



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: July 14, 2022

[REDACTED]

[REDACTED]

Care HSL Harleysville OpCo, LP

[REDACTED]

[REDACTED]

RE: The Birches at Harleysville
691 Main Street
Harleysville, Pennsylvania 19438
License #: 142660

Dear [REDACTED]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is for an increase in the SDCU from 25 to 34 with the overall capacity remaining at 85. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

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

Facility Information

Name: *THE BIRCHES AT HARLEYSVILLE* License #: 14266 License Expiration: 03/27/2023
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 LP*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: 03/10/2009 Issued By: *Lower Salford Township*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: 05/13/2022

Inspection Dates and Department Representative

05/13/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85 Residents Served: 66

Secured Dementia Care Unit

In Home: *Yes* Area: *Daybreak* Capacity: 25 Residents Served: 20

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 29 Have Physical Disability: 29

Inspections / Reviews

05/13/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 05/27/2022

05/27/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/01/2022*

06/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2022*

07/14/2022 - Document Submission

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

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has two prescriptions for Morphine: A standing order to administer Morphine Sul Sol 100/5ml .25ml (5mg) by mouth twice per day prior to care for left arm, and Morphine Sul Sol 100/5ml to take 0.5 ml (10mg) every 4 hours as needed for pain.

On 05/05/2022 at 5:50 pm resident #1 was administered Morphine Sul Sol 100/5ml .5ml (10mg) prior to care for [REDACTED]

Plan of Correction**Accept**

5-13-22

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

What: "Resident #1 has two prescriptions for Morphine: A standing order to administer Morphine Sul Sol 100/5ml .25 ml (5mg) by mouth twice per day prior to care for [REDACTED], and Morphine Sul Sol 100/5ml to take 0.5 ml (10mg) every 4 hours as needed for pain. On 05/05/2022 at 5:50 pm resident # 1 was administered Morphine Sul Sol 100/5ml .5ml (10mg) prior to care for [REDACTED]".

Who: The administration of the incorrect dose of this medication was noted upon a scheduled medication review and cart audit that was being completed on 5/11/22 by one of the homes Med Techs (see Attachment A).

When: Upon the Med Tech finding this information out, it was immediately shared with the homes Resident Care Director and Executive Director.

How: The home immediately notified the residents Physician and [REDACTED] POA of the discovery to make them aware of this finding. The home also reported this via Reportable Incidents as outlined in 2600.16 general requirements. After an investigation was launched into the matter, the Resident Care Director was able to note that this error happened due to human error by another Med Tech in the community. When this was noted by the homes Resident Care Director, same day training and coaching was completed with the Med Tech in question regarding the medication error (see Attachment B).

Ongoing: The homes Resident Care Director and/or Designee will continue to monitor the system and perform cart audits on an ongoing basis to ensure that ongoing compliance is maintained and repeat issues of this nature do not occur. Any concerns or issues will be reviewed, rectified immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. As any future members of the community team are trained or added to the Designee role they will receive the same oral training from the homes Administrator on the homes cart audit procedures and all Med Techs will continue to be monitored ongoing by the homes Train the Trainers to ensure ongoing compliance at all times.

Update 5/28/22-Med Cart audits will continue to be performed by Med Tech and Nursing Staff on a weekly basis. They will be reviewed by the homes Resident Care Director and random cart audits will be completed by the homes RCD/MCD. The home will continue to have the pharmacy come in to perform cart audits as well. The Med Techs will continue to be monitored and observed as outlined and required in the departments Medication Administration Train the Trainer program, which is the material that all of the homes Med Tech staff are trained on via the homes

187d - Follow Prescriber's Orders (continued)

trainers, and the schedule that is recommended by the departments training will continue to be followed by the home for all observations.

Document Submission**Implemented**

5-13-22

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

What: "Resident #1 has two prescriptions for Morphine: A standing order to administer Morphine Sul Sol 100/5ml .25 ml (5mg) by mouth twice per day prior to care for [REDACTED], and Morphine Sul Sol 100/5ml to take 0.5 ml (10mg) every 4 hours as needed for pain. On 05/05/2022 at 5:50 pm resident # 1 was administered Morphine Sul Sol 100/5ml .5ml (10mg) prior to care for [REDACTED]"

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Update 6/22/22-Med cart audits have continued to be performed on a weekly basis by the Med Tech staff and are reviewed by the homes Resident Care Director. A sample of full cart audits and single resident audits that have been performed since the last update on 5/28/22 can be found in (Attachment D) pages 1-10. The homes Med Techs continue to be monitored and observed as outlined in the departments Medication Administration Train the Trainer program. Observations that have been completed since the last update on 5/28/22 can be found in (Attachment C)

187d - Follow Prescriber's Orders (continued)

pages 1-6. Continued cart audits and observations will remain in place to ensure ongoing compliance.