

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

December 20, 2022

[REDACTED], COO
CARE HSL NEWTOWN OPCO LLC
[REDACTED]
[REDACTED]

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 11/01/2022, 11/02/2022, 11/03/2022, 11/04/2022, 11/07/2022, 11/08/2022 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

Facility Information

Name: THE BIRCHES AT NEWTOWN License #: 14230 License Expiration: 09/15/2023
 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] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 06/17/2016 Issued By: Newtown Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 183 Waking Staff: 137

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 11/09/2022

Inspection Dates and Department Representative

11/01/2022 - On-Site: [REDACTED]
 11/02/2022 - On-Site: [REDACTED]
 11/03/2022 - On-Site: [REDACTED]
 11/04/2022 - Off-Site: [REDACTED]
 11/07/2022 - Off-Site: [REDACTED]
 11/08/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 105

Secured Dementia Care Unit
 In Home: Yes Area: Daybreak Capacity: 60 Residents Served: 51

Hospice
 Current Residents: 19

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 103
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 78 Have Physical Disability: 8

Inspections / Reviews

11/01/2022 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/26/2022

11/29/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/04/2022

12/05/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

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

12/20/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 11/2/22 the home's current violation report, copy of 55 Pa.Code Chapter 2600, were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 11/29/2022)

During day one of the survey (11/2/22), this was rectified immediately and the inspection summary was placed at the front desk. (See attached)

Concierge will check daily at the start of shift that the license summary binder is accessible and within sight at the front desk.

Executive Director completed training on front desk policies including the need for license summary binder, emergency procedures, and regulations on 11/22/2022 (see attached)

ED and Wellness Director will check to ensure the license summary remains at the front desk as a part of the community's Quality Management meetings on a quarterly basis.

Completion Date: Immediately, 11 / 2 /22, and ongoing quarterly

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

Implemented (█ - 12/20/2022)

16c - Written Incident Report

3. 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 █, resident 1 had a fall. The home did not report this incident to the Department until █

On █, approximately █, resident 2 had a fall. The incident report does not have a date for when this incident was reported.

Plan of Correction

Accept (█ - 12/05/2022)

We do not agree with this violation

The community currently adheres to the reporting requirements stipulated in Regulation 16C and will continue to report incidents accordingly. This reporting is, and will be completed and submitted by the Executive Director and Wellness Director.

Resident #1 daughter notified Executive Director, on Saturday █, that █ had witnessed in video money had been taken from the resident's room. Authorities were properly notified, and verbal report was sent to AAA under exploitation regulation. Within the required 24-hour regulation, written reportable to DHS and ACT 13 were submitted, therefore there is no violation.

Resident # 2 incident has a fax confirmation attached that states the day and time the report was sent to DHS (see

16c Written Incident Report (continued)

attached)

Training on reportable incidents will continue annually on an ongoing basis.

This POC/violation to be reviewed for compliance on a quarterly basis during Quality Management Meetings.

added 11/29/2022

Executive Director had reviewed incident reporting with all staff on 5/4/2022.

Executive Director and , Resident Care Director will submit reportable incidents within the 24 hour regulated period.

Executive Director will be more mindful to complete every box on reportable form.

Incidents will be reviewed at Quality Management Meetings, quarterly. Annual Training will include reportable events and timeframes for reporting

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

Implemented [redacted] - 12/20/2022)

28e - Death of a Resident

4. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident 3 passed away on [redacted]. Resident 3's personal belongings were removed from the home on [redacted]; however, the refund check wasn't issued until [redacted].

Plan of Correction

Accept ([redacted] - 11/29/2022)

Refund checks for residents are issued out of the Heritage Corporate office, not the community itself. The Executive Director has reviewed this violation and regulation with the Business Office Manager, and Corporate Office Controller and educated them on the 30 day time frame.

Refunds will be reviewed during the quarter they were issued at the quarterly Quality Management meetings for ongoing compliance.

Completed: Immediately and ongoing quarterly

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

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

28f - Resident's Funds and 30-day Refund

5. Requirements

2600.

