicates that staff person A offered police intervention to the resident and the resident declined, however this agent of the Department witnessed a conversation between resident 1 and staff person A on [REDACTED] regarding police intervention. During the conversation, resident 1 asked staff person A if staff person A had contacted the police about the missing items. The response from staff person A was that resident #1 needed to contact the police as it was not staff person A's responsibility to do so.

The treatment resident #1 has received from staff person A has caused the resident to question whether the resident should remain in the home. Resident #1 and the resident's designated person report that staff person A stated everyone in the home hates the resident. The resident's son-in-law sent email on [REDACTED] to staff person A requesting the home be more compassionate as the events taking place were causing the resident emotional distress and anxiety.

Plan of Correction

Accept ([REDACTED] - 12/05/2022)

We do not agree with this violation

At no time did The Executive Director intend to treat the resident with anything but respect. Efforts were put forth to facilitate meetings each time concerns were brought to management. The findings regarding the missing items were referenced in 42t, to which a plan to correct is warranted.

The example of the text sent to Executive Director, was in response to a scheduled meeting, and Executive Director was in fact waiting for the Regional Director of HSL to arrive to respond to residents' concerns that Executive Director was not able to do sufficiently. This too was in effort to address the residents' concerns.

In addition, regular meetings were held both in person and via phone with the resident, her family, and the Ombudsman to attempt to find resolution to her concerns. Almost daily interactions occurred with the resident, as well as almost daily email exchanges with the family.

The entire team in the community was aware of the concerns shared by the resident and the collective intent was to work together to find ways to satisfy [REDACTED] expectations to the extent possible.

Examples cited are out of context or from the perspective of the resident. Every effort made, though perhaps not as well documented as they could have been, shows the ongoing efforts made, which far exceeded what is typical. We respectfully ask that this violation be withdrawn, as it is part of our very mission to provide care for our residents with dignity and respect.

We will continue to live our mission daily, with dignity and respect for all residents and staff.

Added 11/29/2022

Executive Director reviewed the definition of Dignity, the state or quality of being worthy of honor and respect. And Respect; due regard for the feelings, wishes rights or tradition of others.

Executive Director is aware of the professional method in which to treat residents and families. The Executive Director reviewed resident rights and the meaning of dignity and respect with staff at meeting on 5/4/2022. Staff will

42c - Treatment of Residents (continued)

receive annually training by Executive Director and Resident Care Director on our Mission and Culture and Resident Rights.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented ([REDACTED] - 12/20/2022)

42g - Ombudsman

4. Requirements

2600.

42.g. A resident has the right to communicate privately with and access the local ombudsman.

Description of Violation

On [REDACTED], resident #1 sought to access and speak with the local long term care ombudsman. On [REDACTED], staff person A sent an email to the ombudsman telling the ombudsman resident #1 would be calling and stating the resident is "impossible to please" and "I can tell you EVERYTHING.. Heads up!!!". This email was received by the ombudsman before the ombudsman spoke to the resident regarding the resident's complaints.

Resident #1 did not have a private meeting with the ombudsman when the ombudsman was onsite on 1/19/22.

Plan of Correction

Accept ([REDACTED] - 12/05/2022)

We do not agree with this violation

The resident was able to communicate privately and had access to the Ombudsman, and the Executive Director encouraged that relationship so the resident would have an advocate.

The resident had lunch with the Ombudsman on 1/19/2022, and had the opportunity to meet privately with her before or after lunch. Executive Director did not prevent nor discourage this meeting. In fact, Executive Director encouraged the meeting. We respectfully request this violation be withdrawn.

We will continue to encourage residents to develop a relationship with everyone who can serve as a resource for them, especially the Ombudsman. We continue to welcome the Ombudsman to the community for regular visits, and will continue to make private space available for anyone who wishes to use it.

added 11/29/2022

The Executive Director reviewed the role of the Ombudsman, and understands that she is an advocate for the residents.

