

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

August 1, 2024

[REDACTED], VICE PRESIDENT OF OPERATIONS
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 06/10/2024, 06/11/2024 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: *0* Total Daily Staff: *103* Waking Staff: *77*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *06/11/2024*

Inspection Dates and Department Representative

06/10/2024 - On-Site: [REDACTED]
06/11/2024 - 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: *46* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26* Have Physical Disability: *1*

Inspections / Reviews

06/10/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/08/2024*

07/23/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: *07/31/2024*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/31/2024*

Inspections / Reviews *(continued)*

08/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

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 #1 was not signed by the resident.

The resident-home contract, dated [REDACTED] for resident #2 was not signed by the resident.

The resident-home contract, dated [REDACTED] for resident #3 was not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 07/23/2024)

A complete audit of resident contracts will be performed for compliance. If noncompliance is found the Executive Director/designee will ensure signatures are obtained. The ED or business office staff will meet with residents #1, #2, and #3 to review their individual contracts and obtain signatures by 7/31/24.

Those associates participating in contract signing will be educated per this regulation.

Quarterly audits for compliance will continue on an ongoing basis

Responsible Party: Executive Director and/or designee

All education will be completed by 7/31/2024.

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([REDACTED] - 08/01/2024)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

The records for resident #1, #2, and #3 did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept ([REDACTED] - 07/23/2024)

A complete audit of resident contracts will be performed for compliance. If noncompliance is found the Executive Director/designee will ensure resident rights and complaint procedures are provided. The ED or Business staff will review the Resident Rights with residents #1, #2 and #3 by 7/31/24 and sign to acknowledge resident of the Resident Rights.

Those associates participating in contract signing will be educated on this regulation.

41e - Signed Statement (continued)

Quarterly audits for compliance will continue on an ongoing basis.

Responsible Party: Executive Director and/or designee

Education will be completed by 7/31/2024.

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (████) - 08/01/2024)

54a - Direct Care Staff

3. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (████) - 07/23/2024)

A complete audit of associate files will be performed for compliance. If non compliance is found, the associate will be removed from working in the community until the appropriate documentation can be obtained. The Business staff will obtain a copy of the staff's high school diploma, GED and or Certified Nursing Assistance documents by 7/31/24.

Hiring Managers will receive education regarding this regulation.

Quarterly audits for compliance will continue on an ongoing basis.

Responsible Party: Hiring Manager and/or designee

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (████) - 08/01/2024)

81b - Resident Personal Equipment

4. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #4's bed is equipped with a bedside mobility device on both sides, which were not securely attached to the

81b - Resident Personal Equipment (continued)

bed frame. The devices are attached to the bed with a strap around the box spring and bars that slide under the top mattress. They move from side to side easily along the bed and away from the mattress creating hazardous areas. The opening of each enabler is not covered and is larger than 4 3/4 inches. Bedside mobility devices that slide under the mattress and are not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstances.

Plan of Correction

Accept (█) - 07/23/2024

Specific device mentioned in violation has been removed, by the Resident Care Director..

Education will be provided to existing care staff and outside service providers to devices that are acceptable in a PC setting.

To ensure compliance, Quarterly auditing will commence of all residents utilizing bedside mobility devices.

Biannual verification of need and appropriateness will be performed by PT/OT partners.

Responsible Party: Resident Care Director, Resident Services Supervisor and Executive Director

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█) - 08/01/2024

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 06/11/2024 at 10:30 AM, the temperature in the stand-alone refrigerator in the main kitchen was 50 degrees Fahrenheit.

Plan of Correction

Accept (█) - 07/23/2024

Complete audit of all refrigerators and freezers will be performed for presence of functioning thermometers, and replace any thermometers were inoperable by the Restaurant Director by 7/31/24.

Missing or dysfunctional thermometers will be replaced.

If temperature exceed 40 degrees in refrigerator, or 0 degrees in the freezer - those units will be taken out of service and clearly identified.

Temperatures of each refrigerator/freezer will be monitored daily and recorded on the Temperature Log form.

All restaurant associates will be educated on the regulation regarding refrigerated and frozen food standards.

