

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

December 20, 2023

[REDACTED], EX. VP OF MANAGER  
CSW ARBOUR SQUARE IV DOYLESTOWN LP  
[REDACTED]  
[REDACTED]

RE: MERCER HILL AT DOYLESTOWN  
2010 SOUTH EASTON ROAD  
DOYLESTOWN, PA, 18901  
LICENSE/COC#: 14872

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2023 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:** MERCER HILL AT DOYLESTOWN      **License #:** 14872      **License Expiration:** 02/18/2024

**Address:** 2010 SOUTH EASTON ROAD, DOYLESTOWN, PA 18901

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

**Administrator**

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

**Legal Entity**

**Name:** CSW ARBOUR SQUARE IV DOYLESTOWN LP

**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 10/20/2021      **Issued By:** Township of Doylestown

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 90      **Waking Staff:** 68

**Inspection Information**

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

**Reason:** Incident      **Exit Conference Date:** 10/31/2023

**Inspection Dates and Department Representative**

10/31/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 97      **Residents Served:** 66

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Memory care      **Capacity:** 26      **Residents Served:** 13

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 66

**Diagnosed with Mental Illness:** 42      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 24      **Have Physical Disability:** 44

**Inspections / Reviews**

10/31/2023 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/16/2023

11/16/2023 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 12/15/2023

**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 12/15/2023

Inspections / Reviews *(continued)*

12/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16e Resident Notice

1. Requirements

2600.

16.e. If the home’s final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

Description of Violation

On [REDACTED], the home submitted a final incident report validating the occurrence of financial exploitation, affecting resident 1 by staff member A. As of [REDACTED], the home has not informed other residents that could be affected. Staff member A cared for all residents in personal care.

Plan of Correction

Accept [REDACTED] - 11/16/2023)

Mercer Hill at Doylestown will immediately inform the affected resident and other residents (or their designated person) who could potentially be harmed immediately following the conclusion of the investigation.

During the Community Resident Council Meeting held on 10/31/2023, a Community Representative informed residents that a former employee was loaned money by a resident but was never returned. No other residents identified any concerns relating to that issue.

Mercer Hill at Doylestown will notify residents (or the designated person) of any incidents that could be potentially harmed by an occurrence of a validated incident or condition. Contact with residents (or the designated person) will be completed by the Executive Director/designees via email, phone or in person immediately following the validated incident/condition. Utilizing the Daily Community Census Form, a notation will be made by the Executive Director/Designees to verify contact with residents or designated person. Any issues identified during this contact will necessitate an immediate investigation and contact with DHS, AAA and the local Police. The completed Daily Census Form and notes will be filed with the reports of investigation.

To ensure ongoing compliance, all validated incidents/conditions will be reviewed immediately post incident by the Executive Director/designees for contact with residents (or the designated person). Any issues identified will be corrected immediately. Outcomes for this process will be reviewed at the Quality Assurance Meeting scheduled for December 8, 2023. The Executive Director will have the overall responsibility for compliance.

Proposed Overall Completion Date: 12/11/2023

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented ([REDACTED] - 12/20/2023)

23a Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident 2

23a - Activities of Daily Living Assistance (continued)

indicates the resident requires assistance with toileting, bladder management, bowel management, transferring, grooming and personal hygiene.. On [REDACTED], in the evening, the resident did not receive this assistance as required, because staff member b failed to provide this care.

Plan of Correction

Accept ( [REDACTED] - 11/16/2023)

Mercer Hill at Doylestown will provide each resident with assistance for ADL's as indicated in the resident's assessment and support plan.

Task Logs have been reviewed by the Health Services Director/designee from November 1 to present . Any issues with documentation or provision of care were corrected with the staff person involved.

An Inservice to all caregivers pertaining to the provision of care and subsequent documentation on task logs was provided on November 8, 2023 by the Health Services Director and Executive Director. Emphasis was placed on the timeliness of task log documentation, and communication/documentation if refusals or changes in level of assistance should occur.

For the next 60 days, the Resident Care Director/designee will review task logs daily checking for completion/accuracy of documentation. After 60 days, reviews will then be conducted weekly thereafter. Any issues identified will be corrected with the staff person involved by the Resident Care Director. Continuing issues/patterns of non-compliance will be reported to the Health Services Director and will result in disciplinary action for the employee, up to and including termination.

To ensure ongoing compliance, outcomes of this procedure will be reviewed by the Resident Care Director at the Quality Assurance Meeting scheduled for December 8, 2023. Revisions to the procedure will be made if applicable. The Health Services Director will have the overall responsibility for maintaining Task Log compliance.

Proposed Overall Completion Date: 12/11/2023

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented ( [REDACTED] - 12/20/2023)

42b - Abuse

3. 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

Resident 1 was financially exploited by staff member A. Staff member A obtained resident's personal cell phone number while employed and was able to remain in contact with resident 1 after his or her termination. Resident 1 gave staff member A their credit card information after staff member A contacted resident 1 via text message expressing financial distress due to termination. Resident 1 agreed to provide the card information after staff member A said they would pay resident back in \$50 installments. Staff member A then used resident 1's credit card information to make purchases of \$900. Resident 1 has not received any money back from staff member A and has been unable to contact staff member A since they provided the card information.

42b - Abuse (continued)

**Plan of Correction**

Accept (█ - 11/16/2023)

*Mercer Hill at Doylestown Residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way.*

*During the Community Resident Council Meeting held on 10/31/2023, a Community Representative informed residents that a former employee was loaned money by a resident but was never returned. No other residents verbalized any concerns relating to that issue.*

*Mercer Hill at Doylestown will notify residents (or the designated person) of any incidents that could be potentially harmed by an occurrence of a validated incident or condition. Contact with residents (or the designated person) will be completed by the Executive Director/designees via email, phone or in person immediately following the validated incident/condition. A notation will be made by the Executive Director/Designees to verify contact with residents or designated person on the Daily Community Census Form. Any issues identified during this contact will necessitate an immediate investigation followed up by contacts to DHS, AAA and our local Police department. The completed Daily Community Census Form and notes will be filed with the Investigative Reports. On 10/11/2023, an excerpt from the Employee Handbook was posted at the time clock pertaining to accepting gifts and gratuities from residents or resident representatives. Following investigation, if it is verified that a staff person has accepted gifts or gratuities, Mercer Hill at Doylestown will follow procedure and the staff person will be disciplined up to and including termination. These policies and procedures will be reinforced, and consequences discussed by the General Manager and Health Services Director at the All Team Member Town Hall scheduled for November 20, 2023.*

*Confidentiality of resident information will also be reviewed for all team members at the Town Hall. During the Town Hall, all team members will be given the opportunity to question and ask for clarification on the policies presented.*

*During the exit interview process, confidentiality of resident information following a team members separation of employment from the Community will be discussed by the applicable Department Head and HR Director then documented on the Separation/Termination Checklist form. If an exit interview is not conducted, documentation of reason will be noted on the checklist by the HR Director. The Separation/Termination Checklist will be filed in the closed employee file.*

*To ensure compliance, outcomes of these procedures including notification of residents (responsible party) of a validated incident condition that could be potentially harmful to residents, acceptance of gratuities/gifts and the exit interview process will be reviewed by the Executive Director, Health Services Director and HR Director at the Quality Assurance Meeting scheduled for December 8, 2023. Revisions to these procedures will be made if applicable. The Executive Director will have the overall responsibility for compliance.*

*Proposed Overall Completion Date: 12/11/2023*

**Licensee's Proposed Overall Completion Date: 12/11/2023**

Implemented (█ - 12/20/2023)