Executive Director will encourage residents to utilize the Ombudsman in the event The Executive Director fails to resolve a concern.

staff was reminded of the role of the ombudsman on 5/4/2022, and that staff is to welcome the Ombudsman to meet with residents privately should the need arise.

Executive Director and Resident Care Director will review this during annual training.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented ([REDACTED] - 12/20/2022)

42t - File Complaints

5. Requirements

2600.

42t - File Complaints (continued)

42.t. A resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge.

Description of Violation

On [REDACTED], resident #1 complained about staff not meeting the resident's needs. Subsequently, nurses' notes from [REDACTED] and [REDACTED] entered by staff person A indicate that resident #1 has "unrealistic concerns" none of which are documented. Notes from [REDACTED] state Staff person A, the administrator, suggested resident move because of the resident's concerns. There is no documentation indicating what attempts were made to address the resident's complaints.

On [REDACTED], staff person A sent an email to the ombudsman telling the ombudsman resident #1 would be calling and stating the resident is "impossible to please" and "I can tell you EVERYTHING.. Heads up!!!". This email was received by the ombudsman before the ombudsman spoke to the resident regarding the resident's complaints.

On [REDACTED] [REDACTED], resident #1 sent a text to staff person A to ask what time the resident would be meeting with the staff person A's superior. After not receiving a response, the resident sent another text at 11:09 am stating "kindly respond". At 11:59 am, staff person A replied, "[superior] is here now". This meeting was meant to address the complaints resident #1 had about the home.

The treatment resident #1 has received from staff person A has caused the resident to question whether the resident should remain in the home. Resident #1 and the resident's designated person report that staff person A stated everyone in the home hates the resident. The resident's son-in-law sent email on 3/16/22 to staff person A requesting the home be more compassionate as the events taking place were causing the resident emotional distress and anxiety.

Plan of Correction

Accept ([REDACTED] - 12/05/2022)

Executive Director did reach out to Ombudsman for guidance as the situation had escalated to a level never experienced by Executive Director. Executive Director was not in any way trying to sway the thought process of the ombudsman, nor intend any disrespect of the resident nor her concerns. The Executive Director in her frustration used capital letters, which may have seemed disrespectful, but again, was not intended that way. Executive Director works well with both DHS and AAA. ED is aware of the role of the Ombudsman is to advocate for the resident and their rights. It was in that vain that Executive Director reached out for guidance. The example of the text sent to Executive Director, was in response to a scheduled meeting, and Executive Director was in fact waiting for the Regional Director of HSL to arrive to respond to residents' concerns that Executive Director was not able to do sufficiently. This too was in effort to address the residents' concerns. Executive Director is aware of the Resident Rights and will continue to rely on years of experience for problem solving and support when dealing with resident concerns and satisfaction.

Added 11/29/2022

Executive Director reviewed Resident Rights and also with staff on 5/4/2022.

Executive Director is aware that a resident has the right to file concerns. Activity Director and executive Director will encourage open dialogue at monthly resident council meetings. Concerns will be addressed by each department of concern. resolutions will be relayed to residents and documented.

No resident will be threatened or intimidated, and there will be no retaliation for sharing complaints and encouraged to bring concerns forward. These issues will also be examined at Quality management meetings.

We will continue to promote our culture in wanting to meet needs, address concerns, and improve.

42t - File Complaints (continued)

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented () - 12/20/2022

201 - Positive Interventions

7. 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

Staff member A reports resident #1 is verbally abusive. The home has not implemented positive interventions to modify or eliminate the behavior. On (), the home issued a 30-day notice of termination of resident #1's residency agreement for "constant harassment and verbal abuse".

Plan of Correction

Accept () - 12/05/2022

Executive Director and staff continued to respond in a professional manner, using positive responses, having meetings, attempting to correct all of the issues that she brought forward about staff, food, and services. We acknowledge documentation may not have been as thorough as it should have been. The letter providing the 30-day notice cites the consistent harassment and hurtful verbal comments from the resident as the reason for discharge; the discharge was not based on those facts. The 30-day notice should have cited not being able to meet the needs of the resident, based on ongoing dissatisfaction, as demonstrated by the issues she raised and with which she was never satisfied with the resolutions.

