

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

February 5, 2025

[REDACTED]
CSW ARBOUR SQUARE IV DOYLESTOWN LP
[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 09/18/2024 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:** 107 **Waking Staff:** 80

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 09/18/2024

Inspection Dates and Department Representative

09/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 97 **Residents Served:** 78

Secured Dementia Care Unit

In Home: Yes **Area:** Garden House **Capacity:** 26 **Residents Served:** 22

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 78

Diagnosed with Mental Illness: 45 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 29 **Have Physical Disability:** 1

Inspections / Reviews

09/18/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/20/2024

10/31/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/13/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/05/2024

Inspections / Reviews *(continued)*

11/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/13/2024

02/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42x - Safeguard

1. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

On [REDACTED], the 78 residents in the home did not have the home's assistance in safeguarding their money or property. The home does not have a system in place to safeguard residents' money or property.

Plan of Correction

Accept ([REDACTED] - 10/31/2024)

In order to ensure the protection of a resident's money and property a separate locked drawer/key is provided for each resident in their apartment at Mercer Hill at Doylestown. All residents are encouraged to keep their valuables locked for safekeeping.

A Meeting was held with personal care residents on Thursday October 17 at 10:30 AM . This meeting was conducted by the Executive Director, Resident Services Supervisor and Guest Services Director. During this meeting, all residents were encouraged to use their locked drawer to safekeep their valuables and to notify the Maintenance Director/Guest Services Director/Receptionist Desk if the key is miss placed. Any concerns identified by residents during this meeting were clarified and answered. In addition, for the benefit of staff at Mercer Hill, an explanation of safeguarding of resident valuables and the locked drawer will be explained and discussed by the Executive Director at the General Staff Meeting scheduled for October 21, 2024.

Upon each resident's admission, the Guest Services Director/Maintenance Director/Designee, as part of the move in process, will show the resident the locked drawer and keys and educate the resident as to their intended use. The Guest Services Director/Maintenance Director/Designee will encourage all newly admitted residents to keep their valuables locked for safekeeping. The provision of keys will be documented on the Move-In form by the Guest Services Director/Maintenance Director/Designee. An audit will be conducted of each new resident's Move-In form by the Guest Services Director/Designee confirming the provision of a key to the resident. The audit of the Move-In form will continue for 2 months immediately following each resident's admission then weekly thereafter. If a key was not provided, corrections will be made immediately with the resident involved.

Any issues or concerns identified following the review of the audit will be addressed immediately by the Guest Services Director and discussed at the Quality Assurance Meeting scheduled for November 18, 2024. The Guest Services Director will have the responsibility of maintaining compliance.

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented ([REDACTED] - 12/17/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 - Criminal Background Check (continued)

Description of Violation

On [REDACTED], the criminal background for Staff person A was not located in the employee file.

Plan of Correction

Accept [REDACTED] 10/31/2024)

Mercer Hill at Doylestown has Criminal History Checks and Hiring Policies that are in accordance with the Older Protective Services Act (OAPSA) and 6PA Code Chapter 15 (relating to protective services for older adults). Staff Member A, who has not been a resident of PA for 2 years had a FBI Background check on file. Per the documentation, Staff person A was deemed eligible for employment. On [REDACTED], A PA State Police Criminal Record Background check was submitted for staff person A and was returned with certification indicating " no criminal record in PA".

Utilizing an auditing tool, all current employee files were reviewed by the Executive Director for the presence of a PA State Police Criminal Background Check. All current employee files are compliant and include a PA State Police background check. Completed: 10/12/2024

Utilizing the Employee File auditing tool, prior to a potential employees anticipated start date, each employee file will be reviewed by the Hiring Manager or the Executive Director for the presence of a PA State background check. The completed Employee File audit tool will confirm the presence of the PA Background Check. This audit will be ongoing for each new employee record. No potential employee will be provided with a start date without the presence of a PA State Police Criminal Background Check in the prospective employee file.

Outcomes regarding the auditing process will be discussed by the Executive Director at the Quality Assurance Meeting scheduled for November 18, 2024. The Executive Director will have the responsibility for maintaining ongoing compliance.

