

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

November 8, 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 06/26/2024, 07/22/2024 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: *1 2* Date: *10/20/2021* Issued By: *Township of Doylestown*

Staffing Hours

Resident Support Staff: Total Daily Staff: *106* Waking Staff: *80*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *07/22/2024*

Inspection Dates and Department Representative

06/26/2024 On Site [REDACTED]
 07/22/2024 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: *25*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
 Diagnosed with Mental Illness: *45* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *29* Have Physical Disability: *1*

Inspections / Reviews

06/26/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/23/2024*

09/09/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/04/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/14/2024*

Inspections / Reviews *(continued)*

09/25/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/04/2024

11/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment, dated [REDACTED], for resident [REDACTED] states that the resident requires some physical assistance with transferring in/out of bed/chair. The resident's support plan, also dated 5/21/24, calls for total assistance with transferring via routine hands-on assistance with transfers and/or changes of position, including two-person assists when needed.

On the morning of [REDACTED] the resident did not receive this assistance as required. Staff person A spent several minutes demanding the resident get out of bed and grabbed the resident to transfer them against their will. The staff person tried to make the bed while the resident was sitting in it. When resident [REDACTED] attempted to use their call bell to summon another staff person, staff person A said, "It just goes to my pocket. Don't touch that." Resident [REDACTED] was eventually left sitting on the side of the bed.

Plan of Correction

Accept [REDACTED] - 09/25/2024)

Mercer Hill at Doylestown shall provide each resident with assistance with ADL's as indicated in the resident's assessment and support plan. Resident [REDACTED] is no longer a resident of Mercer Hill at Doylestown.

All Resident task logs have been reviewed for level of assistance needed for ADL's. Each resident's task log has a detailed description of actions to be taken in order to provide assistance safely and within the resident's scope of ability.

All Resident Care Associates/Medication Technicians will be inserviced on the task log descriptions for level of assistance. Emphasis will be placed on utilizing assistance from another caregiver if needed (by requesting help on the hand held communication device). Staff will also be educated on notifying the Resident Care Director and/or Resident Services Supervisor to add additional assistance to the support plan and task log. Completion date 9/4/2024. During the weekly Nursing Administration Meeting, (attended by the Executive Director, Resident Services Supervisor and the Resident Care Director), any resident with a change in condition and all new resident service plans/task logs will be reviewed for level of support needed to perform ADL's. Any issues identified will be corrected immediately and information added/deleted as applicable.

The Resident Care Director will have the overall responsibility for maintaining compliance.

Outcomes of the data collected from the weekly review will be discussed at the Quality Assurance Meeting scheduled for 9/16/2024.

As of 9/1/2024, all resident task logs have been audited by the Resident Care Director and the Resident Care Supervisor.

23a - Activities of Daily Living Assistance (continued)

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

Implemented [redacted] - 11/08/2024)

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

Resident [redacted] support plan, dated [redacted] states that the resident requires routine hands-on assistance with transferring in and out of bed. On the morning of 5/29/24, resident [redacted] was sitting on the side of their bed with their hands on their walker. Direct care staff person A said, "Your time has run out." Resident #1 replied, "Get out of here." Staff person A said, "No, I'm not going to get out so you can sit here all day. Come on...We don't have all day to play these kinds of games. You're not getting up when you need to get up." As the resident continued to protest, they pushed their call bell attempting to summon a different staff person. (The support plan says resident [redacted] "needs two person assist at times.") The staff person said, "It just goes to my pocket. Don't touch that."

Staff person A then attempted to make the bed while resident [redacted] remained sitting on it. Resident [redacted] said, "I don't want you in here." Staff person A replied, "Then you can walk to the bathroom," and grabbed resident [redacted] right arm, attempting to hoist the resident to their feet as the resident cried, "Get out of here!" Staff person A then walked away, telling the resident, "You stand, so I can make the bed." Resident [redacted] was left sitting on the side of the bed, visibly upset and shaken.

