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

May 1, 2023

[redacted]
CARE HSL HARLEYSVILLE OPCO LP
[redacted]

RE: THE BIRCHES AT HARLEYSVILLE
691 MAIN STREET
HARLEYSVILLE, PA, 19438
LICENSE/COC#: 14266

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2023, 03/23/2023 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 HARLEYSVILLE* **Licen e #**: *14266* **Licen e Expiration**: *03/27/2024*

Address: *691 MAIN STREET, HARLEYSVILLE, PA 19438*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *CARE HSL HARLEYSVILLE OPCO LP*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *11/12/2021* **Issued By**: *Lower Salford Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *108* **Waking Staff**: *81*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *03/23/2023*

Inspection Dates and Department Representative

03/22/2023 - On-Site: [redacted]

03/23/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *85* **Re ident Served**: *73*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Garden and Daybreak* **Capacity**: *34* **Re ident Served**: *26*

Hospice

Current Re ident : *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *73*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *35*

Have Physical Disability: *3*

Inspections / Reviews

03/22/2023 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/10/2023*

Inspections / Reviews *(continued)*

04/12/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/28/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/17/2023*

04/18/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/28/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/17/2023*

05/01/2023 - Document Submission

Submitted By [redacted] **Date Submitted:** *04/28/2023*

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

96a - First Aid Kit

1. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 3/23/23, the first aid kit in Daybreak did not include eye coverings

Plan of Correction ***Accept [redacted] - 04/18/2023)***

3-22-23

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye-coverings and tweezers.

What: "On 3/23/22, the first aid kit in Daybreak did not include eye coverings."

Who: The clinical care team of the home is responsible for ensuring that the first aid kits have the required items inside of them. On the date of the inspection the homes first aid kit in Daybreak did not include the required eye coverings inside of it.

When: On the day of inspection the homes first aid kits were all inspected. Upon inspection of the first aid kit in the homes Daybreak secured neighborhood, it was discovered that the eye coverings were not inside of the first aid kit and instead sat inside the cabinet next to the first aid kit, due to not fitting properly in the kit itself.

How: The home immediately ordered a larger first aid kit for the Daybreak area. Upon its arrival, the homes Daybreak Director ensured that all items required to be inside of the kit were included (see Attachment A pages 1-3).

Ongoing: The homes Daybreak Director, Resident Care Director and Executive Director will continue to check the first aid kits on a monthly basis to ensure that all items are present in it. Any concerns or issues will be reviewed and rectified immediately. As any future members of the community management team are trained they will receive the same oral training from the homes Administrator from the Regulatory Compliance Guide to ensure compliance at all times and any trends will be reviewed in the homes quarterly quality assurance meetings.

Update:

Please indicate the date the larger kits were put in place:
The home put the larger kit in place on 3/24/2023.

Please indicate when the monthly checks are to begin and expected duration or if on-going indefinitely:
The home started monthly checks on the first aid kits in April and will continue ongoing indefinite monthly checks to ensure ongoing compliance.

Please indicate any staff in-services to be provided to prevent this violation from recurring. Please include topics, dates, person providing training and who is to be trained:
The homes Resident Care Director conducted training on 4-13-2023 with the homes Memory Care Director who is directly responsible for the monthly checks of the homes first aid kits (see Attachment AA pages 1-2). An in-service

96a - First Aid Kit (continued)

on first aid kit use will be done by the homes Resident Care Director at the communities next all staff meeting on 4-27-2023 and a copy of that in-service sign in will be kept on file by the home of staff in-serviced.

Licensee's Proposed Overall Completion Date: *04/17/2023*

Implemented [redacted] - 05/01/2023)

103f Refrigerator/Freezer Temps

2. 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 3/23/23 at 9:51AM, the temperature in the Daybreak Freezer was 15 degrees Fahrenheit.

On 3/23/23 at 10:14AM, the temperature in the main kitchen ice cream freezer was 6 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] 04/18/2023)***

3-22-23

103.f. Food requiring refrigeration shall be stored at or below 40 degrees F. Frozen food shall be kept at or below 0 degrees F. Thermometers are required in refrigerators and freezers.

What: "On 3/23/23, at 9:51AM, the temperature in the Daybreak Freezer was 15 degrees Fahrenheit."
"On 3/23/23, at 10:41AM, the temperature in the main kitchen ice cream freezer was 6 degrees Fahrenheit."

Who: The Dining Services Director of the home is responsible for ensuring that the temperatures in the homes freezers maintain proper temperatures. On the date of the inspection two of the homes freezers were found to be over the required temperature for food storage.

When: On the day of inspection the homes freezers were inspected and two were found to be above the required temperature.

How: The homes Dining Service Director found that a large box of ice cream was inside of the Daybreak freezer, preventing it from closing properly. Upon removal of the ice cream from the box and properly storing the ice cream nside, the freezer closed properly and returned to and stayed at the desired temperature on the thermometer. (see Attachment B page 1). The homes Dining Services Director has put in place a new policy, which was recommend at the time of the inspection by the inspectors, with dining staff to remove ice cream from the ice cream freezer each evening and to put it in the homes main freezer and to defrost the freezer once weekly. Since implementing this policy the ice cream freezer has remained at the desired temperature on the thermometer daily (see Attachment B page 2).

Ongoing: The homes Dining Services Director and/or Line Cooks will continue to check the freezers on an ongoing daily basis to ensure that temperatures remain at the desired temperatures. Any concerns or issues will be reviewed and rectified immediately. As any future members of the community Dining Services team are trained, they will

103f - Refrigerator/Freezer Temps (continued)

receive the same oral training from the homes Administrator from the Regulatory Compliance Guide to ensure compliance at all times and any trends will be reviewed in the homes quarterly quality assurance meetings.

