

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

March 12, 2024

[REDACTED]  
TWINING RETIREMENT COMMUNITY LLC  
[REDACTED]

RE: HOLLAND SENIOR LIVING  
COMMUNITY  
1400 OLD JORDAN ROAD  
HOLLAND, PA, 18966  
LICENSE/COC#: 14657

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2023 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: *HOLLAND SENIOR LIVING COMMUNITY* License #: *14657* License Expiration: *08/30/2024*  
Address: *1400 OLD JORDAN ROAD, HOLLAND, PA 18966*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *TWINING RETIREMENT COMMUNITY LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/13/1989* Issued By: *Commonwealth of PA L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *12/19/2023*

**Inspection Dates and Department Representative**

*12/19/2023 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *152* Residents Served: *60*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care Unit* Capacity: *27* Residents Served: *15*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *30* Have Physical Disability: *3*

**Inspections / Reviews**

**12/19/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/02/2024*

**02/05/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *03/11/2024*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/10/2024*

Inspections / Reviews *(continued)*

02/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/11/2024

03/12/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. 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 [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 02/12/2024)

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.25b.

Issue: Resident did not sign her initial contract upon moving into the personal care home.

Action: Contacted family POA regarding issue and attempted to get resident to sign the contract. Resident refused.

Since her move in, resident was relocated in the memory care portion of the home.

Plan: All current contracts were 12.28.23 reviewed and updated to be in compliance with state regulations. See inservice completed 12/27/23 by Administrator.

Maintain: After each admission to this personal care home, administrator or designee will review the contract to ensure the accuracy or proper signatures.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented [REDACTED] - 03/12/2024)

42b - Abuse

2. 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

The resident assessment and support plan dated [REDACTED] for Resident [REDACTED] and the resident assessment and support plan dated [REDACTED] for Resident [REDACTED] indicate that their need for supervision is extensive. Both residents require regular supervision in the home and cannot leave home unattended, as they are unaware of unsafe areas. Supervision and redirection are needed in unfamiliar places, and staff will redirect as needed. Resident [REDACTED] and Resident [REDACTED] reside in the Memory Care Unit of the home.

On [REDACTED] at [REDACTED], Resident [REDACTED] was observed by Staff person A, in the hallway near Apt [REDACTED] in the memory care unit. The resident was searching through a resident engagement workstation desk stating, "I'm looking for something." Around [REDACTED], Resident [REDACTED] eloped from the memory care unit and was observed outside the facility near the entrance to the premises by a newspaper delivery driver who was pulling into the facility. The delivery driver called the home and brought the resident to the main lobby of the home, where staff then escorted the resident back to their apartment in the memory care unit. Staff person A and a nurse conducted a safety census for all memory unit residents, checked memory care doors, and identified an exit door by Apt [REDACTED] that was buzzing but only audible if close to the door. On [REDACTED] Staff person A was the only staff assigned to work in the Memory Care Unit during the overnight shift. Staff person A was not able to hear the exit door alarm when Resident [REDACTED] eloped through the exit door near Apt [REDACTED] as they were in the laundry room located at the opposite side of memory care unit. The home regularly schedules only

42b - Abuse (continued)

one med-tech to be working the Memory Care Unit during the overnight shift.

On [REDACTED], at approximately [REDACTED] Resident [REDACTED] was observed sitting at the dining room table in the Memory Care Unit, eating their meal. It was dinner time, and all the residents in the Memory Care Unit were in the dining room. During the meal service, an exit door alarm near Apt [REDACTED] sounded. Staff person B and Staff person C noticed that Resident [REDACTED] was no longer at the dining table. Staff person B went out through the exit door by Apt [REDACTED] to investigate the area where the alarm was activated, while Staff person C stayed with the rest of the residents in the dining room. At approximately [REDACTED] a staff member who was leaving for the day discovered Resident [REDACTED] standing outside the main entrance of the home. Staff Person B met them there and then brought the resident back into the Memory Care Unit. As a precaution, Resident [REDACTED] was temporarily placed on one-hour checks.