Staff person A returned to find resident [redacted] lying in bed. Staff person A said, "You said, go away, you would get up, and you didn't. No more excuses; it's over." While repeating "come on," staff person A grabbed resident [redacted] feet and pulled them off the bed. "Get away from my legs," said the resident. They continued back and forth, staff person A saying, "If you don't want me to, you have to do it yourself. So far, you're not showing me you can do it yourself, at all." Staff person A added, "I didn't want to get up at 6 am, but I had to. Guess what? It's 7:30. You're already awake. It's time. Do it yourself since you don't want my help. You're not the only person who lives in this building. You need to move. You need to get up."

The staff person left and returned a third time. They placed the resident's walker in front of the bed and said, "Pull yourself up. I'll get your clothes out." The staff person continued chastising the resident repetitively for several minutes.

Resident [redacted] and resident [redacted] are a married couple. On [redacted] at approximately 10:16 pm, resident [redacted] struck and bit resident [redacted]. Resident [redacted] suffered a skin tear on the right forearm, at least four inches in length between the elbow and wrist. Resident [redacted] also had a bite mark on the right wrist and bruising to the area. Resident [redacted] required hospital treatment due to this incident.

On [redacted] at approximately 5:39 pm, resident [redacted] scratched resident [redacted] causing bleeding to resident [redacted]s right arm.

Plan of Correction

Accept [redacted] 09/09/2024)

Mercer Hill at Doylestown has a zero-tolerance policy for abuse of or by residents or associates. All associates are obligated by law to report abuse, neglect or any inappropriate behavior to their supervisor. In the event of an

42b - Abuse (continued)

incident or report of abuse, Mercer Hill will take immediate action to investigate and take action as appropriate. The Resident, (identified as Resident [redacted]) is no longer at resident at Mercer Hill at Doylestown. In the event dated 6/9/2024, Resident [redacted] was observed being hit and aggressively being spoken to by resident [redacted]. Both were sent to Doylestown Hospital. Resident [redacted] was treated for a skin tear in the Emergency Room and Resident [redacted] was also evaluated with NNO. Upon return to the Community, Resident [redacted] was moved to another room apart from Resident [redacted]. Residents [redacted] and [redacted] remained in separate rooms in personal care until 6/14/2023, when they moved to separate rooms in the SDCU. The community has received a 30-day discharge notice from the family of Residents [redacted] and [redacted] Residents [redacted] and [redacted] will be leaving this Community on September 9.

Following notification of the incident involving Resident [redacted], the associate (identified as Staff Person A), was suspended. Following investigation, the associate was terminated from employment. A PCH Resident Meeting has been scheduled for 8/15/2024. During this meeting, the Executive Director and Resident Care Director will lead a discussion on how to report to an associate any incidents of verbal or physical abuse and neglect. The subjects of retaliation and investigation will also be discussed.

Beginning 8/19/2024, all Caregivers and Med Techs will be inserviced by the Resident Care Director, Resident Services Supervisor and Executive Director on the subject of Abuse, Types of abuse, Safe Management Techniques, Reporting, Resident to Resident Altercations, Caregiver stress/empathy. Role play, open dialogue and a question/answer period will be the methods of instruction. Completion date: 9/4/2024

Observations/reports of inappropriate staff interactions will continue to be investigated by the Community Executive Director and Department Leaders. Re-education/suspension or termination will be provided as applicable. The Executive Director has the responsibility of maintaining overall compliance. This process will be reviewed and discussed by the Executive Director at the Quality Assurance Meeting scheduled for 9/16/2024.

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

Implemented [redacted] - 11/08/2024)

187b Date/Time of Medication Admin.

3. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] MG by mouth twice daily. Resident [redacted] July 2024 medication administration record does not include the initials of the staff person who administered the medication on [redacted] at 9:00 pm, and on [redacted] at 9:00 am.

Plan of Correction

Accept [redacted] - 09/25/2024)

Mercer Hill at Doylestown will ensure that all medications will be recorded at the time the medication is administered. The 2 Medication Technicians who did not document their initials on the Medication Administration Record on 7-18-24 and 7-21-24 have been re-educated with emphasis placed on checking their documentation

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

prior to end of shift.

All Medication Administration Records and the Declining Narcotic Log are reviewed weekly as part of the weekly cart audit. The audit team consisting of the Executive Director, Resident Care Director and Resident Services Supervisor/Designee will check for initials of the staff person who administered the medication on the Medication Administration Record and the Declining Narcotic Log. The audit dated 8/9/2024 identified 2 instances in which a MAR was not initialed. A correction was completed immediately with the staff person involved.