Update:

Please indicate the date the new policy was put in place:
The new policy was put into place by the homes Dining Service Director and relayed to all dining staff on 3-24-2023.

Please indicate any staff in-services to be provided to prevent this violation from recurring. Please include topics, dates, person providing training and who is to be trained:
On 4/17/2023 the homes Dining Service Director in-serviced all Dining Service employees that are responsible for oversight of this policy in the absence of the homes Dining Service Director. At this training additional education on tips for storing and handling ice cream from The International Ice Cream Association was used for education during the training (see Attachment BB pages 1-3).

Licensee's Proposed Overall Completion Date: *04/17/2023*

Implemented [redacted] - 05/01/2023)

132g - Fire Drills Days/Times

3. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills on Fridays as evidenced by the following drills: 12/16/22, 1/27/23, 2/24/23.

Plan of Correction ***Accept [redacted] - 04/12/2023)***

3-22-23

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

What: "The home routinely holds fire drills on Fridays as evidenced by the following drills: 12/16/22, 1/27/23, 2/24/23."

Who: The Environmental Services Director of the home is responsible for ensuring that fire drills are held and conducted per state requirements. This information is only shared with the homes Executive Director.

When: On the day of inspection it was noted that the homes drills for December 2022, January 2023 and February 2023 were all held on Fridays.

How: The homes Environmental Services Director creates a yearly calendar of when the drills will be conducted and shares this information only with the homes Executive Director. The home experienced a COVID outbreak that started on 12/23/22, which caused the home to reschedule the fire drill for January that was originally scheduled

132g - Fire Drills Days/Times (continued)

to be conducted on Tuesday January 10, 2023 at 3:30PM. Upon the home rescheduling of this drill after the residents on isolation precautions were removed, human error and oversight of the schedule caused the home to repeat the drill on a Friday.

Ongoing: The homes Environmental Services Director and Administrator will continue to review the yearly schedule when created to prevent repeating the same days of the week. When and if a drill needs to be rescheduled in the community for any reason, the homes Environmental Services Director will send a private calendar update to the homes Administrator, and the Administrator will check the new date and time to prevent any further reoccurrence. Any concerns or issues will be reviewed and rectified immediately. Should the homes Environmental Services Director change at any time, the new discipline will receive oral training from the homes Administrator from the Regulatory Compliance Guide to ensure compliance at all times and any trends will be reviewed in the homes quarterly quality assurance meetings.

Licensee's Proposed Overall Completion Date: *04/10/2023*

Implemented (- 05/01/2023)

187d Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident 1 is prescribed [redacted] four times a day per sliding scale as follows: 150-200 = 2 unit; 201-250 = 4 units; 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10units. >400 call MD.

On [redacted]23 at [redacted]PM resident 1's [redacted] reading was [redacted] which translates to 0 units, however 2 units were given.
On [redacted]/23 [redacted]PM resident 1's [redacted] reading was [redacted]which translates to 2 units, however 0 units were given.

Repeated Violation - 5/13/22.

Plan of Correction ***Accept [redacted] 04/12/2023)***

3-22-23

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

What: "Resident 1 is prescribed [redacted] four times a day per sliding scale as follows: 150-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units. >400 call MD.
On [redacted]23 at [redacted]PM resident 1's [redacted] reading was[redacted] which translates to 0 units, however 2 units were given.
On [redacted]23 at [redacted]PM resident 1's [redacted] reading was [redacted] which translates to 2 units, however 0 units were given."

187d - Follow Prescriber's Orders (continued)

Who: Two of the homes Medication Technicians did not follow the prescriber's orders for resident 1 in the days noted by the inspectors.

When: On the day of inspection it was noted that the home did not follow the prescriber's orders as ordered for resident 1's [redacted]. Upon learning of this error, the homes Resident Care Director immediately reported this error to the department (see Attachment C page 1) and notified the resident, the residents responsible party and the prescriber.

How: The homes Resident Care Director immediately reported this error to the department on 3/23/23 (see Attachment C page 1) and notified the resident, the residents responsible party and the prescriber upon learning of this error from the inspectors. On 3/27/23 the homes Resident Care Director met with the two Medication Technicians who did not properly follow the prescriber's directions and conducted training with them (see Attachment C page 2) on the medication error and the proper steps of the medication process as outlined from the DHS approved medication course. On 4/5/23, the homes Resident Care Director met with the remainder of the homes Medication Technicians (see Attachment C pages 3 and 4) and conducted the same training with them as well.

Ongoing: The homes Resident Care Director will conduct random audits of the homes Diabetic resident's glucometers starting monthly in April and then continuing monthly ongoing. The homes Resident Care Director has educated all Medication Technicians on ensuring that proper documentation of administration occurs daily and to review glucometer documentation prior to the end of their shift, when they are already checking the EMAR dashboard prior to the end of their shift. Any concerns or issues will be reviewed and rectified immediately. Any errors will be reported to the homes Resident Care Director and/or Administrator when and if noted, so that they can reported and addressed. All new Medication Technicians that are added to the home will continue to get trained in the departments DHS approved medication course and continue to receive the required observations to ensure compliance at all times and any trends will be reviewed in the homes quarterly quality assurance meetings.

Licensee's Proposed Overall Completion Date: *04/10/2023*

Implemented [redacted] 05/01/2023)