Proposed Overall Completion Date: 10/17/2024

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented [REDACTED] 12/17/2024)

57b - 1 Hour/Day

3. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On [REDACTED], there were 78 residents in the home, and 29 residents with mobility needs, requiring a minimum of 107 hours of direct care service. On this day, only 101 hours of direct care staffing was provided.

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Mercer Hill at Doylestown will schedule Direct Care Staff at least 1 hour per day to each mobile resident.

The Caregiver/Med Tech schedule will be completed at least 1 month in advance by the Resident Services Supervisor/Designee to ensure that there are caregivers and med techs scheduled to accommodate the care and medication needs of our residents and staffing regulations.

57b 1 Hour/Day (continued)

As of 10/1/2024, The Resident Services Supervisor/Designee will conduct a daily review of the schedule to make certain that there are sufficient med techs/caregivers scheduled for the following day. This process will be conducted 1 day in advance. The Resident Services Supervisor/Designee will initial the schedule each day to verify the presence of sufficient hours of care. In the event a shift is not covered, or hours do not meet regulatory standards, available med techs and caregivers will be contacted and asked for coverage. If none are available, Wellness Administration will cover the schedule. The schedule will be updated with the name of the employee who has agreed to cover. The Executive Director/Resident Services Supervisor will continue to hire full time, part time and per diem staff to fill any caregiver /med tech vacancies.

The daily review of the schedule by the Resident Services Supervisor/Designee will occur until further notice. Any concerns relating to this process will be discussed at the weekly ED/Resident Services Supervisor meeting for any additional interventions and solutions. Outcomes of the daily review will be discussed by the Resident Services Supervisor at the Quality Assurance Meeting scheduled for November 18, 2024. The Resident Services Supervisor will have the responsibility of maintaining ongoing compliance.

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented [redacted] - 12/17/2024)

57d - Waking Hours

4. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted], a total of 107 hours of direct care was required. However, only 71.5 of the required hours, or 67 percent, were provided during waking hours.

Plan of Correction

Accept [redacted] - 10/31/2024)

Mercer Hill at Doylestown will schedule at least 75% of the personal care hours (1 hour per day to each mobile resident and 2 hours per day to each resident with mobility needs) during waking hours.

The Caregiver/Med Tech schedule will be completed at least 1 month in advance by the Resident Services Supervisor/Designee to make certain that there are caregivers and med techs scheduled to accommodate the care and medication needs of our residents and to ensure 75% of the personal care hours are provided during waking hours.

As of 10/1/2024, the Resident Services Supervisor/Designee will conduct a daily review of the schedule to make certain that there are sufficient med techs/caregivers scheduled for the following day ensuring that 75% of the personal care hours are scheduled during the waking hours. This process will be conducted 1 day in advance. The Resident Services Supervisor/Designee will initial the schedule each day to verify the presence of sufficient hours of care. In the event a shift is not covered, available med techs and caregivers will be contacted and asked for coverage. If none are available, Wellness Administration will cover the schedule. The Executive Director/Resident

57d - Waking Hours (continued)

Services Supervisor will continue to hire full time, part-time and per-diem staff to fill any caregiver /med tech vacancies.

Review of the schedule by the Resident Services Supervisor/Designee will occur daily until further notice. Any concerns relating to this process will be discussed at the weekly ED/Resident Services Supervisor meeting for additional interventions. Outcomes of the daily review will be discussed by the Resident Services Supervisor at the Quality Assurance Meeting scheduled for November 18, 2024. The Resident Services Supervisor will have the responsibility of maintaining ongoing compliance.

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented [redacted] - 12/17/2024)

82c - Locking Poisonous Materials

5. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Aquaphor tube of lotion, with a manufacture's label indicating "If swallowed get medical help or contact a Poison Control Center", was unlocked, unattended, and accessible to residents [redacted] Not all the residents of the home, including [redacted], have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 10/31/2024)

Mercer Hill at Doylestown will keep all poisonous/hazardous materials including items labeled "seek medical attention if swallowed" or "contact poison control center if swallowed" locked and inaccessible to all residents unless all of the residents living in the home are able to safely use or avoid poisonous substances. The aquaphor tube of lotion was immediately removed and locked for safekeeping.

