

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

December 4, 2024

[REDACTED], EXECUTIVE DIRECTOR-PINE RUN VILLAGE
PINE RUN VILLAGE, INC.
[REDACTED]

RE: PINE RUN LAKEVIEW
2425 LOWER STATE ROAD
DOYLESTOWN, PA, 18901
LICENSE/COC#: 15036

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2024, 08/07/2024 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: PINE RUN LAKEVIEW License #: 15036 License Expiration: 08/24/2025
 Address: 2425 LOWER STATE ROAD, DOYLESTOWN, PA 18901
 County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

Name: PINE RUN VILLAGE, INC.
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 07/25/2023 Issued By: Township of Doylestown

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 107 Waking Staff: 80

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 08/07/2024

Inspection Dates and Department Representative

08/06/2024 - On-Site: [REDACTED]
 08/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 107 Residents Served: 84

Secured Dementia Care Unit
 In Home: Yes Area: Arbor Capacity: 13 Residents Served: 13

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 84
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

08/06/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/02/2024

09/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/21/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/11/2024

Inspections / Reviews *(continued)*

09/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/01/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2024

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 and support plan, dated [REDACTED], for Resident #1 indicates the resident requires assistance with supervision outside the home. On [REDACTED] the resident exited the home through the gate in the enclosed courtyard following a fire drill, the resident did not receive this assistance as required because the courtyard gate was not physically closed following the fire drill.

Plan of Correction

Accept ([REDACTED] - 09/10/2024)

The Nursing staff (Rn's, LPN's, C.N.A's and P.C.A's) will receive re-education of the updated responsibilities in the Arbor during a fire drill / emergency by 9/30/24 from The Resident Services Manager.

The Maintenance Technician will walk the perimeter and interior of the building making sure all magnetic locks and doors are re-secured after every monthly fire drill / emergency. This went into effect 8/29/24 and will be an on-going process with no end date. Documentation is on the new fire / drill emergency log attached.

All staff receive Elopement education through our Relias platform. This course is assigned by our corporate office in the month of August.

Each manager is responsible to review the Elopement Policy with their staff by 10/31/24. Elopement drills are not part of our policy. Administrator, Resident Services Manager and Nurses are responsible to ensure the policy is adhered to if an elopement occurs.

- [REDACTED] - Administrator will review policy with Admin Team, Receptionists, housekeeping, maintenance tech.
- [REDACTED] - Resident Services Manager will review policy with Nurses and Aides.
- [REDACTED] - Dining Manger will review policy with cooks, servers, utility workers.
- [REDACTED] - Community Life Manager will review policy with community life team.

A wanderguard was placed on Resident and her RASP was updated on 6/18/24.

During fire drills / fire emergencies an Arbor Caregiver is responsible to monitor the doors that enter into the courtyard.

That caregiver is also responsible to immediately re-secure The Arbor Courtyard gate once the alarms have stopped. Re-education of new protocols and responsibilities of Arbor staff during a fire drill / emergency will be completed by 9/30/24.

In addition, our maintenance technician will walk the perimeter and interior of the building making sure all magnetic locked doors are re-secured.

This will be documented on our fire drill log once completed by the Maintenance Technician.

Elopement education (Relias) is required for staff in the month of August.

Proposed Overall Completion Date: 10/31/2024

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented ([REDACTED] - 12/04/2024)

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

On 6/18/24 at 2:00 P.M., the home held an unscheduled fire drill. Residents of the first floor evacuated to the fire safe area located in the home's Secured Dementia Care Unit (SDCU) living/activity room. During fire drills or other emergencies, all magnetic locks disengage to allow for safe evacuation. At approximately 2:28 P.M., resident # 1 was able to elope from the SDCU through a disengaged door, out into the courtyard which is adjacent to the living/activity room, and through the unlocked and open gate. The resident proceeded through the parking lot and turned left onto the sidewalk adjacent to Lower State Road, a two lane highway with a speed limit of 35 miles per hour that has no guardrail or fencing to protect pedestrians from cars. After several feet, the resident stumbled and fell to the ground, which was witnessed by a bystander who contacted EMS and the home. The resident was returned to the home at approximately 3:00 P.M., and was evaluated by staff member A to have no injuries.

The approximate outdoor temperature at the time of the elopement was 89 degrees Fahrenheit. Resident # 1 was wearing long pants, a top and a sweater, and utilized a walker to ambulate during the elopement. According to the resident's assessment and support plan, supervision is required when inside and outside of the home. Additionally, resident # 1 is diagnosed with hearing loss and wears a cochlear implant, has impaired judgement, and is only oriented to person and time.

Plan of Correction

Directed [redacted] - 09/10/2024)

[redacted] RASP was updated on [redacted] by [redacted] (RSM), [redacted] (Admissions Coord.), [redacted] (Community Life). [redacted], Administrator reviewed RASP and update with [redacted] and [redacted] family on [redacted] - signed copies attached.

The plan to prevent this from happening in the future:

- *Arbor courtyard door being monitored by designated Arbor caregiver during fire drill / emergency.
- * Implementation of courtyard gate being re-secured by designated Arbor caregiver once alarm stops.
- * Designated Maintenance tech to walk perimeter and interior to re-secure all magnetic locks and gates after a fire drill / emergency.

Wanderguard was placed 6/18/24.

