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

April 26, 2023

[redacted], CORPORATE
WARWICK BRIDGES LLC
[redacted]

RE: THE BRIDGES AT WARWICK
1600 ALMSHOUSE ROAD
JAMISON, PA, 18929
LICENSE/COC#: 14316

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2023, 01/19/2023 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 BRIDGES AT WARWICK* **License #**: *14316* **License Expiration**: *10/31/2023*

Address: *1600 ALMSHOUSE ROAD, JAMISON, PA 18929*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *WARWICK BRIDGES LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date**: *12/18/2016* **Issued By**: *Warwick Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *94* **Waking Staff**: *71*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *01/19/2023*

Inspection Dates and Department Representative

01/10/2023 - On-Site: [redacted]

01/19/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* **Residents Served**: *65*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Vista* **Capacity**: *31* **Residents Served**: *12*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *65*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *29* **Have Physical Disability**: *0*

Inspections / Reviews

01/10/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/12/2023*

02/16/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/14/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/21/2023*

Inspections / Reviews *(continued)*

02/23/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/14/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/14/2023*

04/26/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/14/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at [redacted], Staff member A entered resident #1's room and found resident #1 on the floor next to the bed, sitting while covered with a blanket that was pulled off the bed. Staff member A asked the resident "What are you doing on the floor?" and resident #1 replied "I slipped out of the bed." Staff member A asked "Ok, why didn't you press your pendant?" The resident replied "Oh, I don't know." Staff A responded "I guess that's where you want to stay. Here is your medication.", and proceeded to administer medications to the resident while the resident was sitting on the floor. Staff member A left the resident on the floor without and left the room. Staff member B entered the room 51 minutes later, observed the resident on the floor and immediately left to get help.

The home's "Mobility and Fall Management" policy and procedure document outline the steps an employee should take in responding to an incident of a resident fall. The procedure instructs the employee to observe for injuries such as scrapes or abrasions, bumps, swelling, or bruises, skin cuts or lacerations, sprain or broken bones, or obvious bumps or bleeding from the head. Staff member A did not follow the home's procedure and did not assess the resident for injury when the staff observed that the resident had fallen.

Resident #1 had multiple prior falls on [redacted]. The resident's RASP dated [redacted] indicates that the resident may require hands on assistance from staff members with ambulating and requires frequent hands on assistance with transfers and changes of position in and out of bed/chair.

Repeated Violation: 7/27/22

Plan of Correction ***Accept [redacted] - 02/23/2023)***

Neglect training for care staff was provided by Wellness Director, completed on 1/23/23
Director of Wellness and/or designee will have monthly review of abuse/neglect policy as per Bridges Senior Living policy and procedure manual. Started on 1/30/23. Time frame 1/30/23 - 4/30/23.
Director of Wellness or her designee will Interview residents with similar needs weekly starting 1/20/23 until 4/20/23. Review results at monthly Q/A meeting.

Licensee's Proposed Overall Completion Date: *04/30/2023*

Implemented ([redacted] - 04/26/2023)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at [redacted], Staff member A entered resident #1's room and found resident #1 on the floor next to the bed, sitting while covered with a blanked that was pulled off of the bed. Staff member A asked the resident "What are you doing on the floor?" and resident #1 replied "I slipped out of the bed." Staff member A asked "Ok, why didn't you

42c Treatment of Residents (continued)

press your pendant?" The resident replied "Oh, I don't know." Staff A responded "I guess that's where you want to stay. Here is your medication.", and proceeded to administer medications to the resident medication while the resident was sitting on the floor.

Repeated Violation: 7/27/22

Plan of Correction ***Accept (- 02/23/2023)***

Wellness Director conducted dignity training for care staff on 1/12/23
Director of Wellness and/or designee will have monthly review of dignity policy as per Bridges Senior Living policy and procedure manual at monthly all staff meeting. Started on 1/30/23. Time frame 1/30/23 4/30/23
Wellness Director and/or designee will observe 2 interactions per week between staff and resident for correct attention to dignity. 1/20/23 4/20/23

Licensee's Proposed Overall Completion Date: *04/30/2023*

Implemented (- 04/26/2023)

54a - Direct Care Staff

3. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Accept (- 02/23/2023)***

Executive Director reviewed and in service completed on regulation 2600.54.a with Business of Director. Completed 2/1/23
Business Office director conducted audit of current associate files for proper qualifications, completed on 2/9/23.
All new employee files will be brought to monthly Q/A meeting by Business Office Director and/or designee for audit of proper documentation 1/20/23 4/20/23

Licensee's Proposed Overall Completion Date: *04/20/2023*

Implemented (- 04/26/2023)