On 9/18/2024, environmental rounds were conducted in Reflections (SDCU) by the Reflections Director. The Reflections Director removed and secured any potentially hazardous items.

Inservicing will conducted by the Reflections Director and the Director of Maintenance for all Reflections Care Staff and Housekeeping Staff. Emphasis was placed on what a hazard is and how to maintain a hazard free environment. In addition, communication will be sent by the Reflections Director to all Responsible Parties of our Reflections residents to educate them on securing potentially hazardous materials. Date of completion: 10/15/2024

Environmental Rounds will be performed by the Reflections Director/Designee x7 days per week for 3 weeks, then 4x per week for 2 weeks, then weekly thereafter. Any issues identified during these environmental rounds will be corrected immediately with the staff person involved and re-education provided. Any ongoing issues identified

82c - Locking Poisonous Materials (continued)

with any staff person will prompt disciplinary action up to and including termination. Outcomes of the Environmental Rounds will be discussed by the Reflections Director at the Quality Assurance Meeting scheduled for November 18, 2024.

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented [REDACTED] - 12/17/2024)

91 - Telephone Numbers

6. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Mercer Hill at Doylestown will ensure that emergency telephone numbers for the nearest hospital, police department, fire department ambulance, poison control, local emergency Management and Personal Care Home Complaint hotline are posted on or by each telephone. Room 201 now has a posting of telephone numbers by the telephone.

Beginning October 1, 2024, All resident rooms were audited by the community Maintenance Director. Any room that did not have emergency telephone numbers available near their telephone was provided with a listing of the contact numbers.

Upon move in, the Guest Services Director/Maintenance Director will be responsible for ensuring all new move-ins have the emergency numbers posted by their telephone. As of October 30, 2024, the Housekeeping Task Log will have a weekly check off item listing confirming the presence of an Emergency Telephone Card for all telephones accessible to staff or residents. Housekeeping staff will be responsible for ensuring that emergency numbers are posted by the telephone. Additional Emergency Telephone Cards will be available on the Housekeeping Cart for ease of replacement as needed. On or before October 30, 2024, the Maintenance Director will provide an Inservice to all Housekeeping staff to review the Housekeeping Task Log procedure.

The Housekeeping Task Log will be reviewed by the Maintenance Director/Designee daily x 2 weeks, then weekly x 2 weeks. Any issues identified by the Maintenance Director/Designee via review of the Housekeeping Task Log will be corrected immediately with the resident involved. Outcomes of this audit will be reviewed by the Maintenance Director at the Quality Assurance Meeting scheduled November 18, 2024. The Maintenance Director will have the overall responsibility for ongoing compliance.

Proposed Overall Completion Date: 11/20/2024

91 - Telephone Numbers *(continued)*

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented [REDACTED] - 12/17/2024)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation for resident [REDACTED], dated [REDACTED], did not include height, weight, or immunization history.

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Mercer Hill at Doylestown will have a medical evaluation completed by a physician, physician assistant or CRNP documented on a form specified by the Department within 60 days prior to admission or within 30 days after admission and include all information as per 2600.141a. The medical evaluation for Resident 1, dated 8/14/2024 now has the resident's height and weight, with a notation of the date, time, name of the LPN adding the information and person spoken to for permission to add this information, on the DME next to the correction. The immunization history was documented as unknown.

Beginning 10/1/2024, all current resident DME's will be reviewed for completeness of information by the Resident Services Supervisor/designee. Any Issues that are identified during this review will be corrected on the DME by the Resident Services Director. If an error is identified, the reviewer's initials, date, time and name of person spoken to who provided permission for the correction will be documented on the form. Completion Date: 10/30/2024.