Executive Director is aware of the regulation for positive interventions, and will continue to utilize that approach in dealing with concerns and behaviors. In addition, documentation will include notes and updates to RASPs to show the care needs and how they are being met. Now and ongoing

201

added 11/30/2022

Executive Director reviewed documentation and communication policies with Resident Care Director and staff on 9/30/2022. a review of how to resolve conflicts and how to handle situations using positive interventions and assume good intentions. Additionally, mindfulness, and compassion.

Executive Director will review notes and RASP's at weekly collaborative care meetings for documentation and updates as needed to ensure interventions are positive, productive and documented.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented () - 12/20/2022

225c - Additional Assessment

8. Requirements

2600.

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

1. Annually.

225c Additional Assessment (*continued*)

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

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]. The resident's degree of aggression is listed as "A". Staff person A reports that resident #1 is verbally abuse and has been that way since shortly after moving in. There was no new assessment completed upon the significant change in the resident's behavior.

Plan of Correction

Accept [REDACTED] - 11/28/2022)

The RASP was not updated to indicate changes in behaviors

Executive Director met with Resident Care Director and reviewed this regulation.

Executive Director will review RASPS at weekly Collaborative Care Meeting and initiate new RASPs with any major changes in condition, now and ongoing. RASPs will be reviewed as part of the QA program, as a sample of records will be reviewed each month. Patterns and trends will be identified and discussed at the Quarterly QA meeting.

Licensee's Proposed Overall Completion Date: 11/23/2022

Implemented [REDACTED] - 12/20/2022)

228b - Discharge or Transfer

9. Requirements

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On [REDACTED], the home 30 day notice of termination of resident #1's residency agreement on [REDACTED]. However, the home did not give 30 days to vacate. [REDACTED] is 28 days.

Plan of Correction

Accept [REDACTED] - 11/28/2022)

The notice was dated in error for the 28 days, not taking into account the shortened month for February.

Executive Director acknowledges the error, and will be more mindful when preparing a 30 day notice immediately and moving forward.

Licensee's Proposed Overall Completion Date: 11/23/2022

Implemented [REDACTED] - 12/20/2022)

228h - Grounds Discharge/Transfer

10. Requirements

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

1. If a resident is a danger to himself or others.
2. If the legal entity chooses to voluntarily close the home, or a portion of the home.

228h - Grounds Discharge/Transfer (continued)

3. If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/intellectual disability program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
4. If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
5. If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
6. If closure of the home is initiated by the Department.
7. Documented, repeated violation of the home rules.

Description of Violation

On [REDACTED], the home issued a 30-day notice to discharge resident #1 against the resident's will. The reason is due to constant harassment and verbal abuse", and not for any of the permitted conditions.

Plan of Correction

Accept [REDACTED] - 12/05/2022)

Executive Director and staff continued to respond in a professional manner, using positive responses, having meetings, attempting to correct all of the issues that the resident brought forward about staff, food, and services. We acknowledge documentation may not have been as thorough as it should have been. The letter providing the 30-day notice cites the consistent harassment and hurtful verbal comments from the resident as the reason for discharge; the discharge was not based on those facts. The 30-day notice should have cited not being able to meet the needs of the resident, based on ongoing dissatisfaction, as demonstrated by the issues she raised and with which she was never satisfied with the resolutions. There is a clear list of reasons for discharge in this regulation and the verbiage used in the letter did not meet those requirements. Executive Director will refer to the regulation for any future discharges, now and ongoing.

added 11/30/2022

Executive Director reviewed the grounds for Discharge per this regulation. Executive Director will review facts with Heritage Senior Management and review this regulation in the event we encounter the need to discharge a resident to ensure we have the adequate grounds to do so. We will further ensure there is adequate documentation of the reason for discharge and that communication regarding the discharge accurately reflects that information.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented ([REDACTED] - 12/20/2022)