

Department of Human Services  
Bureau of Human Service Licensing

August 26, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: THE WILLOWS OF LIVING  
BRANCHES  
2343 BETHLEHEM PIKE  
HATFIELD, PA, 19440  
LICENSE/COC#: 12678

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *THE WILLOWS OF LIVING BRANCHES* License #: *12678* License Expiration: *08/19/2023*  
Address: *2343 BETHLEHEM PIKE, HATFIELD, PA 19440*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/02/1987* Issued By: *CWOPA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/09/2022*

**Inspection Dates and Department Representative**

08/09/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *42*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*  
Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

**08/09/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/21/2022*

Inspections / Reviews *(continued)*

08/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/29/2022*

08/26/2022 - Document Submission

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

## 25b - Contract Signatures

## 1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

## Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

## Plan of Correction

Accept

1. Contract in question signed by resident on [REDACTED].
2. Complete audit of current resident contracts will be completed to ensure compliance by 09/01/2022.
3. PCHA or designee will ensure signature by resident on contract for each new resident moving into community.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

Completion Date: 11/01/2022

## Document Submission

Implemented

1. Contract in question signed by resident on [REDACTED].
2. Complete audit of current resident contracts will be completed to ensure compliance by 09/01/2022.
3. PCHA or designee will ensure signature by resident on contract for each new resident moving into community.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

## 41e - Signed Statement

## 1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

## Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

## Plan of Correction

Accept

1. Contract in question signed by resident on [REDACTED].
2. Complete audit of current resident contracts will be completed to ensure compliance by 09/01/2022.
3. PCHA or designee will ensure signature by resident on contract for each new resident moving into community.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

Completion Date: 11/01/2022

## Document Submission

Implemented

1. Contract in question signed by resident on [REDACTED].
2. Complete audit of current resident contracts will be completed to ensure compliance by 09/01/2022.

**41e - Signed Statement (continued)**

3. PCHA or designee will ensure signature by resident on contract for each new resident moving into community.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

**65b - Rights/Abuse 40 Hours****1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff person A completed his/her 40th scheduled work hour on or about [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan.

**Plan of Correction****Accept**

1. Staff person in question completed training on the emergency medical plan on 08/14/2022.
2. Moving forward completed orientation paperwork will be reviewed by the care coordinator to ensure completion.
3. PCHA will audit orientation documents for new hires monthly for the next three months.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

**Completion Date:** 11/01/2022**Document Submission****Implemented**

1. Staff person in question completed training on the emergency medical plan on 08/14/2022.
2. Moving forward completed orientation paperwork will be reviewed by the care coordinator to ensure completion.
3. PCHA will audit orientation documents for new hires monthly for the next three months.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

**85d - Trash Receptacles****1. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

On 8/9/22 at 1:45 pm there were 2 uncovered, unattended trash cans in the kitchen.

**Plan of Correction****Accept**

1. Purchasing three step on trash cans with lids for the main kitchen areas the week of August 22, 2022.
2. Educate staff on food safety and sanitation the week of August 22, 2022 through August 26, 2022

**85d - Trash Receptacles (continued)****Completion Date:** 08/26/2022**Document Submission****Implemented**

1. Purchasing three step on trash cans with lids for the main kitchen areas the week of August 22, 2022.
2. Educate staff on food safety and sanitation the week of August 22, 2022 through August 26, 2022

**103i - Outdated Food****1. Requirements**

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*In the kitchen reach-in freezer, a bag of corn, a bag of breakfast sausages, a bag of French fries, a bag of breaded patties, and hotdogs in saran wrap were not labeled and not dated.*

*In the kitchen reach in cook's refrigerator, provolone cheese slices and a cut onion were not labeled and not dated.*

*In the walk-in refrigerator, there was shredded cheese not labeled and not dated.*

*In the dry storage area, there were 2 bags of spaghetti not labeled and not dated.*

**Plan of Correction****Accept**

1. In-servicing dining room staff on proper labeling, dating, storing food will take place on a team and one-to-one basis by assistant director of dining services the week of August 22, 2022 through August 26, 2022 and then incorporated in our routine in-services through the year.
2. The task of ensuring that items are properly wrapped, sealed and dated will be added to the opening and closing rounds for the dining service manager starting 09/01/2022.
3. Larger Ziploc bags will be purchased to assist with frozen food storage and management (labeling and dating after opening) starting the week of August 22, 2022.
4. Audits to ensure compliance will be completed by the assistant dining services director with results reported at monthly QAPI meeting September through November 2022 or until compliance is achieved.

