

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

April 11, 2023

[REDACTED], PERSONAL CARE ADMINISTRATOR  
THE COMMUNITY AT ROCKHILL  
3250 STATE ROAD  
SELLERSVILLE, PA, 18960

RE: THE COMMUNITY AT ROCKHILL  
3250 STATE ROAD  
SELLERSVILLE, PA, 18960  
LICENSE/COC#: 12687

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/17/2023, 03/16/2023, 03/14/2023 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 COMMUNITY AT ROCKHILL License #: 12687 License Expiration: 04/02/2023  
 Address: 3250 STATE ROAD, SELLERSVILLE, PA 18960  
 County: BUCKS Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: THE COMMUNITY AT ROCKHILL  
 Address: 3250 STATE ROAD, SELLERSVILLE, PA, 18960  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-2 Date: 03/01/2012 Issued By: West Rockhill Twp

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 45 Waking Staff: 34

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 03/17/2023

**Inspection Dates and Department Representative**

03/17/2023 - Off-Site: [REDACTED]  
 03/16/2023 - Off-Site: [REDACTED]  
 03/14/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 74 Residents Served: 45  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

03/17/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/27/2023

Inspections / Reviews *(continued)*

03/30/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/10/2023

04/11/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident 1, admitted [REDACTED], did not review the resident-home contract, dated [REDACTED].

Plan of Correction

Accept [REDACTED] 03/30/2023)

An audit of the residents files will be completed by April 30, 2023, to ensure that all documentation is up to date and that appropriate signatures are in place. Resident's will be notified of any missing items and have the opportunity to review with administrator, clinical coordinator and/or administrative assistant. All future resident's contracts/files will be reviewed by the administrator, clinical coordinator and/or admin assistant, upon admission. A second person will review the contracts for the administrator. That will be the clinical coordinator or the admin assistant.

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

Implemented [REDACTED] - 04/11/2023)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 03/30/2023)

An audit of the residents files will be completed, by April 30, 2023, to ensure that all documentation is up to date and that appropriate signatures are in place. Resident's will be notified of any missing items and have the opportunity to review with administrator, clinical coordinator and/or administrative assistant. All future resident's contracts/files will be reviewed by the administrator, clinical coordinator and/or admin assistant, upon admission. A second person will review the contracts for the administrator. That will be the clinical coordinator or the admin assistant.

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

Implemented [REDACTED] - 04/11/2023)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

## 41e - Signed Statement (continued)

**Plan of Correction**

Accept (████ - 03/30/2023)

An audit of the residents files will be completed, by April 30, 2023, to ensure that all documentation is up to date and that appropriate signatures are in place. Resident's will be notified of any missing items and have the opportunity to review with administrator, clinical coordinator and/or administrative assistant. All future resident's contracts/files will be reviewed by the administrator, clinical coordinator and/or admin assistant, upon admission. A second person will review the contracts for the administrator. That will be the clinical coordinator or the admin assistant.

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

Implemented (████ - 04/11/2023)

## 81b - Resident Personal Equipment

**4. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

On █████, resident #1, with a history of wandering, was missing for 20 minutes and could not be located by the staff. The wander guard did not alarm when the resident exited the personal care home and was able to enter the independent living area of the campus. According to nursing notes, the maintenance person was unable to fix the alarm at that time, placing the resident at risk to wander outside of the home.

**Plan of Correction**

Accept (████ - 03/30/2023)

Starting, immediately. the alarm system will be checked daily by the maintenance staff and security on the weekends. In the event of system failure the maintenance tech/security staff will notify the personal care department. Security staff will receive a list of all the residents on the wanderguard system and personal care nursing supervisor will assign the residents to hourly checks to ensure safety. Security/Maintenance Department will notify the personal care department when the systems are running again. Admin Assistant will keep an updated list of residents that are currently on the wanderguard system and update accordingly to pass along to security.

Management and maintenance staff will be inserviced on the importance of the wander guard and the possible implications if the system fails, placing residents at risk, by April 15, 2023.

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

Implemented (████ - 04/11/2023)

## 191 - Resident Right to Refuse

**5. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #1, admitted █████, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

## 191 - Resident Right to Refuse (continued)

**Plan of Correction**

Accept (█ - 03/30/2023)

An audit of the residents files will be completed by April 30, 2023, to ensure that all documentation is up to date and that appropriate signatures are in place. Resident's will be notified of any missing items and have the opportunity to review with administrator, clinical coordinator and/or administrative assistant. All future resident's contracts/files will be reviewed by the administrator, clinical coordinator and/or admin assistant, upon admission. A second person will review the contracts for the administrator. That will be the clinical coordinator or the admin assistant.

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

Implemented (█ - 04/11/2023)

## 224a - Preadmission Screen Form

**6. 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 # 1'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 (█ - 03/30/2023)

Clinical Coordinator and the Administrator/Staff Nurse will review the prescreen for all potential admissions completeness prior to be filled in the chart. The audit will include reviewing pre-admission screens for accuracy. All nurses will receive training on pre-admission screens and completion of the documentation by April 15, 2023.

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

Implemented (█ - 04/11/2023)

## 227h - Support Plan Refuse Sign

**7. Requirements**

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

The resident #1 did not sign the support plan dated █. The home did not make a notation regarding the resident's refusal or inability to sign.

**Plan of Correction**

Accept (█ - 03/30/2023)

Monthly audits of all charts will be implemented by April 30, 2023. The audit will be performed by a staff nurse. The audits will include reviewing the support plan for accuracy.

All nurses will receive training on support plans, and encourage residents to participate in the creation of the document. The nurse will have the resident sign the document if they participated and are able. If a resident refuses to participate or sign, staff will reflect that in the document.

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

Implemented (█ - 04/11/2023)