

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

February 5, 2025

[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 12/02/2024 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: Total Daily Staff: *106* Waking Staff: *80*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *12/02/2024*

Inspection Dates and Department Representative

12/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *97* Residents Served: *79*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *Garden House* Capacity: *26* Residents Served: *20*
 Hospice
 Current Residents: *1*
 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: *27* Have Physical Disability: *1*

Inspections / Reviews

12/02/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2024*

01/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/21/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/14/2025*

Inspections / Reviews *(continued)*

01/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/24/2025

02/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

101i - Access to Bedroom

1. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On [redacted] at 11:25 AM, resident [redacted] access to [redacted] bedroom was impeded by a banner with a "Do not enter sign" that was hung across the entry to their bedroom. Staff interviews indicate that this resident will wait outside of the door until staff come to remove the banner.

Plan of Correction

Accept ([redacted] - 01/15/2025)

Mercer Hill will ensure that each resident has access to their room at all times. The "Do Not Enter Sign" across the threshold to Resident [redacted] room has been removed.

There are no other "Do Not Enter Signs" being utilized at Mercer Hill at Doylestown at this time. The resident who precipitated the use of the "Do Not Enter Sign" is no longer present at this Community.

By December 30, 2024, the Reflections (Memory Care) Director, will be provided with an inservice training by the Executive Director relating to the use of barriers prohibiting access to bedrooms. If an intervention becomes necessary to remind residents to not enter other resident's rooms, the Reflections (Memory Care) Director will conduct a meeting including but not limited to the Resident Care Director, Maintenance Director and Responsible Party to discuss possible interventions that incorporates the resident's right to have access to his/her bedroom at all times. Support Plans will be updated accordingly with interventions documented.

The Memory Care (Reflections) Director will have responsibility for ongoing compliance. The Reflections (Memory Care) Director/Designee will continue to make rounds of the Reflections neighborhood daily to ensure compliance is maintained. As there are no interventions currently used for deterring entrance to a resident room, a Quality Assurance Audit is not necessary at this time. Reporting at a Quality Assurance meeting will commence if an intervention should be utilized.

Daily Rounds were conducted daily for 1 week beginning 12/2/2024 and ending 12/9/2024. Weekly rounds began 12/10/24 and ended 12/31/24. Monthly rounds began January, 2025 and will continue until April, 2025. Rounds will be completed by the Reflections (Memory Care) Director/Designee.

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented ([redacted] - 02/05/2025)

183e - Storing Medications

2. 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 [redacted] resident [redacted] blister pack of [redacted], had tape over the sections for pills 27-29. Pill section for pill 29 was punctured and the pill was still in the package.

183e - Storing Medications (continued)

Repeat violation: 6/10/24 et al.

Plan of Correction

Accept [redacted] - 01/15/2025)

Mercer Hill will store prescription medications, OTC medications and CAM in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

The tramadol for resident [redacted] was wasted and documented as such. The Medication Technician who compromised the medication blister pack was provided with an education relating to proper storage of medications.

On December 3, 2024 and December 4, 2024, the Resident Care Director reviewed the blister packs contained in each medication cart. The results of this review identified no issues regarding compromised blister packs. No other storage concerns were observed.

Beginning December 18, 2024, Medication Technicians will be educated by the Resident Care Director/Designee pertaining to Medication Storage and Safety, Labels on Resident Medications, Recording the date/time of Medication Administration and following Prescriber's Orders. The education for Medication Technicians will be completed by January 2, 2025. In addition, Medication Technicians will have a Medication Administration Competency Observation performed by the Regional Director of Care/Designee. Competency observations will be ongoing and will be completed by January 20, 2025. Any Medication Technician identified as having issues with medication administration will have a documented real time education provided. Medication Technicians on PTO/LOA will be educated on the aforementioned inservice topics by the Resident Care Director/Designee prior to returning to their Med Cart responsibilities.

As of December 18, 2024, a storage observation has been added to the weekly Medication Cart Audit Tool. Weekly medication cart audits will be continued until further notice. Any issues identified by the Resident Care Director/ Executive Director/Designee during the weekly cart audit will be corrected immediately with the staff person involved. A continued pattern of non-compliance will result in disciplinary action up to and including removal from the Medication Technician Program. The Resident Care Director will have the responsibility for continued compliance. Outcomes of the weekly cart audits will be reviewed at the Quality Assurance Meeting by the Resident Care Director/Designee scheduled for February 3, 2025, at which time the audit process will be reviewed and a determination made for further audits and/or education.