**Completion Date:** 11/01/2022**Document Submission****Implemented**

1. In-servicing dining room staff on proper labeling, dating, storing food will take place on a team and one-to-one basis by assistant director of dining services the week of August 22, 2022 through August 26, 2022 and then incorporated in our routine in-services through the year.
2. The task of ensuring that items are properly wrapped, sealed and dated will be added to the opening and closing rounds for the dining service manager starting 09/01/2022.
3. Larger Ziploc bags will be purchased to assist with frozen food storage and management (labeling and dating after opening) starting the week of August 22, 2022.
4. Audits to ensure compliance will be completed by the assistant dining services director with results reported at monthly QAPI meeting September through November 2022 or until compliance is achieved.

## 191 - Resident Right to Refuse

## 1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

## Description of Violation

Resident #1, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

## Plan of Correction

Accept

1. Education provided and documented on right to question or refuse a medication to resident on 08/12/2022.
2. Complete audit of current resident contracts will be completed to ensure compliance by 09/01/2022.
3. PCHA will ensure signature by resident on contract for each new resident moving into community.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

Completion Date: 11/01/2022

## Document Submission

Implemented

1. Education provided and documented on right to question or refuse a medication to resident on 08/12/2022.
2. Complete audit of current resident contracts will be completed to ensure compliance by 09/01/2022.
3. PCHA will ensure signature by resident on contract for each new resident moving into community.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

## 224a - Preadmission Screen Form

## 1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

## Description of Violation

Resident #1's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

## Plan of Correction

Accept

1. The "Yes" box in the determination section of the preadmission screening form in question was checked while inspector was still on the premises 08/09/2022.
2. Complete audit of current resident preadmission screens will be completed to ensure compliance by 09/01/2022.
3. Care Coordinator re-educated on regulation and will ensure that the preadmission screen includes a determination for each new resident moving into community.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

Completion Date: 11/01/2022

## Document Submission

Implemented

1. The "Yes" box in the determination section of the preadmission screening form in question was checked while

**224a - Preadmission Screen Form (continued)**

inspector was still on the premises 08/09/2022.

2. Complete audit of current resident preadmission screens will be completed to ensure compliance by 09/01/2022.
3. Care Coordinator re-educated on regulation and will ensure that the preadmission screen includes a determination for each new resident moving into community.
4. Review of compliance will be presented at monthly QAPI meeting September through November 2022 or until compliance is achieved.

**225a - Assessment 15 Days**

**1. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident #2 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED].

**Plan of Correction**

**Accept**

1. Education provided to Care Coordinator of regulation on 08/09/2022.
2. Initial assessments will be audited for timely completion by Care Coordinator/PCHA with target ending audit date of 11/1/2022.
3. PCHA will present and discuss at monthly QAPI meeting September through November 2022 or until compliance is achieved.

**Completion Date:** 11/01/2022

**Document Submission**

**Implemented**

1. Education provided to Care Coordinator of regulation on 08/09/2022.
2. Initial assessments will be audited for timely completion by Care Coordinator/PCHA with target ending audit date of 11/1/2022.
3. PCHA will present and discuss at monthly QAPI meeting September through November 2022 or until compliance is achieved.

**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**

On 8/9/22 at 1:48 pm the temperature in the kitchen reach in service refrigerator was 48.7 degrees Fahrenheit.

**Plan of Correction**

**Accept**

1. Upon inspection on 08/10/22 the refrigerator referenced was able to achieve a temperature of 38.1, then later in the day the refrigerator rose to an unacceptable temperature.
2. On 08/11/2022 our service provider, [REDACTED] Service and Parts, inspected the unit. Upon inspection the unit was on defrost cycle during the early afternoon so times were adjusted to coincide with minimal entry of the unit. Defrost

**103f - Refrigerator/Freezer Temps (continued)**

temperature was reduced from 50 to 41 degrees, as was the time from one hour to twenty minutes. The unit is now operating at the optimal temperature.

3. Will monitor and record temperature of refrigerator during morning and evening rounds. Education to staff will be completed the week of August 22, 2022 through August 26, 2022 on the proper refrigerator temperatures ranges and when to elevate to manager on duty.

4. Added verbiage to temperature logs "if the posted temperatures are not within range to notify a manager on duty" week of August 22, 2022

**Completion Date:** 08/26/2022

**Document Submission****Implemented**

1. Upon inspection on 08/10/22 the refrigerator referenced was able to achieve a temperature of 38.1, then later in the day the refrigerator rose to an unacceptable temperature.

2. On 08/11/2022 our service provider, [REDACTED] Service and Parts, inspected the unit. Upon inspection the unit was on defrost cycle during the early afternoon so times were adjusted to coincide with minimal entry of the unit. Defrost temperature was reduced from 50 to 41 degrees, as was the time from one hour to twenty minutes. The unit is now operating at the optimal temperature.

3. Will monitor and record temperature of refrigerator during morning and evening rounds. Education to staff will be completed the week of August 22, 2022 through August 26, 2022 on the proper refrigerator temperatures ranges and when to elevate to manager on duty.

4. Added verbiage to temperature logs "if the posted temperatures are not within range to notify a manager on duty" week of August 22, 2022