65d - Initial Direct Care Training

4. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on , began providing unsupervised ADL services on

65d - Initial Direct Care Training (continued)

. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction ***Accept (- 02/23/2023)***

Business Office director conducted audit of current associate files for proper qualifications, completed on 2/9/2023.
All new employee files will be brought to monthly Q/A meeting by Business Office Director and/or designee for audit of Department-approved direct care training course and passing of the competency test. 1/20/23 - 4/20/23
Business Office Director will ensure that department-approved direct care training course and passing of the competency course will be completed before training begins. 1/20/23 - 4/20/23

Licensee's Proposed Overall Completion Date: *04/20/2023*

Implemented - 04/26/2023)

183f - Discontinued Medications

5. 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

, with an expiration date of belonging to resident #2, was present in the medication cart.

Plan of Correction ***Accept - 02/23/2023)***

Pharmerica pharmacy partner completed cart audit x3 on 1/25/23
Memory care director performed audit of memory care cart 2/1/23
Weekly cart audits by Wellness Director and/or designee to ensure discontinued, expired or former resident medications have been destroyed. 1/25/23 - 4/25/23.
Monthly cart audit by Wellness Director and/or designee 1/30/23 - 4/30/23.
Wellness Director and/or designee will review finding of audits at monthly Q/A 1/24/23 - 4/24/23.
Wellness Director in-serviced Med Tech's and nurses on cart auditing 1/20/23.
Continued use of destruction log, see attached, and in-service med-techs and nurses on Bridge Policies 414 and 416 pertaining to expired and discontinued medications, 1/30/23 - 4/30/23.

Licensee's Proposed Overall Completion Date: *04/30/2023*

Implemented - 04/26/2023)

185a - Implement Storage Procedures

6. 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

Resident #2 is prescribed as needed. On this medication was not available in the home.

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept [redacted] - 02/23/2023)***

Physician was called by Wellness Director on 1/19/23 to immediately rectify resident missing medication
PRN medications will be included in the weekly cart audits by Wellness Director and/or designee starting 1/20/23 - 4/20/23
Separate cart audit will be conducted weekly by med tech and/or designee for review of PRN orders and supply. Findings will be reviewed by nurse on duty for reordering purposes. 1/20/23 - 4/20/23
Wellness Director and/or designee will review findings of weekly audit at monthly Q/A 1/30/23 - 4/30/23

Licensee's Proposed Overall Completion Date: *04/30/2023*

Implemented ([redacted] - 04/26/2023)

187a - Medication Record

7. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed [redacted] The January 2023 Medication Administration Record (MAR) does not indicate the diagnosis and purpose of these medications.

Resident #2 is prescribed [redacted] However, the medication administration record does not indicate the diagnosis and purpose of these medications.

Plan of Correction ***Accept [redacted] - 02/23/2023)***

Wellness Director participated in pharmacy in-service to ensure that diagnosis and purpose where included in medication administration record, completed on 2/1/2023.
Wellness Director and/or designee will audit current orders to ensure every medication and treatment has an order diagnosis and/or purpose attached. 2/1/23 - 5/1/23
Wellness Director in serviced nursing staff to ensure orders are attached for medications, completed on 2/1/2023
Wellness Director in-serviced med-techs and nurses on Bridge Senior Living policy 401 regarding medication guidelines and 208 regarding EMAR, completed 1/23/2023

Licensee's Proposed Overall Completion Date: *05/01/2023*

Implemented ([redacted] - 04/26/2023)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders *(continued)*

Description of Violation

Resident #1 is prescribed [redacted] by mouth twice a day at [redacted]. However, resident #1 was administered [redacted], rather than [redacted]

Resident#1 is prescribed [redacted] take 1 tablet six times a week except Friday. However, resident #1 was administered medication [redacted] for the month of [redacted] on Friday: [redacted]

Plan of Correction ***Accept [redacted] - 02/23/2023)***

Pharmacy was alerted by Wellness Director on 1/20/23 of data entry errors.
Pharmacy representative invited to our community 2/1/23. In-service conducted with nursing on data entry.
Wellness Director will review audit at monthly Q/A 2/3/23 - 5/3/2
In service of 2600.187d med-techs and nursing staff was conducted by Wellness Director to ensure that prescriber orders are followed correctly. 1/23/23
Wellness Director and/or designee will audit a sampling of residents with similar orders weekly, 1/23/2023-4/23/20233.

Licensee's Proposed Overall Completion Date: *05/03/2023*

Implemented [redacted] - 04/26/2023)

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted]. However, this medication was not administered to resident #1 on [redacted] because the medication was not available in the home. The medication administration record was initialed as administered medication.