RASP Updated 8/28/2024 per above violation - see attached

Proposed Overall Completion Date: 09/06/2024

Directed Plan of Correction:

Within 15 days of the receipt of the accepted plan of correction, the administrator shall review and update the home's elopement policies and procedures.

Within 30 days of the receipt of the accepted plan of correction, the administrator will ensure that all staff receive training on abuse and abuse reporting, and the home's elopement policies and procedures.

Directed Completion Date: 10/07/2024

Implemented ([redacted] - 12/04/2024)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately [redacted] Staff Member B heard yelling in the hallway and went to investigate the cause. Staff member B heard staff member C state "fucking [Resident]. " After instructing staff member C to leave and calm down, staff member B took the resident to the bathroom and was followed by staff member C who began stating "[Resident] is so annoying." and "[Resident] was up all night." in the resident's presence. The resident stated "I can hear you.". Staff Member C, leaning over staff member B's shoulder, replied "Oh, Really [resident]?". The resident raised his/her fists and replied "I ought to hit you.". After again requesting Staff C to leave, and staff C's subsequent departure, Staff member B continued the resident's care.

Plan of Correction

Directed ([redacted] - 09/10/2024)

Staff member B. Watts received additional Relias courses for completion:

- Professionalism in the workplace
- Working with Residents with Dementia and behaviors

[redacted] to complete education by 8/30/24.

[redacted] to ensure the education is completed.

Attached is [redacted] transcript showing the courses were completed on 8/29/24.

Daily communication (Mon - Fri) with Administrator and RSM to ensure there have been no issues or concerns reported by another caregiver. This takes affect 9/9/24 and will end on 11/30/24.

Staff member B. was immediately placed on administrative leave while the investigation took place.

Once the investigation was founded to be unsubstantiated, additional Relias courses have been added for completion:

- Professionalism in the workplace
- Working with Residents with Dementia and behaviors
- Provided staff B. with Employee Assistance Flyer

Attached is [redacted] transcript that the course above have been completed.

All staff are educated on the following annually:

- Elder Abuse - March
- Preventing, Recognizing and reporting abuse - June
- Safeguarding Resident Rights – July
- Additional Dementia course are provided throughout the year (Understanding Alzheimer's Disease, Challenging behaviors, Communicating with people who have Dementia, Teepa Snow, Dementia Care and Memory problems, Helping friends and family with Dementia Care, Dementia Care Ethical Considerations, Quality Dementia Care, Alzheimer's Disease and related disorders). Attached is the Education plan for 2024.

Proposed Overall Completion Date: 11/30/2024

Directed Plan of Correction: Only the overall completion date is directed. While the home's plan can continue, the home should be able to demonstrate significant implementation by 10/31/24.

Directed Completion Date: 10/31/2024

Implemented ([redacted] - 12/04/2024)

42c - Treatment of Residents (continued)

132f - Alternate Exit Routes

4. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home's fire drill logs show that the home evacuates residents using alternate exit routes during fire drills. However, interviews conducted indicate that the home routinely evacuates residents of the secured dementia care unit (SDCU) to the living/activity room only.

Plan of Correction

Directed (██████) 09/10/2024)

A new fire drill log was created on 8/29/24 to include the location of the fire and the evacuation routes used. This log was created by Administrator ██████████.
In addition to our monthly fire drills, each Department (Nursing, Dining, Community Life, Administration, Housekeeping) will have additional education on the fire drill / emergency procedures to be completed by the end of December 2024. 20 sessions will be offered between the months of September and December by our fire trainers ██████████ (Lead Concierge) and ██████████ (Maintenance Technician).

Results of our monthly fire drills will show effectiveness of education.
The fire drill log will be maintained to show if there are any issues or concerns during drills and that ongoing compliance is being maintained.
Any areas of concern will be addressed as they arise.

Proposed Overall Completion Date: 12/31/2024

Directed plan of correction:

In addition to the above steps, within 30 days of the receipt of the acceptable plan of correction, the administrator shall educate all staff on fire drills and emergency procedures.

Directed Completion Date: 10/11/2024

Implemented (██████) - 12/04/2024)

225a - Assessment 15 Days

5. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's assessment, dated ██████████, does not include the exit seeking need of Resident #1.

Plan of Correction

Directed (██████) - 09/10/2024)

Start date - 8/29/24
Frequency - any New Admission to The Arbor will be audited after 30 days
Audit ends 12/31/24

225a - Assessment 15 Days (continued)

Residents 72-hour Assessment / RASP (within 15 days of admission) was completed on May 24, 2024, at that time the Resident was not exhibiting exit seeking behaviors.

Any Resident moving into the SDU will have a 72-hour RASP/ Assessment completed. If behaviors develop before the 30-day update an additional update will be completed in addition to the 30-day update. The RASP's and updates will be completed by the RSM, Admissions Coordinator or designee.

Administrator will audit New Admission's Arbor RASP's (72hr, an additional update if warranted and 30-day update) for the next 4 months to ensure compliance.

Proposed Overall Completion Date: 12/31/2024

Directed plan of correction:

Beginning 30 days from the date of the accepted plan of correction, the administrator shall audit at least 50% of new resident RASPs monthly for three months.

New directed overall completion date 10/31/24.

Directed Completion Date: 10/31/2024

Implemented [REDACTED] - 12/04/2024)