

Department of Human Services  
Bureau of Human Service Licensing

October 29, 2022

[REDACTED]  
CSW ARBOUR SQUARE IV DOYLESTOWN LP  
[REDACTED]

RE: MERCER HILL AT DOYLESTOWN  
2010 SOUTH EASTON ROAD  
DOYLESTOWN, PA, 18901  
LICENSE/COC#: 14872

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2022 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.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *MERCER HILL AT DOYLESTOWN* License #: *14872* License Expiration: *02/18/2023*  
Address: *2010 SOUTH EASTON ROAD, DOYLESTOWN, PA 18901*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *CSW ARBOUR SQUARE IV DOYLESTOWN LP*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *10/20/2021* Issued By: *Township of Doylestown*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *09/13/2022*

**Inspection Dates and Department Representative**

09/13/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *97* Residents Served: *32*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SCDU* Capacity: *26* Residents Served: *7*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

**09/13/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2022*

Inspections / Reviews (*continued*)

10/13/2022 - POC Submission

Submitted By [REDACTED]

Date Submitted: 10/21/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/18/2022

10/19/2022 - POC Submission

Submitted By [REDACTED]

Date Submitted: 10/21/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/22/2022

10/29/2022 - Document Submission

Submitted By [REDACTED]

Date Submitted: 10/21/2022

Reviewer [REDACTED]

Follow-Up Type: Not Required

## 181c - Self-administration Assessment

### 1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

#### Description of Violation

*Resident 1 self-administers medications to include Aprazolam .5 mg, Diltiazem 240 mg, Losartan 50 mg, Metoprolol Succinate 50 mg, Rosuvastatin 20 mg; however, resident 1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.*

#### POC Submission

**Accept (MJ - 10/19/2022)**

*The Resident Assessment will identify the residents ability to self administer medications. Any resident who would like to administer their own medications will be evaluated by a physician, PA, or CRNP regarding their ability to self administer and the need for reminders to take medications. For Resident 1, a Support Plan will be scheduled with the resident and family to discuss the resident's medication administration status. As applicable, following this meeting, an assessment will be performed by an appropriate health care professional to determine the resident's ability to self administer medication and the need for medication reminders.*

*An audit will be completed for all residents who self administer medications to ensure that an assessment has been completed by the appropriate health care professional. Any assessment found to be lacking will be corrected immediately and updated to reflect the resident's current status.*

*At resident request for self administration of medication, the RCD/designee will notify the appropriate health care professional for assessment and ensure appropriate follow up documentation.*

*This process will be reviewed by the RCD/Designee at the Quality Assurance Meeting scheduled for November 14, 2022.*

*Resident 1 will be evaluated by October 17, 2022. Audits will be completed by the RCD and will be completed October 18, 2022.*

**Licensee's Plan Completion Date: 10/18/2022**

**Implemented (MJ - 10/29/2022)**

## 187a - Medication Record

### 2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.

**187a - Medication Record (continued)**

8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident 2 is prescribed Gabapentin 300 mg to be administered at 5:00 pm. On 9/1/22, resident 2's medication was not administered until 6:58 pm.*

*Resident 2 is prescribed Gabapentin 300 mg to be administered at 5:00 pm. On 9/2/22, resident 2's medication was not administered until 6:19 pm.*

*Resident 2 is prescribed Metoprolol Suc 25 mg to be administered at 5:00 pm. On 9/1/22, resident 2's medication was not administered until 6:58 pm.*

*Resident 2 is prescribed Metoprolol Suc 25 mg to be administered at 5:00 pm. On 9/2/22, resident 2's medication was not administered until 6:19.*

**POC Submission****Accept (MJ - 10/19/2022)**

*A medication record will be kept to include items as listed in 2600.187a.*

*Education will be provided to all med techs and licensed nursing staff pertaining to the medication administration window of 1hour before/1 hour after the time documented on the EMAR Date of Completion: 10/14/2022*

*For the next 3 months, the RCD/designee will audit Medication Summaries once weekly to ensure medication administration times (windows) are adhered to. Any issues identified with this audit will be addressed with the staff person involved for follow-up, including additional training.*

*Outcomes of this audit will be reviewed at the Quality Assurance meeting scheduled for November 14, 2022.*

*Audits will begin 10/15/2022.*

**Licensee's Plan Completion Date: 10/15/2022**

**Implemented (MJ - 10/29/2022)**