

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

June 13, 2024

[REDACTED], COO  
CARE HSL NEWTOWN OPCO LLC  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: THE BIRCHES AT NEWTOWN  
70 DURHAM ROAD  
NEWTOWN, PA, 18940  
LICENSE/COC#: 14230

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/16/2024 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 NEWTOWN **License #:** 14230 **License Expiration:** 09/15/2024  
**Address:** 70 DURHAM ROAD, NEWTOWN, PA 18940  
**County:** BUCKS **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** CARE HSL NEWTOWN OPCO LLC  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** 1 2 **Date:** 06/17/2016 **Issued By:** Newtown Township

**Staffing Hours**

**Resident Support Staff:** **Total Daily Staff:** 184 **Waking Staff:** 138

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident **Exit Conference Date:** 05/17/2024

**Inspection Dates and Department Representative**

05/16/2024 **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 120	<b>Residents Served:</b> 105		
Secured Dementia Care Unit			
<b>In Home:</b> Yes	<b>Area:</b> Daybreak	<b>Capacity:</b> 60	<b>Residents Served:</b> 47
Hospice			
<b>Current Residents:</b> 13			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 104		
<b>Diagnosed with Mental Illness:</b> 3	<b>Diagnosed with Intellectual Disability:</b> 1		
<b>Have Mobility Need:</b> 79	<b>Have Physical Disability:</b> 13		

**Inspections / Reviews**

05/16/2024 - Partial  
**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/08/2024

Inspections / Reviews *(continued)*

06/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/03/2024

06/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

**1. 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**

On [REDACTED] at lunchtime, memory care resident 1 spilled hot soup and juice on themselves while sitting at a table in the dining room. Staff member A responded by saying "Are you kidding me? Are you kidding me?" while cleaning the spilled soup off the table and told the resident to leave the dining room. Staff member A did not attempt to clean off resident, assess resident for burns, or get another staff member to assist the resident. Resident 1 then followed staff member A when he/she attempted to continue serving soup and asked "What the hell is wrong with you?". Staff member A responded by making a lunging or charging motion towards the resident and saying "Don't touch me! Don't touch me!" Staff member A acknowledge that resident 1 could have received burns to their body due to the temperature of the soup and that they failed to provide needed assistance or redirection to resident 1.

**Plan of Correction****Accept [REDACTED] - 06/04/2024)**

42b-Resident should not be neglected, intimidated, physically, or verbally abused.

A staff member asked a memory care resident "what the hell is wrong with you"? When she had spilled soup and juice on herself.

Immediate Corrective Action: Staff intervened immediately at the time of the incident, and the staff member in question was redirected to another area. Resident was assessed by Resident care Director and found to have no injuries related to incident. The staff member was suspended immediately.

Additional Correction Actions: The staff member was terminated on [REDACTED], following an investigation. Staff training on Positive Approaches to Care will be conducted on 6/5/2024 by RDO.

Ongoing Corrective Action: All staff are assigned training for abuse, abuse reporting, and neglect annually in the Relias Training. The Executive Director has begun reviewing Relias completion weekly as of 5/1/2024 and will continue to monitor training topics quarterly and review at Quarterly QA meetings beginning 7/8/2024.

Licensee's Proposed Overall Completion Date: 06/06/2024

**Implemented [REDACTED] - 06/13/2024)**

## 54a - Direct Care Staff

**2. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Description of Violation**

The facility was unable to furnish evidence that direct care staff member A possesses a high school diploma, GED, or is actively registered on the Pennsylvania nurse aide registry.

## 54a - Direct Care Staff (continued)

**Plan of Correction**

Accept (████) - 06/04/2024)

54A Direct Care Staff- Care staff must have a HS Diploma, GED. The staff member in question did not provide a copy of a High School Diploma when hired.

Immediate Corrective Actions: The staff member was terminated for a separate issue on 5/8/2024.

Additional Corrective Actions: The Business Office manager audited all Direct Care staff files on 5/17/2024 for required documentation related to this regulation and educational requirements.

Ongoing Quality Assurance Actions: Business Office Manager will collect proper documentation per this regulation upon hire. No staff will be permitted to perform duties until the file is reviewed and verified to have all required documentation. The Business Office Manager will conduct an audit of a sample of staff records each month, effective June 2024. The Executive Director will review compliance at the Quarterly Quality Assurance Meetings, beginning 7/8/24.

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented (████) - 06/13/2024)

## 65d - Initial Direct Care Training

**3. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

Direct care staff person A, hired on ██████████, began providing unsupervised ADL services on ██████████. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

65d Initial Direct Care Training (*continued*)**Plan of Correction****Accept** [REDACTED] - 06/04/2024)

65d Initial Direct Care Training staff assisting residents must take the 6 hour Direct care Course.

Staff member was hired on [REDACTED], and did not complete Direct Care Training competency test until 4/1/2024

Immediate Corrective Actions: The staff member was terminated for a separate issue on 5/8/2024.

Additional Corrective Actions: The Business Office manager audited all Direct Care staff files on 5/17/2024 for required documentation related to this regulation and required training.

Ongoing Quality Assurance Actions: Business Office Manager will collect proper documentation per this regulation upon hire. No staff will be permitted to perform duties until the file is reviewed and verified to have all required documentation verifying training is complete. The Business Office Manager will conduct an audit of a sample of staff records each month, effective June 2024. The Executive Director will review compliance at the Quarterly Quality Assurance Meetings, beginning 7/8/24.

Licensee's Proposed Overall Completion Date: 06/03/2024

**Implemented** [REDACTED] - 06/13/2024)

## 65f - Training Topics

**4. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

Direct care staff person B did not receive training in safe management techniques or care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 1/1/2023 12/31/2023.