103f - Refrigerator/Freezer Temps (continued)

Responsible Party: Restaurant OPS Director and/or designee

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (████) - 08/01/2024)

131f - Fire Extinguisher Inspection

6. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher on the home's bus does not have a tag showing when it was last inspected by a fire safety expert.

Plan of Correction

Accept (████) - 07/23/2024)

A complete audit of fire extinguishers will be completed for compliance. If non compliance is found, the extinguisher will be removed from service and replaced. The Maintenance Director will replace the fire extinguisher in the van will be replaced or recharged by 7/31/24.

Maintenance associates will be educated on the requirement for annual inspection by an expert.

Quarterly auditing for compliance will commence ongoing.

Responsible Party: Maintenance Director and/or designee

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (████) - 08/01/2024)

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

An Insulin Lispro K 100 unit pen prescribed for resident #5 was in the medication refrigerator. However, this medication was discontinued on 05/14/2024.

183d - Prescription Current (continued)

Plan of Correction

Accept ([redacted]) - 07/23/2024)

All Medication Technicians and Nurses will be educated on removing expired and discontinued medications from the medication carts. The insulin pen was discarded. All discontinued medications will be removed, daily, by med techs, starting immediately.

Random auditing for compliance will be performed on a regular and consistent basis for a period of 90 days.

Responsible Party: Resident Care Director, Resident Services Supervisor and Executive Director

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([redacted]) - 08/01/2024)

183e - Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 06/11/2024, a blister card of Melatonin 3 mg with an expiration date of 05/19/2024 was still in the home's 2nd floor medication cart.

On 6/11/2024, 8 used patches of Buprenorphine Transdermal System, belonging to Resident #6, was found in the narcotics drawer of the 3rd floor medication cart in a plastic bag. The manufacturer instructs that these patches "should be disposed of by using the Patch-Disposal Unit. Alternatively, the patches can be flushed down the toilet if a drug take-back option is not readily available." The manufacturer states that "Patients should dispose of any patches remaining from a prescription as soon as they are no longer needed"

Repeat Violation: 04/13/2023 et al.

Plan of Correction

Accept ([redacted]) - 07/23/2024)

All Medication Technicians and Nurses will receive education on proper destruction of medications. All discontinued medications found in the med cart or refrigerator will be discarded by the Med Techs, as found, starting immediately.

Regular and consistent auditing for compliance will continue for a period of 90 days.

Responsible Party: Resident Care Director, Resident Services Supervisor and Executive Director

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 08/01/2024

185a - Implement Storage Procedures

9. Requirements

2600.

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

On 06/11/2024, resident #5's glucometer was not calibrated to correct time. It displayed 10:43 at 11:37 AM. The numbers on the glucometer and on the resident's June medication administration record (MAR) do not match on 06/09/2024 at 09:00 PM (145 vs. 146), on 06/04/2024 at 01:00 PM (178 vs. 187), on 06/04/2024 at 09:00 AM (185 vs. 187), and on 06/03/2024 at 01:00 PM (194 vs. 197).

Resident #7 is prescribed Lorazepam 0.5 mg 1 tab by mouth every 6 hours as needed. On 6/11/24, there were 28 tabs left in the blister pack while the controlled medication log for this medication indicated a count of 29 after its administration on 06/09/2024 at 01:15 AM. The resident's June MAR indicates that the resident was administered this medication on 06/10/2024 at 05:31 PM by staff member B, who did not sign it out on the controlled medication log.

Repeat Violation: 04/13/2023 et al.

Plan of Correction

Accept () - 07/23/2024

All Medication Technicians and Nurses will receive education on calibration of glucometers in accordance with manufacturer's instructions. Resident #6's glucometer will be recalibrated by 7/31/24 and Resident #7's medications administration record will be corrected by 7/31/24 by the Med Techs or licensed nurses.

All Medication Technicians and Nurses will be educated on proper documentation of medication administration.

Random auditing for compliance will be performed on a regular and consistent basis for a period of 90 days.