The Medication Technician involved was educated related to the proper storage of all medications on 12/2/2024 by the Resident Care Director.

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented [redacted] 02/05/2025)

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (continued)

5. The name and title of the prescriber.

Description of Violation

On [REDACTED] at 1:24 PM there were two tubes of [REDACTED] that were open and not labeled with a resident's name in the medication cart.

Plan of Correction

Accept ([REDACTED] - 01/15/2025)

Mercer Hill will ensure that the that the original container for prescription medications will be labeled with a pharmacy label that includes the following: the resident's name, name of the medication, date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber. The 2 tubes of [REDACTED] that were open and not labeled with the resident's name were immediately removed by the Resident Care Director from the medication cart and returned to resident [REDACTED] responsible party.

From December 3, 2024 through December 6, 2024 the Resident Care Director reviewed each of the 3 medication carts to ensure that all prescribed medications were properly labeled. The results of this review identified no further issues with labeling.

Beginning December 18, 2024, Medication Technicians will be educated by the Resident Care Director/Designee relating to the appropriate labeling on resident medications, which includes resident's, name, name of medication, date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber. Education for Medication Technicians on the subject of labeling will be completed by January 2, 2025. To ensure proper labeling, Medication Technicians will be instructed to discontinue the practice of accepting medications from Responsible Parties/Residents. Medications provided by Responsible Parties/Residents will be given directly to the Resident Care Director/Licensed Nursing Designee. In addition, by December 31, 2024, written communication will be forwarded to all responsible parties/residents (who bring in medications) advising them to bring all medications directly to the Resident Care Director/Licensed Nurse Designee so that medication labels may be reviewed for the necessary information prior to storing in the medication cart. Any Medication Technician on PTO/LOA will be educated on the aforementioned inservice topics by the Resident Care Coordinator/Designee prior to their return to med cart responsibilities.

Weekly Cart audits will be continued until further notice by the Resident Care Director and the Executive Director/Designee. The Medication Cart Audit now includes a section for appropriate labeling of medications. Any labeling issues identified by the Weekly Medication Cart audit will be corrected immediately and re-education provided to the involved staff member.

The Resident Care Director will have the responsibility for continued compliance. Outcomes of the weekly cart audits will be reviewed at the Quality Assurance Meeting by the Resident Care Director/Designee scheduled for February 3, 2025, at which time the audit process will be reviewed and a determination made for further audits and/or education.

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented ([REDACTED] - 02/05/2025)

187b - Date/Time of Medication Admin.

4. Requirements

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

2600.

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

Description of Violation

On [redacted] at 11:00 AM, resident [redacted] was administered [redacted]. Staff person A did not record the date, the time of administration, or the controlled substance count until [redacted] at 1:52 PM when an agent of the department was completing a medication audit.

Repeat violation: [redacted] et al., [redacted] et al.

Plan of Correction

Accept [redacted] - 01/15/2025)

Mercer Hill at Doylestown will ensure that medications will be recorded on the day/time the medication is administered, and the Declining Narcotic Log is completed when the narcotic is administered. Staff person A was provided with an education by the Resident Care Director pertaining to the documentation of medication at time of administration and completion of the Declining Medication Log.

On December 18, 2024, the Weekly Medication Cart Audit Tool was reviewed by the Resident Care Director. The results of this review indicates that medications including narcotics have been signed out appropriately at time of administration. If a medication was not signed out at time of administration, documentation was provided to support the timely administration of the prescribed medication.

Beginning December 18, 2024, Medication Technicians will be educated by the Resident Care Director/Designee pertaining to Medication Storage and Safety, Labels on Resident Medications, Recording the date/time of Medication Administration and following Prescriber's Orders. The education for Medication Technicians will be completed by January 2, 2025. In addition, Medication Technicians will have a Medication Administration Competency Observation performed by the Regional Director of Care/Designee. Competency observations will be ongoing and will be completed by January 20, 2025. Any Medication Technician identified as having issues with medication administration and documentation will have a real time documented education provided at the time of the competency observation. Any Medication Technician on PTO/LOA will be educated on the aforementioned inservice topics by the Resident Care Coordinator/Designee prior to their return to med cart responsibilities.