**Plan of Correction****Accept** [REDACTED] - 06/04/2024)

65f Training Topics Safe management techniques. Two staff members did not complete that training in 2023.

Immediate Corrective Action: Staff were reminded by the Executive Director of the importance of completing assigned Relias training promptly during a meeting on 5/23/2024. (attached documentation). The staff member in question was terminated for a separate issue on 5/8/2024.

Additional Corrective Actions: The Business Office Manager will also complete a review of a sample of staff records each month as part of the Quality Assurance Review, to ensure all required training has been completed. This will begin in June 2024.

Ongoing Quality Assurance Actions: Executive Director has begun reviewing Relias completion report weekly as of 5/17/2024, and the leadership team will be made aware of the staff in their departments that need to complete monthly training courses to remain in compliance with training regulations. Any non compliant staff member will be removed from the schedule until training is completed. Compliance with this regulation will be reviewed at the Quarterly Quality Assurance Meetings, beginning 7/8/24.

65f - Training Topics (*continued*)

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented (████) - 06/13/2024)

## 65g - Annual Training Content

## 5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

## Description of Violation

Staff person B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, falls and accident prevention during training year 1/1/2023 to 12/31/2023.

## Plan of Correction

Accept (████) - 06/04/2024)

65g Training Topics- emergency preparedness procedures and emergency situations. The staff member in question did not complete these topics.

Immediate Corrective Action: Staff were reminded by the Executive Director of the importance of completing assigned Relias training promptly during a meeting on 5/23/2024. (attached documentation).

Additional Corrective Actions: The Business Office Manager will also complete a review of a sample of staff records each month as part of the Quality Assurance Review, to ensure all required training has been completed. This will begin in June 2024.

Ongoing Quality Assurance Actions: Executive Director began reviewing Relias completion report weekly, beginning 5/17/2024, and the leadership team will be made aware of the staff in their departments that need to complete monthly training courses to remain in compliance with training regulations. Any non-compliant staff member will be removed from the schedule until training is completed. Compliance with this regulation will be reviewed at the Quarterly Quality Assurance Meetings, beginning 7/8/24.

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented (████) - 06/13/2024)

## 201 - Positive Interventions

## 6. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

## Description of Violation

On █████, at lunch time in the dining area, resident 1 spilled soup and juice on his/herself and began cursing.

**201 - Positive Interventions (continued)**

Staff member A told resident 1 to leave the dining room. Staff member A returned to serving soup to other residents. Resident 1 then followed staff member A asking "What is your problem?". Instead of assisting resident 1, staff member A lunged at him/her and said "Don't touch me! Don't touch me:"

**Plan of Correction**

Accept (█) - 06/04/2024

201 Positive Interventions- Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, de-escalation techniques and alternative techniques or methods to identify and defuse potential emergency situations. Staff members failed to de-escalate an incident during meal time.

Immediate Corrective Action: Staff intervened immediately at the time of the incident, and the staff member in question was redirected to another area. Resident was assessed by Resident care Director and found to have no injuries related to incident. The staff member was suspended immediately.

Additional Correction Actions: The staff member was terminated on █, following an investigation. Staff training on Positive Approaches to Care will be conducted on 6/5/2024 by RDO.

Ongoing Corrective Action: All staff are assigned training for abuse, abuse reporting, and neglect annually in the Relias Training. The Executive Director has begun reviewing Relias completion weekly as of 5/1/2024 and will continue to monitor training topics quarterly and review at Quarterly QA meetings beginning 7/8/2024.

Licensee's Proposed Overall Completion Date: 06/06/2024

Implemented (MS - 06/13/2024)

**234b - Support Plan Needs Elements**

**7. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

The support plan, dated 3/1/24, for resident 1 does not address the plan to meet residents needs for bladder management. The plan is listed as N/A though resident has an identified need marked as total assistance.

**Plan of Correction**

Accept (█) - 06/04/2024

234b- Support Plan elements- Support plan must Identify physical, medical, cognitive and safety needs. Resident's support plan did not address the need for bladder management.

Immediate Corrective Action: Support plan was corrected on 5/17/2024 by Memory Care Director. (See attached)

Additional Corrective Action: Resident Care Director will review a sample of support plans for content and completion as part of the Quarterly Quality Management tool each month.

Ongoing Quality Assurance Actions: Results of audits and compliance with this regulation will be discussed at the Quarterly QA meeting beginning 7/8/2024.

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented (█) - 06/13/2024

236 - Staff Training

8. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had only 4 hours of training in dementia care during the [REDACTED] training year.

Plan of Correction

Accept ([REDACTED] - 06/04/2024)

236- 6 hours of additional Dementia Training should be completed by staff working in the Memory care Neighborhood. The staff member in question completed 4 additional hours of Dementia Training in 2023.

Immediate Corrective Action: Staff were reminded by the Executive Director of the importance of completing assigned Relias training promptly during a meeting on 5/23/2024. (attached documentation).

Additional Corrective Actions: The Business Office Manager will assign the additional 6 hours of Dementia in Relias for all staff that work in Memory Care Neighborhood, by 6/1/2024. The Business Office Manager will complete a review of a sample of staff records each month as part of the Quality Assurance Review, to ensure all required training has been completed. This will begin in June 2024.

Ongoing Quality Assurance Actions: The Executive Director began reviewing Relias completion report weekly on 5/17/2024, and the leadership team will be made aware of the staff in their departments that need to complete monthly training courses to remain in compliance with training regulations. Any non-compliant staff member will be removed from the schedule until training is completed. Compliance with this regulation will be reviewed at the Quarterly Quality Assurance Meetings, beginning 7/8/24.

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented ([REDACTED] - 06/13/2024)