28f - Resident's Funds and 30-day Refund (continued)

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 4 was discharged on [REDACTED]. However, the refund check wasn't issued until [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/29/2022)

Refund checks for residents are issued out of the Heritage Corporate office, not the community itself. The Executive Director has reviewed this violation and regulation with the Business Office Manager, and Corporate Office Controller and educated them on the 30-day time frame.

Refunds will be reviewed during the quarter they were issued at the quarterly Quality Management meetings for ongoing compliance.

Completed: Immediately and ongoing quarterly

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

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

82c - Locking Poisonous Materials

6. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 11/2/22, there was an unlocked, unattended, and accessible black box full of make-up, dial soap and body wash in resident 5's apartment. Not all the residents of the home, including resident 5, have been assessed as being capable of recognizing and using poisons safely.

Plan of Correction

Accept ([REDACTED] - 11/29/2022)

The dial soap and body wash were removed immediately and replaced with Soft Soap hand pump soap which does not say, "If swallowed, get medical help or contact poison control." The bag with the makeup was also removed.

The Daybreak Director will monitor for continued compliance through routine walk through of the neighborhood, and rooms checks. Housekeepers also reminded to observe for the same.

This POC/violation to be reviewed for compliance on a quarterly basis during Quality Management Meetings.

Completion Date: Immediately, quarterly, and ongoing regularly

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

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

85a - Sanitary Conditions

7. Requirements

85a Sanitary Conditions (continued)

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/02/22, the stairwells on the second floor near apartment 213 were covered in stains that appeared to be liquid spills.

Plan of Correction

Accept [redacted] - 11/29/2022)

The stairwell was scrubbed and cleaned at time of inspection. (See attached). Maintenance Assistant will make checks on daily walk thru to ensure stairwells remain clean and free of stains or debris This POC/violation to be reviewed for compliance on a quarterly basis during Quality Management Meetings. Completion Date: Immediately, quarterly, and regularly ongoing.

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

Implemented [redacted] - 12/20/2022)

85e Trash Outside Home

8. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 11/02/2022, there was a wood pallet and a green cart outside the trash dumpster.

The trash dumpster doors were broken and in disrepair.

Plan of Correction

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

85e We do not agree with this violation

The gate in question, (see attached) was damaged by unknown cause. The dumpsters remain closed and the gate is strictly for aesthetic purposes to keep the dumpsters out of site. Their purpose is not relevant to this regulation; however, they are being repaired as they continue to serve the purpose of not being able to view the dumpsters from resident rooms.

The wood pallet and green cart, also serve a purpose relevant to resident care. The aforementioned cart remains on the loading dock for our linen company to pick and deliver our table linens. They arrive before dining staff; therefore the cart is there to accept the delivery. The pallet was present to accept an incoming order from US Foods the day observed on loading dock. The loading dock is used for various deliveries; at no time is there garbage or wastes placed there. (See attached)

Dining Director will continue to do usual checks of the loading dock and remove any trash that may be present.

Completion Date: Immediately and ongoing. Daily checks per usual.

Added 11/29/2022

All staff will be reminded at meeting on 12/6/2022, that green bin is for laundry and not a trash receptacle.

Dining Service Director, and AM cook will monitor the bin daily for trash or debris that may be present.

85e - Trash Outside Home (continued)

Licensee's Proposed Overall Completion Date: 12/06/2022

Implemented (████) - 12/20/2022)

103b - Clean/Sanitized Kitchen Surfaces

9. Requirements

2600.

103.b. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Description of Violation

On 11/02/2022, the ice cream freezer had a buildup of dirt around the doors.

On 11/02/2022, the ice machine had water stains and brown stains that looked like mold around the door and on the side of the machine.

Plan of Correction

Accept (████) - 11/29/2022)

The ice cream freezer was discarded at the time of inspection. The icemaker has hard water stains on side. The machine was cleaned at time of inspection and will continue on daily cleaning schedule. A new ice machine will be ordered, as the hard water stain build up could not be removed.

