

Department of Human Services  
Bureau of Human Service Licensing

November 2, 2022

[REDACTED]  
GDL FARMS CORP  
2900 STREET ROAD  
[REDACTED]

WARRINGTON, PA, 18976

RE: THE PATHWAYS AT WARRINGTON  
2900 STREET ROAD  
WARRINGTON, PA, 18976  
LICENSE/COC#: 14747

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2022 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: *THE PATHWAYS AT WARRINGTON* License #: *14747* License Expiration: *01/01/2024*  
Address: *2900 STREET ROAD, WARRINGTON, PA 18976*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *GDL FARMS CORP*  
Address: *2900 STREET ROAD, ATTN MICHELE DIVINCENZO, WARRINGTON, PA, 18976*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *10/28/2020* Issued By: *Warrington Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *09/28/2022*

**Inspection Dates and Department Representative**

*09/28/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *108* Residents Served: *27*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *42* Residents Served: *13*

**Hospice**

Current Residents: *NM*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *15* Have Physical Disability: *0*

**Inspections / Reviews**

**09/28/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2022*

Inspections / Reviews (*continued*)

11/01/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/01/2022  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 11/04/2022

11/02/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 11/01/2022  
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

On [REDACTED] m, staff person A reported that staff person B verbally abused and held the arms of resident #1; due to an unwarranted entrance into the nurse's station. This incident was observed by staff person A. This incident was reported to staff person C, on [REDACTED]. However, this allegation of abuse was not reported to the local area agency on aging until 9/19/22 at 9:30 am.

## POC Submission

Accept (MJ - 11/01/2022)

Staff member A ( Agency CNA) witnessed suspected abuse on [REDACTED]. This was reported to staff member C at approx [REDACTED] personally spoke with staff member A at approx [REDACTED] concerning the allegation, as the allegation was not consistent in content [REDACTED] did a verbal report to the Area on Aging at approx 9:30am and DHS at 10am on [REDACTED]. The finale written reports were submitted to the The Area on Aging and BHSL at 1pm on [REDACTED]. All verbal/ written reports were submitted in completion, delay due to inconsistency of information provided by Staff member A (Agency CNA.) The Administrator and or Director of Nursing, when notified of an allegation of abuse will report that allegation immediately. They will then gather the information and complete the required documents for submission within the required time frame per regulation.

Licensee's Plan Completion Date: 10/24/2022

Implemented (MJ - 11/02/2022)

## 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] at [REDACTED], staff person A reported that staff person B verbally abused and held the arms of resident #1; due to an unwarranted entrance into the nurse's station. This incident was observed by staff person A. This incident was reported to staff person C, on [REDACTED]. The home did not report this incident to the Department until [REDACTED].

On [REDACTED] the nurse made an attempt to check the glucose levels of resident #1. The resident became aggressive clenching h [REDACTED] and making verbal threats. The home called emergency services to have the resident admitted for evaluation; due to aggression and refusal of all medication. The home did not report this incident to the Department.

## POC Submission

Accept (MJ - 11/01/2022)

Allegation of abuse reported to Staff member C at approx [REDACTED]. Verbal report made to Area on aging and BHSL at approx [REDACTED] day due to staff inconsistent account of allegation. The Administrator and or Director of Nursing will immediately report any allegation of abuse to the Area agency on aging and BHSL per regulation.

On [REDACTED] Resident 1 became agitated with staff. Resident transferred per Doctors order to ER for evaluation at [REDACTED]

**16c - Written Incident Report (continued)**

8am. Resident 1 returned from ER "Pleasant and cooperative." Resident 1 did not meet criteria for admission of any kind. Director of Nursing contacted two independent Geriatric psych programs, again Resident 1 did not "qualify" for admission. No reportable incident was completed per the RCG Documentation that:

- "Personal care home are required to report "serious bodily injury or trauma requiring treatment at a hospital or medical facility."

The Department interprets "serious bodily injury or trauma" to mean any injury where the resident experienced one or more of the following:

- Substantial risk of death
- Extreme physical pain
- Protracted loss or impairment of the function of a limb, organ, or other bodily member
- Protracted unconsciousness
- Significant or substantial internal damage (such as broken bones)

As such, **any injury requiring treatment at a hospital or medical facility that does not meet one or more of the above criteria does not need to be reported to the Department.**

- Personal care homes are required to report any "unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a secured dementia care unit." Events where a resident who wanders outside without leaving the premises (property of the home) and is immediately guided back inside by staff **do not** need to be reported.
- Personal care homes are required to report any "incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms." The following incidents **do not need to be reported:**
  - Calls to an ambulance/EMS
  - A police response to a 302 involuntary commitment proceeding
  - Police response to an EMS call
  - A response to a false alarm, such as a system malfunction or accidental sounding of an alarm. Minor events that trigger a fire department response (such as burned popcorn) **must** be reported.