Prior to filing a DME into the Resident's Record, the Resident Services Supervisor/Designee will review the entire document to ensure that all required elements of the evaluation are performed and documented. If a correction is necessary, the reviewer's initials, date, time and name of person spoken to who provided permission for the correction will be documented on the form.

Any concerns relating to the completion of a DME will be discussed at the weekly ED/Resident Services Supervisor meeting for additional interventions and solutions. Outcomes of the weekly review will be discussed by the Resident Services Supervisor at the Quality Assurance Meeting scheduled for November 18, 2024. The Resident Services Supervisor will have the responsibility of maintaining ongoing compliance.

141a 1-10 Medical Evaluation Information (continued)

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented (██████ 12/17/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident ██████ is prescribed ██████ to be applied every Sunday, Tuesday, Thursday and Saturday to both lower legs. On ██████, resident ██████ was observed scratching both lower legs, which were scaling and bleeding. While the medication administration record indicates that this medication was administered as scheduled, and initialed by staff on ██████ and ██████, two containers of Minerin Cream were present in the medication cart that were sealed with the manufacturer's foil protection still present. No other containers of this medication were present.

Repeat violation: ██████ et al.

Plan of Correction

Accept ██████ - 10/31/2024)

Mercer Hill will follow the directions of the prescriber. Via observation and medication inspection, Resident ██████ Minerin cream has been applied as per physician order to both lower legs.

In order to ensure that residents receive medications and treatments as ordered by the physician, during weekly cart audits, the Resident Services Supervisor, and Executive Director will review the physician's order, observe the medications for usage, and confirm with the EMAR for administration. Specific attention and observation will be provided during the cart audits for the administration of treatments i.e. creams, lotions and ointments.

Any questions concerning the administration of these specific treatments will be discussed with the Med Tech(s) involved. If discrepancies are identified, disciplinary action will be provided up to and including removal from the Med Tech Program. Weekly Med Cart Audits will continue (until further notice) with outcomes documented on the audit tool form.

Any concerns relating to the Audit Tool will be discussed at the weekly ED/Resident Services Supervisor meeting for additional interventions and solutions. Outcomes of the weekly review will be discussed by the Resident Services Supervisor at the Quality Assurance Meeting scheduled for November 18, 2024. The Resident Services Supervisor will have the responsibility of maintaining ongoing compliance.

187d Follow Prescriber's Orders (continued)

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented [REDACTED] - 02/05/2025)

227d - Support Plan Medical/Dental

9. 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 assessment for resident [REDACTED], dated [REDACTED], indicates the resident has a need for bladder management, bowel management, securing healthcare, making and keeping appointments, and personal hygiene. The resident's support plan does not document how these need will be met.

The assessment for resident [REDACTED] dated [REDACTED], indicates the resident has a need for transfer and assistance in and out of chair or bed. The resident's support plan dated on [REDACTED] does not document how this need will be met concisely to meet the needs of the resident. The support plan for resident [REDACTED] indicates the resident has a need for managing healthcare. The support plan dated [REDACTED], does not document how this need will be met and the responsible personnel to complete the task.

Repeat violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 11/13/2024)

Mercer Hill will document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available for the resident or referrals to the resident's physician, physician assistant or certified registered nurse practitioner determines the need for these services. The assessment for Resident 1 dated 9 13 2024 has been updated to document how the needs for bladder management, bowel management, securing healthcare, making and keeping appointments and personal hygiene will be met. The assessment for resident 2, dated 5 23 2024 support plan has been updated to indicate how a need for transfer and assistance both in and out of chair and managing health care and by whom will be met.

The Resident Services Supervisor, with support from the regional support team and applicable Mercer Hill team members will provide a comprehensive review of all current resident's support plan documentation r/t medical, dental, vision, hearing, mental health, behavior services that are provided to the resident, the level of assistance needed and who will provide the assistance. Any missing information not documented on the support plan will be added by the Resident Services Supervisor.