The Dining Director will inspect ice machine regularly for any stains or build up and monitor cleaning schedule to ensure it is being cleaned daily.

This POC/violation to be reviewed for compliance on a quarterly basis during Quality Management Meetings.
Completion Date: Immediately, 11 / 2 /22, daily checks and ongoing quarterly

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

Implemented (████) - 12/20/2022)

103f - Refrigerator/Freezer Temps

10. 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

There was no thermometer in the freezer of the bistro's refrigerator on the second floor.

Plan of Correction

Accept (████) - 11/29/2022)

The thermometer was placed at time of inspection.

The Dining Director, will do weekly checks to ensure thermometers are present in all refrigerators, and utilize this information for quarterly Quality Management.

103f - Refrigerator/Freezer Temps (continued)

Completion Date: Immediately 11/2/2022, weekly and ongoing quarterly at meetings

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

Implemented (█) - 12/20/2022)

11. 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 11/02/2022, at 11:30 am, the temperature in the main freezer was 16 degrees Fahrenheit.

Plan of Correction

Accept (█) - 11/29/2022)

The temperature was checked after 1 hour and found in compliance at time of inspection.

The Dining Director will do daily checks to ensure freezer is at required temperature and record it on temperature log. Maintenance will call for service should any issues arise with freezer not holding proper temperature and utilize this information for quarterly Quality Management.

Completion Date: Immediately 11/22/2022, daily, and review quarterly.

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

Implemented (█) - 12/20/2022)

103i - Outdated Food

12. Requirements

2600.

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

Description of Violation

There was one unlabeled, undated bag of ravioli and one bag of sausage in the kitchen's main freezer.

Plan of Correction

Accept (█) - 11/29/2022)

The undated and unlabeled food was discarded at time of inspection

Dining Services Director or designee will monitor food for dates and labels on a weekly basis during the inventory process for food ordering.

Staff to be provided training by Dining Service Director on dating ALL items that have been opened in the community no later than 12/1/2022

Corrected at time of inspection. POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: Immediately, 12 /1 /2022, and ongoing weekly

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

103i Outdated Food (continued)

Implemented () - 12/20/2022)

105g Lint Removal and Duct Cleaning

13. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 11/02/2022, there was a large accumulation of lint in the lint traps of the dryers on the second and main floors. At the time, there were no clothes in the dryer.

Plan of Correction

Accept () - 11/29/2022)

The lint was removed at time of inspection. In speaking with staff, it was noted that the dryer vent actually states "remove lint before using" (see attached). That being said, staff will be instructed to remove lint at time they remove clothes from dryers. Executive Director will make random checks throughout the week to ensure compliance. Staff training by Executive Director to reiterate this regulation by 12/1/2022
Completion Date: immediately, by 12/1/2022, and ongoing. Review at quarterly quality management

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

Implemented () - 12/20/2022)

123b Emergency Procedures Posted

14. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 11/29/2022)

During day one of the survey (11/2/22), this was rectified immediately and the inspection summary was placed at the front desk. (See attached)
Concierge will check daily at the start of shift that the license summary binder is accessible and within sight at the front desk.
Executive Director completed training on front desk policies including the need for license summary binder, emergency procedures, and regulations on 11/22/2022
ED and Wellness Director will check to ensure the license summary remains at the front desk as a part of the community's Quality Management meetings on a quarterly basis.
Completion Date: Immediately, 11 / 2 /22, and ongoing quarterly

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

Implemented () - 12/20/2022)

183e Storing Medications

15. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], there was one loose pill on the first floor personal care medicine cart.

Plan of Correction

Accept [REDACTED] - 11/29/2022)

Removed from cart at time of inspection

Staff persons qualified to pass medications will be reeducated by Executive Director. They will be required to attend a mandatory medication safety training including the home's policies and procedures for the safe storage, access, security, distribution, and use of medications no later than 11/29/2022

Resident Care Director, will perform random checks throughout the month and check for loose pills

The Wellness Director or designee will review this POC/violation during the Quality Management process on a quarterly basis.