Responsible Party: Resident Care Director, Resident Services Supervisor and Executive Director

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 08/01/2024

187b - Date/Time of Medication Admin.

10. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident #5 is prescribed accucheck 4 times a day at 09:00 AM, 01:00 PM, 05:00 PM, and 09:00 PM. The resident's glucometer has no reading on 06/02/2024 at 09:00 PM; however, there is a number (125) and the initials of staff person C on the resident's June MAR.

Resident #8 is prescribed Tramadol 50 mg 1/2 tab every 6 hours as needed (PRN). The resident's May MAR does not include the initials of staff person C who administered it on 05/23/2024 at 08:00 PM.

Plan of Correction

Accept (█) - 07/23/2024)

All Medication Technicians and Nurses will be educated on proper documentation of treatments and medication administration. Residents #5 and #8 MAR's will be corrected by the Resident Care Director or med tech by 7/31/24.

Random auditing for compliance will be performed on a regular and consistent basis for a period of 90 days.

Responsible Party: Resident Care Director, Resident Services Supervisor and Executive Director

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█) - 08/01/2024)

187d - Follow Prescriber's Orders

11. Requirements

2600.

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

Description of Violation

Resident #5 is prescribed accucheck 4 times a day at 09:00 AM, 01:00 PM, 05:00 PM, and 09:00 PM. The resident's accucheck was not done on 06/02/2024 at 09:00 PM and 06/08/2024 at 01:00 PM.

Repeat Violation: 04/13/2023 et al.

Plan of Correction

Accept (█) - 07/23/2024)

All Medication Technicians and Nurses will be educated on execution of physician orders.

Random auditing for compliance will be performed on a regular and consistent basis for a period of 90 days.

Responsible Party: Resident Care Director, Resident Services Director and Executive Director

Education will be completed by 7/31/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█) - 08/01/2024)

190b - Insulin Injections

12. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person D, who has not successfully completed a Department-approved diabetes patient education program within the past 12 months, performed blood glucose testing at 09:00 AM on 06/03, 04, 06, 08, 09, 10/2024 and at 01:00 PM on 06/03, 05, 06, 09, 10/2024.

Plan of Correction

Accept ([redacted]) - 07/23/2024)

Audit of all Medication Technician's personnel file will be completed for compliance. If noncompliance is found, the corresponding associate will be removed from medication administration until compliance can be achieved. A certified medication trainer will retrain staff D on the Department approved medication training program by 7/31/24 and remove the staff from administering medications until they have completed the training.

Auditing for compliance will continue on a quarterly basis.

Responsible Party: Resident Care Director, Resident Services Supervisor and Executive Director

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ([redacted]) - 08/01/2024)

191 - Resident Right to Refuse

13. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, #2, and #3, each admitted on [redacted] and [redacted] have not been educated to the resident's right to refuse a medication if the resident believes that there may be a medication error.

Plan of Correction

Accept ([redacted]) - 07/23/2024)

Complete audit of resident files will be completed to ensure compliance in regard to acknowledgement of their right to refuse medications. If noncompliance is found, those residents will be re-educated, and documentation will be placed in their file. The Ed or Business staff will review the residents education with residents #1, #2, and #3 by 7/31/24.

All associates involved in contract signing will be educated regarding review of resident's rights.

Responsible Party: Executive Director, Business Office Director or designee.

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

191 - Resident Right to Refuse (continued)

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 08/01/2024

227d - Support Plan Medical/Dental

14. 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 #4 uses a bedside mobility device to assist with transfer. However, the resident's assessment/support plan (RASP) dated () does not address this use.

Repeat Violation: 04/13/2023 et al.

Plan of Correction

Accept () - 07/23/2024

All associates involved in the development of support plans in the community will be educated on the need to update the support plan to include need for outside services, including but not limited to medical, dental, vision, hearing, mental health or behavioral care. The resident care director will update resident #4's RASP to include the need for a mobility device by 7/31/24.

Random auditing for compliance will be performed on a regular and consistent basis for a period of 90 days.

Responsible Party: Resident Care Director, Resident Services Supervisor and Executive Director

Education will be completed by 7/31/2024

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 08/01/2024