The Director of Nursing will complete a reportable incident when a Resident is sent for evaluation to the hospital for aggressive/agitated behavior.

Licensee's Plan Completion Date: 10/24/2022

Implemented (MJ - 11/02/2022)

**66b - Training Plan Content****3. Requirements**

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**Description of Violation**

The home's staff training plan does not include training on Traumatic Brain Injury and challenging behaviors. The home serves this population.

## 66b - Training Plan Content (continued)

**POC Submission****Accept (MJ - 11/01/2022)**

On 7/14/22 staff were in serviced on "Challenging Behaviors in Dementia" (Resident 1 has a primary diagnosis of Dementia.) On 9/29 Staff were in-service on Traumatic brain injury. They were again in serviced on 10/12/22 " Traumatic brain injuries Do's and Don'ts" Resident 1 no longer resides in the facility. Our "Description of Service" has been updated to exclude those with Traumatic Brain injury's as a diagnosis. All assessment's prior to admission are completed by the Director of Nursing. The Director Of Nursing will ensure the perspective Residents needs can be met per the Description of services and that a Resident with a diagnosis of TBI will be excluded from admission to the Facility.

Licensee's Plan Completion Date: 10/24/2022

**Implemented (MJ - 11/02/2022)**

## 201 - Positive Interventions

**4. 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**

Resident #1 had numerous behaviors that appeared to progress over the months. The home failed to implement positive interventions to modify or eliminate the behavior. Resident #1 display the following challenging behaviors:

- [REDACTED] resident presented the nurse with a clenched fist, verbal aggression, and refused medication management
- [REDACTED] resident punched the nurse on the chin
- [REDACTED] while receiving personal care, resident punched staff in the chest

**POC Submission****Accept (MJ - 11/01/2022)**

On [REDACTED] the Licensed Nurse contacted the Physician concerning behaviors. Resident 1 was transported to ER for evaluation per Doctors order, but returned with no new orders and did not meet the criteria for admission to the hospital or behavioral health units. On [REDACTED] Licensed Nurse attempted positive interventions, redirection etc . without positive result. Residents physician was contacted. [REDACTED] Resident hit staff during care. No further incidents of agitation document that day. Seen by his physician on [REDACTED] with new orders noted. Director of Nursing verbally reinforced/reviewed with staff and Licensed Nurse positive interventions. See Staff training list 2022 Dementia Care Training Schedule. Director of Nursing will ensure staff are utilizing information from training sessions through observation and direct communication with staff members. Residents with TBI are excluded from admission to the facility, per Description of Services. Resident 1 no longer resides in the facility.

Licensee's Plan Completion Date: 10/24/2022

**Implemented (MJ - 11/02/2022)**

## 223a - Description of Service

**5. Requirements**

**223a - Description of Service (continued)**

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

**Description of Violation**

*The home's current written description of services and activities at the home does not include specific services in working with residents with Traumatic Brain Injury.*

**POC Submission****Accept (MJ - 11/01/2022)**

*Description of services has been updated to EXCLUDE CARING FOR THOSE WITH TRAUMATIC BRAIN INJURY AS A DIAGNOSIS.*

Licensee's Plan Completion Date: 10/24/2022

**Implemented (MJ - 11/02/2022)****225c - Additional Assessment****6. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*Resident #1's most recent assessment was completed on [REDACTED] the behaviors of resident #1, started to change significantly. The nursing notes document agitation, aggression, and refusal to receive medication. The home failed to do an additional assessment.*

**POC Submission****Accept (MJ - 11/01/2022)**

*Director Of Nursing updated RASP, to address agitation, aggression and occasional refusal of medications. As per regulation the Residents Physician and Guardian would be notified of medication refusal. Resident 1 no longer resides in this facility. Discharged on [REDACTED] the Director of Nursing will review all RASP and complete significant change and updates as needed per regulation on current and future Residents.*

Licensee's Plan Completion Date: 10/24/2022

**Implemented (MJ - 11/02/2022)****234b - Support Plan Needs Elements****7. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

*The support plan, dated [REDACTED] for resident #1 does not address the needs of behavioral intervention in the areas of aggression, agitation, and irritability.*

234b - Support Plan Needs Elements (*continued*)**POC Submission****Accept (MJ - 11/01/2022)**

*Director of Nursing updated Resident 1 RASP to reflect behavioral interventions in the area of aggression, agitation and irritability. Resident 1 no longer resides in this facility. Resident 1 was discharged on [REDACTED] Director of Nursing will review all RASP to ensure all physical, medical, social, cognitive and safety needs are met on all current and future Residents.*

**Licensee's Plan Completion Date:** 10/24/2022

**Implemented (MJ - 11/02/2022)**