Weekly Cart audits will be continued until further notice by the Resident Care Director and the Executive Director/Designee. Any issues identified will result in re-education with the involved staff member. Continued non-compliance with medication administration and documentation will result in disciplinary action up to an including removal from the Medication Technician program. The Resident Care Director will have the responsibility for continued compliance. Outcomes of the weekly cart audits will be reviewed at the Quality Assurance Meeting by the Resident Care Director/Designee scheduled for February 3, 2025, at which time the audit process will be reviewed and a determination made for further audits and/or education.

On 12/2/2024 the Medication Technician involved was inserviced by the Resident Care Director relative to the recording of the day and time medications are administered.

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented [redacted] - 02/05/2025)

187d Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] apply to face and scalp once daily. While the medication administration record indicates that this medication was administered as scheduled, and initialed by staff at 9am on [REDACTED] and [REDACTED], 3 tubes of [REDACTED] that were present in the medication cart were sealed with the manufacturer's foil protection still present. No other containers of this medication were present in the cart that were prescribed to resident [REDACTED].

Repeat violation: [REDACTED] et al., [REDACTED]

Plan of Correction

Accept ([REDACTED] - 01/15/2025)

Mercer Hill at Doylestown will follow the directions of the prescriber.

The [REDACTED] order was reviewed by the Resident Care Director. [REDACTED] tubes of [REDACTED] were removed from the Medication Cart by the Resident Care Director and given to the Resident [REDACTED] responsible party.

Beginning December 18, 2024, med techs will be educated by the Resident Care Director/Designee pertaining to Medication Storage and Safety, Labels on Resident Medications, Recording the date/time of Medication Administration and following Prescriber's Orders. The education for Medication Technicians will be completed by January 2, 2025. In addition, Medication Technicians will have a Medication Administration Competency Observation performed by the Regional Director of Care/Designee. Competency observations will be ongoing and will be completed by January 20, 2025. Any Medication Technician identified as having issues with medication administration will have an on-the-spot education provided. Continued/pattern of non-compliance will result in disciplinary action up to and including removal from the Medication Technician program. Until further notice, weekly cart audits conducted by the Resident Care Director and the Executive Director/Designee will continue. As part of the med cart audit review, medications will be checked for usage. If issues are identified, the Resident Care Director/Licensed Nursing Designee will investigate and interventions up to and including termination may result. Any Medication Technician on PTO/LOA will be educated on the aforementioned inservice topics by the Resident Care Coordinator/Designee prior to their return to med cart responsibilities.

The Resident Care Director will have the responsibility for continued compliance. Outcomes of the weekly cart audits will be reviewed at the Quality Assurance Meeting by the Resident Care Director/Designee scheduled for February 3, 2025, at which time the audit process will be reviewed and a determination made for further audits and/or education.

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented ([REDACTED] - 02/05/2025)

233c - Key-Locking Devices

6. 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.

233c Key Locking Devices (continued)

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) as the code posted cannot be deciphered. Posted is a sign with numerals vertically layered over one another in a configuration that includes several numbers that are not included in the correct code.

Plan of Correction

Accept [REDACTED] - 01/15/2025)

The directions for operating the (Reflections) Memory Care door mechanism is conspicuously posted near the door to the Memory Care unit and to any exits from the memory care unit.

The door code has been changed on 12 24 2024 and is conspicuously posted next to the door to the Memory Care Unit and at all exits. By January 3, the Executive Director/Memory Care Director will educate all staff that regularly work in Memory Care (Reflections) on the requirement that the code must conspicuously be posed at all times.

Starting 12/24/2024 the Executive Director shall audit exit doors from the secured unit daily for 10 days, weekly for 10 weeks, then monthly for 6 months to ensure that the code is present and conspicuously posted at all times.

The Executive Director will have the responsibility of continued compliance. Results of the audit will be reviewed at the Quality Assurance Meeting scheduled for February 3, 2025.

Licensee's Proposed Overall Completion Date: 01/20/2025

Implemented [REDACTED] - 02/05/2025)