On January [redacted], the medication administration record was initialed as administered medication. However, medication was not available in the home and was not administered as indicated.

Plan of Correction ***Accept [redacted] - 02/23/2023)***

In service of 2600.187d med-techs and nursing staff was conducted by Wellness Director to ensure that prescriber orders are followed correctly. 1/23/23
Wellness Director and/or designee will in-service med-techs and nurses on proper procedure when re-ordering medications.
Wellness Director and/or designee will audit a sampling of residents with similar orders weekly, 1/23/2023-4/23/20233.
Wellness Director and/or designee will review audit at monthly Q/A 2/3/23 - 5/3/2

Licensee's Proposed Overall Completion Date: *05/03/2023*

Implemented [redacted] - 04/26/2023)

188b - Medication Error Reporting

10. Requirements

188b Medication Error Reporting *(continued)*

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed a daily weight check for [redacted] with instructions to call the physician for weight gain/loss of 3lbs overnight or 5 lbs in one week. However, resident #1's weight was not checked from [redacted] through [redacted] and again from [redacted] through [redacted] The medication error was not reported to the resident's designated person or the prescriber.

Resident #1 is prescribed [redacted] by mouth twice a day at [redacted]. However, resident #1' December's Medication Administration Record (MAR) and January's MAR indicates that the home administered this medication at 5pm rather than 2pm. The medication error was not reported to the resident's designated person or prescriber.

Resident#1 is prescribed [redacted] six times a week except Friday. However, resident #1's [redacted] MAR and [redacted] Mar shows that the medication was given each Friday. The medication error was not reported to the resident's designated person, nor prescriber.

Resident#1 is prescribed [redacted] twice a day. However, this medication was not available in the home from [redacted]. On January [redacted] through [redacted], the medication administration record was initialed as administered medication. However, medication was not available in the home. The medication errors were not reported to the resident's designated person, nor prescriber.

Resident #2 is prescribed [redacted] daily. On [redacted], resident #2 was administered 2 tabs of [redacted]. On [redacted], resident#2 was administered [redacted] out of an expired medication pack with an expiration date of [redacted] The medication error was not reported to the resident's designated person, nor prescriber.

Plan of Correction ***Accept [redacted] - 02/23/2023)***

Executive Director completed in service of nurses and med-techs of 2600.188.b regarding notification of medication error to resident's designated person and prescriber. Completed on 1/23/2023
Med Tech involved in medication error of giving incorrect medication was given verbal documented counseling session by Wellness Director. Completed on 1/24/23.
Prescribers were made aware of medication error by Wellness Director. Completed on 1/23/23.
Medication error was documented in resident files by Wellness Director. Completed on 1/20/23.
Executive Director in serviced nurses and med-techs on Bridge Senior Living policy 209 regarding incident reports and policy 425 regarding medication errors. Completed on 1/24/23.

Licensee's Proposed Overall Completion Date: *02/20/2023*

Implemented ([redacted] - 04/26/2023)

188c Medication Error Documentation

11. Requirements

2600.
188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

188c - Medication Error Documentation *(continued)*

Description of Violation

Resident #1 is prescribed [redacted] by mouth twice a day at [redacted]. However, resident #1 was administered [redacted] rather than [redacted] through [redacted]. There is no documentation of the error in the resident's record.

Resident#1 is prescribed [redacted] twice a day. However, medication was not available in the home from [redacted] at [redacted] On January [redacted] and [redacted], the medication administration record was initialed as administered medication. On [redacted] through [redacted], the medication administration record was initialed as administered medication. However, medication was not available. There is no documentation of the error in the resident's record.

Resident #1 is prescribed daily weight check. However, resident #1 weight was not checked from [redacted] through [redacted] and again from [redacted] through [redacted]. There is no documentation of the error in the resident's record.

Resident#2 is prescribed [redacted] daily. On [redacted], resident #2 was administered 2 tabs of [redacted] medication label indicates to administer 1 tab daily. On [redacted], resident #2 was administered [redacted] out of an expired medication pack with an expiration date of [redacted]. There is no documentation of the error in the resident's record.

Plan of Correction ***Directed ([redacted] - 02/23/2023)***

Executive Director completed in service with nurses and med-techs of 2600.188.c regarding documentation of medication error. Completed on 1/24/23.
Executive Director in serviced nurses and med-techs on Bridge Senior Living policy 210 regarding notifying physician and policy 425 regarding medication errors and 418 regarding medication refusals. Completed on 1/24/23.

Directed Completion Date: *02/20/2023*

Implemented ([redacted] - 04/26/2023)