

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

July 19, 2024

[REDACTED]
CSW ARBOUR SQUARE IV DOYLESTOWN LP
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2024 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: *MERCER HILL AT DOYLESTOWN* License #: *14872* License Expiration: *02/18/2025*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *05/13/2024*

Inspection Dates and Department Representative

05/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *97* Residents Served: *77*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Garden House* Capacity: *26* Residents Served: *20*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
 Diagnosed with Mental Illness: *41* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *51*

Inspections / Reviews

05/13/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/07/2024*

06/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/15/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/16/2024*

Inspections / Reviews *(continued)*

07/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] - 06/04/2024)

Each resident at Mercer Hill at Doylestown will have an evaluation done at least annually.

On 5/27/2024, an audit was conducted by the Health Services Director of each resident's chart to review the annual DME dates. A result of this audit, it was determined that all Resident DME's were in compliance with the regulated time frames.

To ensure that the most recent DME is completed within 12 months (+ 15 day grace period of the most recent medical evaluation) an electronic listing of all current DME dates has been developed which includes: Resident Name, Date of Move in and Date of Last DME. The Health Services Director will utilize this list to complete DME's ensuring that the completion date is within the regulated timeframe. In order to keep the audit tool updated and accurate, the Health Services Director/Resident Care Director will add the names of Residents to the electronic list when admitted (or if changes of condition should occur) with the date of the DME. Resident names will be deleted when no longer in the Community. The Resident Care Coordinator will review the electronic DME List at the beginning of the month and weekly during the month, checking for timeliness of the DME completion. The Resident Care Coordinator will notify the Health Services Director if a DME is coming due and is not completed. The Resident Care Coordinator will complete this review as applicable until July 8, 2024.

Outcomes of the review will be discussed at the Quality Assurance Meeting scheduled for July 8, 2024. Any issues or concerns with this process will be discussed by the Health Services Director and changes made accordingly. The Health Services Director will be responsible for overall compliance with this regulation. Date of Completion July 16, 2024.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented [redacted] - 07/19/2024)

185a - Implement Storage Procedures

2. Requirements

2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take one tablet by mouth every 6 hours for pain at 12:00am, 6:00am, 12:00pm, and 6:00pm. The medication was administered to the resident on [REDACTED] at 6:00am but was not signed off on the narcotics declining inventory log as administered.

Plan of Correction

Accept [REDACTED] - 06/04/2024)

Mercer Hill at Doylestown has developed and implemented procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

The May, 2024 Declining Narcotic Log was reviewed by the Health Services Director. As a result of this review, it was determined that all dosages had been signed off by the Med Techs. Completed: May 31, 2024

In order to insure accuracy and accountability, the Narcotic Declining Medication Log will continue to be reviewed by the oncoming and off-going shift med techs. Any discrepancies noted following this review will immediately be reported to the Health Services Director/Resident Care Director for investigation and follow through as required. The Regional Health Services Nurse will inservice all Med Techs June 5-6-7. All Med Techs will be required to attend a session on one of those dates. Topics for instruction will include: ordering meds, expired meds, dating of medications upon first administration. conducting weekly cart audits/discrepancy follow up according to pharmacy procedures, completion of the narcotics declining inventory and the importance of making permanent, legible dated and signed data entries.

The declining narcotic inventory log will be reviewed by the Health Services Director/Resident Care Director/designee daily x1 month then 3 x weekly for 1 month. Any issues identified will be reviewed with the med tech involved and reeducated. Disciplinary action and/or removal from the Med Tech Team may result for a continued pattern of non-compliance. The Health Services Director will have responsibility for maintaining continued compliance. Outcomes of the Health Services Director review will be discussed at the Quality Assurance Meeting scheduled for July 8, 2024. Completion date: July 16, 2024.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented [REDACTED] 07/19/2024)

187d - Follow Prescriber's Orders

3. Requirements

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take one tablet by mouth every 6 hours for pain at 12:00am, 6:00am, 12:00pm, and 6:00pm. However, on [REDACTED] at 12:00pm and 6:00pm and on [REDACTED] at 12:00am, the medication was not administered to the resident because it was not available in the home.

Plan of Correction

Accept [REDACTED] - 06/04/2024)

Mercer Hill at Doylestown will follow the directions of the prescriber.

