

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

December 2, 2024

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

RE: THE GARDEN AT PINE RUN HEALTH
CENTER
777 FERRY ROAD
DOYLESTOWN, PA, 18901
LICENSE/COC#: 15037

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE GARDEN AT PINE RUN HEALTH CENTER License #: 15037 License Expiration: 08/24/2025
 Address: 777 FERRY 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: Other Date: 07/25/2023 Issued By: Township of Doylestown

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 74 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/25/2024

Inspection Dates and Department Representative

09/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 Residents Served: 37

Secured Dementia Care Unit

In Home: Yes Area: The Garden Capacity: 40 Residents Served: 37

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 37 Have Physical Disability: 0

Inspections / Reviews

09/25/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/26/2024

10/30/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/22/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/05/2024

Inspections / Reviews *(continued)*

10/30/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/24/2024

12/02/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED]. Resident #1's personal belongings were removed from their room by [REDACTED] however, the reminder of the previously paid charges was not credited to the spouse's account until [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/30/2024)

- Resident #1's wife, a resident of the community, was credited on [REDACTED]
- PC Administrator or designee audited by 10/26/2024 all discharges in past six months to ensure all refunds have been paid. Variances noted and were addressed.
- The administrator will re-educate the financial services team by November 15, 2024, on 2600.28(e) and the Elder Care Payment Restitution Act (35 P.S. § 10226.101 – 10226.107) will be given to the financial services team by the administrator by November 15, 2024.
- Financial Team members conduct a monthly audit x3 months on discharged residents to ensure resident refunds are provided within 30 days. Audit reports will be reviewed in the quality management team meetings and recommendations made as appropriate.
- Compliance date November 23, 2024

Proposed Overall Completion Date: 11/23/2024

Licensee's Proposed Overall Completion Date: 11/23/2024

Implemented [REDACTED] - 12/02/2024)

82c - Locking Poisonous Materials

2. 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

Colgate Optic White toothpaste, with a manufacturer's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in room #507. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 10/30/2024)

- The unlocked cabinet containing the toothpaste was immediately locked by the personal care manager. The resident did not experience any ill effects from the toothpaste being in an unlocked cabinet.
- The personal care manager conducted an audit of all resident rooms the evening of 9/25/2024 and no additional variances were noted.
- The resident care staff will be Re-educated regarding 82.c that poisonous materials shall be kept locked and inaccessible to residents since all of the residents living in the home are not able to safely use or avoid poisonous

82c - Locking Poisonous Materials (continued)

materials will be provided by the personal care manager or designee. Re-education will also emphasize that poisonous materials may include items not immediately considered a danger if consumed (such as toothpaste) and that items such as this must be placed in locked storage. Re-education will be completed by 11/15/2024.

- The evening shift nurse supervisor or designee shall conduct weekly audits x 4 weeks of 6 random resident rooms beginning the week of 10/20 and continuing week of 10/27/24 11/3/2024 and 11/11/2024 followed by monthly audits x2 in December 2024 and January 2025 to ensure that poisonous materials are properly locked. Results will be reviewed in quality management team meetings and recommendations made as appropriate.
- Completion Date November 23, 2024

Proposed Overall Completion Date: 11/23/2024

Licensee's Proposed Overall Completion Date: 11/23/2024

Implemented (█) - 12/02/2024)

91 - Telephone Numbers

3. 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 #507.

Plan of Correction

Directed (█) - 10/30/2024)

- Emergency telephone numbers were immediately hung on the resident's bedroom wall on 9/25/2024.
- The personal care manager audited all rooms on 9/27/2024 to ensure residents who have cell phones have access to emergency phone numbers in their rooms. Variances noted and were addressed.
- The Personal Care Manager or designee will re-educate staff of regulation 91 by November 15, 2024.
- The environmental services director or designee will conduct weekly audits x4 weeks and then monthly audits x2 months in December 2024 and January 2025 to ensure residents with cell phones have access to emergency telephone numbers in their rooms. Audit reports will be reviewed in quality management team meetings recommendations made as appropriate.
- Compliance date 11/23/2024

Proposed Overall Completion Date: 11/23/2024

Directed Completion Date: 11/23/2024

Implemented (█) - 12/02/2024)

124 - Notice to Fire Department

4. Requirements

2600.

124 - Notice to Fire Department (continued)

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's last written notification to the local fire department was completed in 2016; however, the home had a change in ownership in 2023 requiring a new letter be sent.

Plan of Correction

Accept [redacted] - 10/30/2024)

- The personal care manager wrote a letter to the Doylestown Fire Company Fire Chief of the address of the home, location of the bedrooms and assistance needed to evacuate in emergency on 9/27/2024.
- An audit of the regulations showed no other letters were needed.
- Personal care manager and resident services manager were re-education on requirements of notice to the fire department.
- The personal manager or designee will audit information included in the letter monthly x3. Audits will be reviewed in quality management meetings for review and recommendations.
- Compliance Date: November 23, 2024.

Proposed Overall Completion Date: 11/23/2024

Licensee's Proposed Overall Completion Date: 11/23/2024

Implemented ([redacted] - 12/02/2024)

183d - Prescription Current

5. 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

On 09/25/24, [redacted] eye drops prescribed for resident #2, was in the home's medication cart; however, the medication was discontinued on [redacted]

Resident #2 also had a prescription for [redacted]" dated [redacted]. On [redacted], with an issued date of [redacted], for resident #2 was still on the home's medication cart.

Repeat Violation: 12/28/23.

Plan of Correction

Accept [redacted] - 10/30/2024)

- The Resident Care Services Manager and LPN on duty immediately removed and destroyed the [redacted] and [redacted]
- An audit of the medication cart was completed by the resident services manager on October 5 and 6, 2024 and no additional discontinued prescriptions, OTC's, samples or CAM's were found without current orders.
- Licensed staff will be re-educated on 183d and PSL Medication Administration policy by 11/15/2024 by the Personal Care Manager or Designee.
- The Resident Care Services Manager or designee will conduct weekly audits (week of 10/13, 10/20, 10/27 and 11/3/2024 and monthly audits in December 2024 and January 2025 to ensure that all discontinued medications

183d - Prescription Current (continued)

are removed and discarded and are not in the medication carts. Audits will be reviewed in the quality management meetings.

- Date of Compliance 11/23/2024

Proposed Overall Completion Date: 11/23/2024

Licensee's Proposed Overall Completion Date: 11/23/2024

Implemented (██████ 12/02/2024)