

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

February 27, 2023

[REDACTED]
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 02/02/2023 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 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: C 2 LP Date: 12/31/2014 Issued By: Newton Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 187 Waking Staff: 140

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 02/02/2023

Inspection Dates and Department Representative

02/02/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 107

Secured Dementia Care Unit
 In Home: Yes Area: Daybreak Capacity: 60 Residents Served: 48

Hospice
 Current Residents: NM

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 106
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 80 Have Physical Disability: 6

Inspections / Reviews

02/02/2023 - Partial
 Lead Inspector [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/23/2023

02/22/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/23/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/25/2023

Inspections / Reviews *(continued)*

02/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED] 22, indicates the resident has a need for [REDACTED]. The resident's support plan, dated [REDACTED] /22 does not document how this need will be met in detail [REDACTED]. The two person assist when transferring from the chair to bed was required but not mentioned in the support plan.

Plan of Correction

Accept [REDACTED] - 02/22/2023)

2600.227d- Each Home shall document in the resident's support plan medical, dental, vision, hearing, metal health or other behavioral care services that will be made available to the resident, or referral for the resident to outside services if the resident's physician, PA or certified registered nurse practitioner determine the necessity of the service. This requirement does not require the home pay for the cost of these medical and behavioral care services.

WHAT: The assessment for resident #1, dated [REDACTED] /22, indicates the resident has a need for [REDACTED]. The resident's support plan, dated [REDACTED] /22, does not document how this need will be met [REDACTED]. The [REDACTED] was required, but not mentioned in the support plan

WHO: Although the [REDACTED] and [REDACTED] were documented in the nurse's notes, and The physician notes, the Resident Care Director failed to document this information on the resident's support plan.

WHEN: The resident in question had been discharged prior to this inspection, therefore no corrections were made to the support plan.

HOW: Collaborative Care Meeting was held on 2/8/2023. The meeting included Physical Therapy, Resident Care Director, Memory Care Director and Executive Director. Each Resident Record was reviewed for accuracy related to [REDACTED] needs [REDACTED].

All necessary additions were added to Resident Support Plans where indicated.

ONGOING: Resident Care Director will continue to update the Support Plans when changes are needed. The Collaborative Care Team Meeting will continue to monitor for compliance. Any concerns will be reviewed immediately with Resident Care Director, and any patterns or trends will be reviewed at Quarterly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 02/19/2023

Implemented [REDACTED] - 02/27/2023)