Weekly cart audits will continue until further notice. The following items are reviewed: Initials on the Narcotic Log, Declining Narcotic Log and MAR are compared, and numbers are verified, medications on cart and Physician Orders match, expired/outdated medications are not in carts or refrigerators, blood sugar entries on MAR match the glucometer. Any documentation/medication administration issues identified during the audit will be discussed with the Medication Technician involved and re-educated. A continued pattern of non-compliance for any Medication Technician will result in documented disciplinary action up to and including exclusion from the Medication Administration Program.

Data collected from the Weekly Medication Cart Audit will be discussed by the Resident Care Director/Designee at the Quality Assurance Meeting scheduled for 9/16/2024. Any changes to the audit procedure will be implemented as applicable. The Resident Care Director will have the overall responsibility for compliance.

Staff was re-educated on 7/22/2024, r/t reviewing the MAR for completion of documentation prior to the end of their shift.

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

Implemented (█ - 11/08/2024)

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

The support plan for resident █, dated █, does not indicate the use of bedside mobility devices for transferring in or out of bed or for turning and positioning in bed. From at least 5/4/23 to 6/18/24, there were mobility devices on each side of resident █ bed. When such devices are in use, the resident's support plan must reflect the specific need for the device, its intended use and any risks associated with such use, the resident's ability to use the device safely for the purpose intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

The assessment for resident █ dated █, indicates the resident has needs for Ambulating, Securing Healthcare, Shopping, Securing and Using Transportation, Making and Keeping Appointments, Irritability, Judgement, Agitation, Aggression, Understanding Instructions, Ability to Use and Avoid Poisonous Materials. The resident's support plan, also dated 6/16/24, does not document how these needs will be met.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept [redacted] - 09/09/2024)

Mercer Hill at Doylestown will ensure that a resident's support plan/assessment includes the medical, dental, vision, hearing, mental health or behavioral care services that will be made available by the community or other outside referral sources as deemed necessary by the resident's attending physician, physician assistant or CRNP. Resident [redacted] is no longer a resident of this community. Resident [redacted] assessment and support plan was updated to reflect current needs and level of support.

All current resident support plans/assessments will be reviewed by the Resident Care Director/Resident Services Supervisor/Executive Director/Designee to ensure accuracy and inclusion of the specific needs for each individual resident and level of support. Any issues identified will be corrected and information added. Date of completion: 9-16-2024

All new admissions and residents who have a change of condition, will have their support plans/assessments reviewed at the weekly Nursing Administration Meeting, attended by the Resident Care Director, Resident Services Supervisor and the Executive Director/designee. Any issues identified will be corrected and information added/deleted as applicable.

The Resident Care Director will have the overall responsibility for maintaining ongoing compliance. Outcomes of the data reviewed at the Weekly Nursing Administration meeting will be discussed at the Quality Assurance scheduled for 9/16/2024.

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

Implemented [redacted] 11/08/2024)

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 resident did not sign the support plan.

Plan of Correction

Accept [redacted] 09/09/2024)

Mercer Hill at Doylestown will ensure that all individuals who participate in the development of the support plan shall sign and date the support plan. Resident [redacted] Support Plan has been reviewed with the Resident and signature obtained and dated with the current date.

An audit of all current support plans will be conducted and reviewed for participant signatures and dates by the Resident Services Supervisor/Resident Care Director/Executive Director/Designee. Any issues identified regarding signatures and dates will be corrected and the necessary signatures/date obtained. Audit to be completed by 9/16/2024.

All new admissions and residents who have had a change of condition will have their resident assessment and support plan reviewed at the weekly Nursing Administration Meeting attended by the Executive Director/Resident Care Director/Resident Services Supervisor. Support plans will be reviewed for completeness and for participant

227g -Support Plan Signatures (continued)

signatures. Any issues identified during this review will be corrected with the participant involved and the necessary signatures obtained. The Resident Care Director will have the overall responsibility for ongoing compliance.

Outcomes of this weekly review will be discussed by the Resident Care Director/Resident Services Supervisor at the Quality Assurance Meeting scheduled for 9/16/2024. Adjustments to the process will be made accordingly.

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

Implemented [REDACTED] - 11/08/2024)