A Support Plan will be provided within 30 days of admission, annually, in the event of a significant change and at the Department's request. The Resident Services Supervisor, applicable Mercer Hill team members, Residents and Responsible Parties (as applicable) will be involved in the development of the Support Plan and provide information to ensure the support plan is comprehensive, reflective of the resident's needs, including level of assistance and

227d - Support Plan Medical/Dental (continued)

who will provide the assistance. Contributing Mercer Hill Team members will sign the Support Plan. Residents and Responsible Parties (if applicable) will sign as participants if they choose. The Resident Services Supervisor/Designee will have the responsibility of organizing the support plan and meeting day/time.

Prior to filing the Support Plan in the Resident's Record, the Resident Services Supervisor will review the entire Support Plan for completeness of information and signatures. If all information is present, the Support Plan will be filed. Outcomes of the Support Plan review procedure will be discussed at the Quality Assurance Meeting by the Resident Services Supervisor scheduled for November 18, 2024. Any procedural revisions/recommendations will be discussed, and changes will be made accordingly. The Resident Services Supervisor will have the responsibility of maintaining continued, ongoing compliance.

Proposed Overall Completion Date: 12/02/2024

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (████) - 12/17/2024)

233c - Key-Locking Devices

10. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).

Plan of Correction

Directed (████) - 11/13/2024)

Mercer Hill at Doylestown will ensure that the directions for the operation of devices that prevent immediate egress to lock/unlock exits will be conspicuously posted near the device.

As of 11/4/2024, the door entering Reflections (SDCU) has a sign posted above the doorbell with the following information/instructions: "To access Reflections Memory Care, please push doorbell. An associate will assist you with entering Reflections." To exit Reflections Memory Care, the following information/instructions is posted above the doorbell: "To leave Reflections Memory Care, please push the doorbell. An associate will assist you with exiting Reflections." All Reflections staff will be re-inserviced by the Reflections Director on the directions of guest/family members entering and exiting the Reflections door and staff response to the doorbell.

By 11/11/2024, the Reflections Director will contact Responsible Parties of the residents currently residing in Reflections to review the door operating directions and instructions. Clarification will be provided as needed.

Any issues identified with the implementation of this new procedure will be discussed by the Reflections Director at the Quality Assurance Meeting scheduled for November 18, 2024. The Reflections Director will have the responsibility for ongoing compliance.

233c - Key-Locking Devices (continued)

Proposed Overall Completion Date: 11/11/2024

Directed Plan of Correction:

Immediately, the administrator shall post the code to any exits from the memory care unit conspicuously.

Within 10 days of the accepted plan of correction, the administrator shall educate all staff that regularly work in the secured unit on the requirement that the code must be posted conspicuously at all times.

Beginning 10 days from the date of the accepted plan of correction, the administrator or designee shall audit exit doors from the secured unit daily for 10 days, weekly for 8 weeks, then monthly for 6 months to ensure that the code is present and conspicuously posted at all times.

Directed Completion Date: 12/09/2024

Implemented [REDACTED] - 02/05/2025)

251b - Record Entries Legible

11. 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 medication control record for resident [REDACTED] s [REDACTED] take one table by mouth every 12 hours as needed, was written over on the time section for the [REDACTED] afternoon entry.

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Mercer Hill will ensure that all entries made in the Resident's Record are permanent, legible, dated and signed by the staff person making the entry.

The staff person responsible for the write over in the Declining Narcotic Log for Resident [REDACTED] was provided with a corrective action form and was re-educated by the Resident Services Supervisor.

Beginning 10/14/2024, all Med Techs will be reeducated by the Resident Services Supervisor on the practice of drawing a single line through the incorrect entry, (ensuring that the original entry is still legible,) writing "error" over the incorrect entry. The staff person making the correction will add their initials/date to the entry. During the Weekly Med Cart Audit, (completed by the Executive Director/Resident Services Supervisor/Designee) all entries will be reviewed for legibility/dates and implementation of procedure to correct errors in entries. If any errors are identified during the weekly Med Cart Audit, the error will be documented on the weekly Cart Audit Tool. The Med Tech Involved will be re-educated on the proper procedure to correct an error. A pattern of non-adherence to the procedure for correcting entries will result in disciplinary action up to and including removal from the Med Tech Program. Weekly Cart Audits will be continued until further notice.