Completion Date: 11/29 /22, monthly, and ongoing quarterly

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

Implemented [REDACTED] - 12/20/2022)

183f Discontinued Medications

16. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

[REDACTED], belonging to resident 6, was observed on the first floor medication cart on the personal care unit with an expiration date of 10/25/2022. According to the Department of Environmental Protection and Federal and State regulations, this is not an approved method of destroying medications.

Plan of Correction

Accept [REDACTED] - 11/29/2022)

Removed from cart at time of inspection

Staff persons qualified to pass medications will be reeducated by Executive Director. They will be required to attend a mandatory medication safety training including the home's policies and procedures for the safe storage, access, security, distribution, and use of medications no later than 11/29/2022

Resident Care Director, will perform random checks throughout the month and check for loose pills

The Wellness Director will review this POC/violation during the Quality Management process on a quarterly basis.

Completion Date: 11/29 /22, monthly, and ongoing quarterly

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

183f - Discontinued Medications (continued)

Implemented () - 12/20/2022)

185a - Implement Storage Procedures

17. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On (), () prescribed to Resident 7 had a count of 13 in the narcotics box. However, Resident 7's medication administration records show a count of 14.

Plan of Correction

Accept () - 11/29/2022)

Corrected at time of inspection

Staff persons qualified to pass medications will be reeducated by Executive Director and required to attend a mandatory medication safety training including the home's policies and procedures for the safe storage, access, security, distribution, and use of medications no later than 11 /29 /2022.

Resident Care Director will audit the Medication Administration Record and perform narcotic count on a monthly basis to assist with ongoing compliance.

The Wellness Director will review this POC/violation during the Quality Management process on a quarterly basis.

Completion Date: 11/29 /22, monthly, and ongoing quarterly

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

Implemented () - 12/20/2022)

224a - Preadmission Screen Form

18. 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 8's preadmission screening form, dated () 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 () - 11/29/2022)

The preadmission screen corrected at time of inspection. (See attached)

Executive Director will audit all new residents record prescreens in the month to remain in compliance with the regulation. Will review any deficiencies with nursing staff and utilize the information during Quality Management process, quarterly.

Completion Date: 11/2 /22, monthly, and ongoing quarterly

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

Implemented () - 12/20/2022)

227g -Support Plan Signatures

19. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 9, participated in the development of [redacted] support plan on [redacted] However, the resident did not sign the support plan.

Resident 10, participated in the development of [redacted] support plan on [redacted] However, the resident did not sign the support plan.

Resident 11, participated in the development of [redacted] support plan on [redacted] However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 11/29/2022)

Currently our process includes a care plan meeting with resident and families to review the information and make any changes to the plan. At times, those care plan meetings may not take place immediately due to scheduling conflicts and availability.

Resident Care Director will complete the RASP per the regulation and review with resident at time of completion.

Process to begin immediately. All signatures obtained for Residents 9, 19 and 11 (see attached)

Executive Director will audit monthly to ensure signatures obtained.

ED will review any deficiencies with nursing staff and utilize the information during Quality Management process, quarterly.

Completion Date: 11/23/22, monthly, and ongoing quarterly

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

Implemented [redacted] - 12/20/2022)

254a - Records Discharge/Active

20. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On [redacted] staff person C left the computer which included residents records for personal care unlocked, unattended, and accessible to anyone.

Plan of Correction

Accept [redacted] - 11/29/2022)

Corrected at time of inspection

Staff persons qualified to pass medications will be reeducated by the Executive Director and required to attend a mandatory medication safety training including the home's policies and procedures related to confidentiality, and utilizing the hide feature on computer should you leave the cart, no later than 11 /29 /2022.

Resident Care Director will make random checks during walk through to ensure no resident information is visible, and confidentiality is maintained, to assist with ongoing compliance.

254a Records Discharge/Active (continued)

The Wellness Director will review this POC/violation during the Quality Management process on a quarterly basis.

Completion Date: 11/29 /22, monthly, and ongoing quarterly

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

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