The emergency exit doors in the memory care unit are equipped with a delayed egress push bar that will sound an alarm when the bar is pushed and will open if the bar is held down for approximately 15 to 20 seconds. The alarm, however, does not alert to any facility wide device such as a pager/walkie-talkie or central monitoring station. The alarm can only be heard a short distance from actual door that was set off. This presents a serious continued risk for resident elopement, as staff persons cannot hear the door alarms in all areas of the memory care unit at all times.

Plan of Correction

Accept [REDACTED] 02/12/2024)

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 42b.

Issue: Resident was not immediately heard when exiting through the alarmed door. This was failure to provide security to the resident when not in a familiar place.

Action: Implemented 2 staff members to cover the sleeping hours starting [REDACTED]. Nurse and aide or med tech on the memory care unit.

Plan: Alarm company has been notified 12/14/23 and is continuing to work with the facility to ensure compliance. See attached. Awaiting the date of completion for modified system. 2/13/24 Elopement drills, will be conducted by CSM, Administrator using attached policy and procedures.

Licensee's Proposed Overall Completion Date: 02/10/2024

Implemented [REDACTED] - 03/12/2024)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], the alarm of the exit door by Apt [REDACTED] demonstrated insufficient volume, and was unable to be heard from the opposite side of the memory care, near the exit door by Apt [REDACTED]. The alarm should be audible for all staff members in the event of a resident elopement from the premises.

Plan of Correction

Accept [REDACTED] 02/12/2024)

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.95.

95 - Furniture and Equipment (continued)

*Issue: Emergency exit alarm was not audible enough to be heard from the opposite side of the secured unit.  
 Action: Designated additional staff member to the unit. Contacted alarm company 12/19/23 to immediately to address the issue. Specialist was on premises 12/20/23.  
 Plan: Alarm company has reviewed the issue. Deposit was made to alarm company 2/6/24. See attached.  
 Maintain: Upon the updated system, administrator or designee will perform weekly tests x4, then monthly tests x5 to ensure system is performing to quality standards.*

Licensee's Proposed Overall Completion Date: 02/10/2024

Implemented [redacted] - 03/12/2024)

227c - Support Plan Revision

4. Requirements

2600.  
 227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] eloped from the Memory Care Unit on [redacted] at [redacted]. Resident [redacted] eloped from the Memory Care Unit on [redacted] at [redacted]. Resident's support plans were not revised after the change in resident needs due to the elopements.

Plan of Correction

Accept [redacted] - 02/12/2024)

*Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.227c  
 Issue: Support plans did not show elopement for the dates of incidents.  
 Action: Support plans were immediately updated on 12/19/23 to show incidents and plans to keep residents secure.  
 Plan: Inservice attached for education of revisions needed on care plans.  
 Maintain: Weekly checks of Support Plans will start 2/12/24 x 4 weeks, If able to maintain correct information, monthly checks will be initiated. This will be completed by Clinical Service Manager or Administrator.*

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 03/12/2024)

227g -Support Plan Signatures

5. 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 [redacted] participated in the development of [redacted] support plan on [redacted]. However, the assessor did not sign the support plan.

Plan of Correction

Accept [redacted] - 02/12/2024)

*Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with*

227g -Support Plan Signatures (continued)

all applicable state and federal regulatory requirements under 2600.227g

Issue: Assessor did not sign off on support plan.

Action: Assessor immediately signed support plan at time that issue was found.

Plan: Pulled all current support plans 12/28/23 to ensure all signatures are present.

Maintain: clinical Service Manager or designee will review 10 care plans daily starting 2/12/24 to ensure compliance until all care plans have been reviewed. If able to maintain correct information, monthly checks will be initiated. This will be completed by Clinical Service Manager or Administrator.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [redacted] - 03/12/2024)

231e - No Objection Statement

6. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [redacted] admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept [redacted] - 02/12/2024)

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.231e

Issue: There was no objection letter in initial transfer into the secured unit.

Action: Immediately provided signed objection letter on 12.27.23

Plan: 12/22/23 Inservice for Director of Marketing to ensure each resident in memory care has a statement provided by Administrator. Pulled all current contracts and ensured all letters were present on 12.27.23

Maintain: Starting 12/27.23, After each new admission into the secured unit, a copy of the contract is provided to Administrator for a backup file and approval. Will audit monthly x 6 months to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/10/2024

Implemented [redacted] - 03/12/2024)