Any concerns relating to the Med Cart Audit Tool will be discussed at the weekly ED/Resident Services Supervisor meeting for additional interventions and solutions. Outcomes of the weekly Med Cart Audit review will be discussed by the Resident Services Supervisor at the Quality Assurance Meeting scheduled for November 18, 2024. The Resident Services Supervisor will have the responsibility of maintaining ongoing compliance.

251b - Record Entries Legible (continued)

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented (████) - 12/17/2024)

252 - Record Content

12. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.
- 18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident's property entrusted to the administrator for safekeeping.

Description of Violation

On █████ there were following concerns with record content in the home.

- Resident █████ record does not include a face sheet to include: photograph of the resident, inventory of the personal property.
- Resident █████ record does not include inventory of the personal property.

Plan of Correction

Accept (████) 10/31/2024)

Each Resident at Mercer Hill at Doylestown will have in their Resident Record: 1) a photograph that is no more than 2 years old; 2) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated; 3) An inventory of the resident property entrusted to the administrator for safekeeping. Resident █████ now has a face sheet that includes: a photograph of the resident that is no more than 2 years old.

All current Resident Records will be reviewed by the Resident Services Supervisor/Designee for the presence of a resident photograph less than 2 years old. Any missing photographs will be retaken by the Guest Services Director and email it to the Resident Services Supervisor for inclusion on the Resident Face Sheet. The Resident Services Supervisor/Designee will be responsible for uploading the picture on the Resident Face Sheet, dating the picture and filing the document in the Resident Record. Completion Date: 10/30/2024.

On the day of each new admission, the Guest Services Director/Designee will take a picture of each new move-in and email it to the Resident Services Supervisor for inclusion on the Resident Face Sheet. The Resident Services Supervisor/Designee will be responsible for uploading the picture on the Resident Face Sheet, dating the picture and filing the document in the Resident Record. Within a week of a Resident Move-In, the Guest Services

252 - Record Content (continued)

Director/Designee will audit the Resident Record for the presence of the resident's picture on the face sheet. The Guest Services Director/Designee will keep a log of resident picture dates and provide an updated picture when needed. This process will be completed for each resident every 2 years from date on the picture. Issues identified as a result of this audit will be discussed with the Resident Services Supervisor for correction. The auditing process for each new resident will be ongoing until further notice.

Outcomes of this audit will be discussed by the Guest Service Director at the Quality Assurance Meeting Scheduled for November 18, 2024.

Resident [REDACTED] was offered the Personal Property Form, however declined. Resident [REDACTED] declined completing the Personal Possessions Form. The Executive Director has no possession of any resident's personal property.

A Personal Possession Form is now included in the new admission Move-In packet. During the contract signing, the Executive Director/Designee will discuss with each Resident the voluntary completion of the form and the process of voluntary updates. Any resident declining to voluntarily complete the Personal Possession form will have a notation on the form indicating that the resident declined to complete.

A Personal Care Meeting was held on October 17 at 10:30. The Executive Director conducted this meeting with the Resident Services Supervisor and Guest Services Director in attendance. The Possession Form was discussed by the Executive Director and distributed for voluntary completion. Any resident not attending this meeting will have the form provided to them by the Guest Services Director for voluntary completion. Any Resident who chooses not to voluntarily complete the Personal Possession Form will have a notation made on the form indicating that the resident declined to complete. Residents will be requested to return their completed Personal Possessions Form to the front desk for collection and subsequent filing in their Resident Record. If choosing to complete the Resident Possession Form, Residents were advised to inform the Resident Services Supervisor/Guest Services Director if they needed to update/add/remove items on their Possessions Form.

Outcomes of this process will be reviewed and discussed by the Guest Services Director at the Quality Assurance Meeting scheduled for November 18, 2024. The Guest Services Director will have the responsibility for ongoing compliance.

Proposed Overall Completion Date: 11/20/2024

Licensee's Proposed Overall Completion Date: 11/20/2024

Implemented [REDACTED] - 12/17/2024)