

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

May 16, 2024

[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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2024 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: *03/27/2025*
 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: Total Daily Staff: *126* Waking Staff: *95*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *04/04/2024*

Inspection Dates and Department Representative

04/04/2024 - On-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: *Daybreak/Garden* Capacity: *34* Residents Served: *23*

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *48* Have Physical Disability: *1*

Inspections / Reviews

04/04/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2024*

Inspections / Reviews *(continued)*

04/30/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/24/2024

05/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A roll-on antiperspirant deodorant, a bottle of hospital bath & shampoo, a bottle of Sparklefresh mouthwash, and a jar of CareAll Vitamin A&D skin protectant ointment, all with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center immediately," were unlocked, unattended, and accessible to Resident 1's bathroom cabinet. Not all the residents of the home, including Resident [REDACTED], have been assessed as capable of recognizing and using poisons safely.

Similarly, an antiperspirant aerosol, a bottle of Equaline hand sanitizer, a bottle of Sparklefresh mouthwash, and a bottle of Purell hand sanitizer, all with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center immediately," were unlocked, unattended, and accessible to Resident [REDACTED] bathroom cabinet. Not all the residents of the home, including Resident [REDACTED], have been assessed as capable of recognizing and using poisons safely.

Furthermore, a Degree antiperspirant deodorant, with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center immediately," was unlocked, unattended, and accessible to Resident [REDACTED] bathroom sink. Not all the residents of the home, including Resident [REDACTED] have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 04/30/2024)

Immediate Corrective Actions: On the date of inspection, 4/4/2024, the homes Executive Director removed the unlocked items in resident [REDACTED] and [REDACTED] rooms while touring the home with the inspector and immediately placed them in the locked cabinets in the residents room.

Additional Corrective Actions: On April 9, 2024 education on this regulation was provided to the homes care staff that service the residents of the homes secured neighborhoods by the homes Resident Care Director. The homes Executive Director assigned the Med Techs that service the homes secured neighborhoods and to check each room in the neighborhood daily to ensure that all items are locked daily and the homes Executive Director has checked this weekly since inspection and found no areas of non-compliance.

Ongoing Quality Assurance Actions: The homes Resident Care Director, Executive Director and/or Manager on Duty will use the daily walk-through checklist to ensure compliance. The home has hired a new Memory Care Director and when [REDACTED] begins, [REDACTED] will be trained on how to use the walk-through checklist as well. Verbal education will be provided to staff when needed. Patterns, trends, and findings will be reviewed during each of the homes ongoing quarterly quality assurance meetings, which is next scheduled in July 2024.

Licensee's Proposed Overall Completion Date: 04/26/2024

Implemented [REDACTED] - 05/16/2024)

184b - Labeling OTC/CAM

2. Requirements

2600.

184b - Labeling OTC/CAM (continued)

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 4/4/24 at 9:40a.m., a jar of [REDACTED] belonging to Resident [REDACTED] was in their bathroom cabinet and was not labeled with the resident's name.

Plan of Correction**Accept [REDACTED] - 04/30/2024)**

Immediate Corrective Actions: On the date of inspection, 4/4/2024, the homes Executive Director labeled the resident [REDACTED] jar of [REDACTED] with the residents name in black Sharpie marker.

Additional Corrective Actions: On April 9, 2024 education on this regulation was provided to the homes care staff that service the residents of the homes secured neighborhoods by the homes Resident Care Director. The homes Executive Director has checked the shared rooms of this neighborhood weekly since inspection and found no areas of non-compliance.

Ongoing Quality Assurance Actions: The homes Resident Care Director and Executive Director will continue to check each shared room in this neighborhood weekly until the homes new Memory Care Director begins and is trained. Verbal education will be provided to staff and families that bring in personal care items for the residents when needed. Patterns, trends, and findings will be reviewed during each of the homes ongoing quarterly quality assurance meetings, which is next scheduled in July 2024.

Licensee's Proposed Overall Completion Date: 04/26/2024

Implemented [REDACTED] - 05/16/2024)