The pharmacy was contacted by the Resident Care Coordinator on 4/16/2024, (prior to any missed doses) and a stat delivery was requested. Verbal understanding received during that phone call indicating that medication would be received within the 4 hour window for Stat deliveries. However, the ordered medication did not make the 3pm delivery cutoff. The medication received on 4/17/2024 at 12:30PM. According to pharmacy, due to the medication being a narcotic, pharmacy could not transfer the medication to a local pharmacy without the Physician calling in a separate order. In the absence of the Oxycodone medication for Resident 1, resident received her Lidocaine patch and suboxone patch as ordered by the physician.

In order to ensure that all doses of of a medication are administered as ordered, a new procedure has been implemented. If the potential for a missed dose should occur, the Resident Care Coordinator or Health Services Director will notify the attending physician to e-scribe the stat order for the narcotic to the local pharmacy and maintain contact with the pharmacy to ensure delivery. The Resident Care Coordinator and Health Services Director have indicated their understanding of this procedure.

The Health Services Director will have the overall responsibility of maintaining compliance with this regulation. Outcomes of the follow through with this procedure will be discussed by the Health Services Director and/or the Resident Care Director at the Quality Assurance Meeting scheduled for July 8, 2024. Completion date: July 16, 2024.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented [REDACTED] - 07/19/2024)

227d - Support Plan Medical/Dental

4. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] uses glasses for vision, as noted on the preadmission screening form completed on [REDACTED] However, the resident's assessment and support plan, dated [REDACTED], does not indicate this device for vision needs.

Plan of Correction

Accept [REDACTED] - 06/04/2024)

Mercer Hill at Doylestown shall document in the resident's support plan the medical, dental, vision, hearing, mental

227d - Support Plan Medical/Dental (continued)

health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, PA or CRNP determines the necessity of these services.

On 5/14/2024, Resident [REDACTED] RASP was updated to reflect that this resident can independently manage [REDACTED] eyewear and [REDACTED] wears them on occasion. All current resident Pre admission Screenings were reviewed for a documented need for eyewear the compared to the most current RASP. There were no further eyewear omissions noted on the RASP.

As of 5/14/2024, to ensure the accommodation of resident needs, prior to finalizing each Resident's RASP. the Health Services Director or Resident Care Director, responsible for completing the RASP will compare the information on the Pre-admission screening to the RASP. Revisions will be made as needed. In addition, opportunities for correction and updates of any information on the RASP will be provided during the review of the support plan with each resident/responsible party. Corrections/updates to the RASP will be made as warranted by the Health Services Director or Resident Care Director. The Health Services Director and Resident Care Director were inserviced by the Executive Director on 5/15/2024 relating to this procedure. Both indicated their understanding of the process to implement. Implementation will begin 5/15/2024. The Health Services Director will have the responsibility of maintaining overall compliance with this regulation.

The Health Service Director/Resident Care Director will report outcomes of the RASP review at the Quality Assurance Meeting scheduled for July 8, 2024. Completion Date: July 16, 2024.

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented [REDACTED] - 07/19/2024)

251b - Record Entries Legible

5. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The narcotics declining inventory log for Resident [REDACTED] was not legible. The entry for the remaining balance of [REDACTED] was written over on several dates without notation, including on [REDACTED] at 12:00pm and [REDACTED] at 6:00am.

Plan of Correction

Accept [REDACTED] - 06/04/2024)

Mercer Hill at Doylestown Staff staff will make entries into a resident's record that are permanent, legible, dated and signed by the staff person making the entry.

The staff persons who wrote over several dates on 4/26/2024 at 12 pm and 5/10/24 at 6am, were educated relating

251b - Record Entries Legible (continued)

to the proper way to make a data entry correction.

The Regional Health Services Nurse will inservice all Med Techs on June 5,6,7. All Med Techs will be required to attend a session on one of those dates. Topics for instruction will include: ordering meds, expired meds, dating of medications upon first administration, conducting weekly cart audits/discrepancy follow-up according to pharmacy procedures, completion of the narcotics declining inventory and the importance of making permanent, legible, dated and signed data entries.

To insure that all entries in the declining narcotic inventory log are permanent legible, dated and signed the Health Services Director/Resident Care Director/designee daily will review the declining narcotic log daily x1 month then 3x weekly for 1 month. Any issues identified will be reviewed with the Med Tech involved. Disciplinary action and/or removal from the med tech team will result for a pattern of non-compliance. The Health Services Director will be responsible for ongoing compliance with this regulation. Outcomes of this review will be discussed at the Quality Assurance Meeting scheduled for July 8, 2024. Changes will be made accordingly. Date of Completion July 16, 2024,

Licensee's Proposed Overall Completion Date: 07/16/2024

Implemented (07/19/2024)