

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

September 22, 2023

[REDACTED]
CARE HSL HARLEYSVILLE OPCO LP

[REDACTED]
HERITAGE SENIOR LIVING
[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 08/09/2023, 08/10/2023, 08/29/2023 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* License #: *14266* License 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], *HERITAGE SENIOR LIVING*, [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: *114* Waking Staff: *86*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *08/09/2023*

Inspection Dates and Department Representative

08/09/2023 - On-Site: [REDACTED]
 08/10/2023 - Off-Site: [REDACTED]
 08/29/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *85* Residents Served: *78*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Garden & Daybreak* Capacity: *34* Residents Served: *33*

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *36* Have Physical Disability: *3*

Inspections / Reviews

08/09/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/09/2023*

Inspections / Reviews *(continued)*

09/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 10/06/2023

09/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227g -Support Plan Signatures

1. 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 1 participated in the development of [redacted] support plan on [redacted]/22. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 09/06/2023)

8-9-23

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

What: "Resident 1 participated in the development of [redacted] support plan on [redacted]/22. However, the resident did not sign the support plan."

Who: On the date of review of the residents RASP, on [redacted]/2022, the resident, who was admitted to the homes SDU, was unable to sign the support plan. All areas on the RASP were filled in, including review with the resident's responsible party, but due to human oversight, the box indicating that the resident was unable to sign was not checked.

When: Upon inspection and learning of this omission, the homes Executive Director reviewed this omission with the homes Memory Care Director and Resident Care Director verbally on 8/9/23. Since the resident was discharged and no longer a resident in the community, there was no way for the home to review the support plan with the resident in question.

How: Upon move in the homes Memory Care Director and/or Resident Care Director will fully review support plans with all residents that move into the homes SDU. At that time a signature will be obtained and if the resident refuses to sign it or is unable to sign it should be documented on the residents support plan.

Ongoing: The homes Memory Care Director and/or Resident Care Director will continue to monitor for compliance upon each new move in. Utilization of "30 Day Admission, Annual & Discharge Chart Audit" form (Attachment A) will be used internally moving forward to ensure that all required information is captured. Any concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. All residents and responsible parties will continue to review their support plans upon admission. This process began after verbal review with the homes Executive Director on 8/9/23 and will continue indefinitely.

Licensee's Proposed Overall Completion Date: 09/05/2023

Implemented [redacted] - 09/22/2023)

234a - Admission Support Plan

2. Requirements

2600.

234a - Admission Support Plan (continued)

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/22. However, the resident's initial support plan was completed on [REDACTED]/22.

Plan of Correction

Accept [REDACTED] - 09/06/2023)

8-9-23

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

What: "Resident 1 was admitted to the Secure Dementia Care Unit on [REDACTED]/22. However, the resident's initial support plane was completed on [REDACTED]/22."

Who: It was noted that resident 1, who was admitted to the homes SDU, did not have a RASP completed within the proper state required timeframe. This was an oversight and human error by the homes Memory Care Director, who completed the RASP.

When: Upon inspection on 8/9/23 and learning of this omission, the homes Executive Director reviewed this omission with the homes Memory Care Director and Resident Care Director verbally. Verbal review of the departments RCG was provided.

How: Upon move in the homes Memory Care Director and/or Resident Care Director will fully execute and review support plans with all residents that move into the homes SDU within 72 hours of the admission, or within 72 hours prior to the admission.

Ongoing: The homes Memory Care Director and/or Resident Care Director will continue to monitor for compliance upon each new move in. Utilization of "30 Day Admission, Annual & Discharge Chart Audit" form (Attachment A) will be used internally moving forward to ensure that all required information is captured and that timelines set forth for compliance are adhered to. Any concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. This process began after verbal review with the homes Executive Director on 8/9/23 and will continue indefinitely.

Licensee's Proposed Overall Completion Date: 09/05/2023

Implemented [REDACTED] | 09/22/2023)