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

June 26, 2025

[redacted]
TWINING RETIREMENT COMMUNITY LLC
[redacted]

RE: HOLLAND SENIOR LIVING COMMUNITY
1400 OLD JORDAN ROAD
HOLLAND, PA, 18966
LICENSE/COC#: 14657

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2025 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: *HOLLAND SENIOR LIVING COMMUNITY* **License #**: *14657* **License Expiration**: *08/30/2025*

Address: *1400 OLD JORDAN ROAD, HOLLAND, PA 18966*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *TWINING RETIREMENT COMMUNITY LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *99* **Waking Staff**: *74*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *01/28/2025*

Inspection Dates and Department Representative

01/28/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *152* **Residents Served**: *57*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Fairview Court* **Capacity**: *27* **Residents Served**: *9*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *57*

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

Have Mobility Need: *42* **Have Physical Disability**: *2*

Inspections / Reviews

01/28/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/03/2025*

03/07/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/31/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/12/2025*

Inspections / Reviews *(continued)*

03/25/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/31/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/31/2025*

06/26/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/31/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42b - Abuse

1. 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] was admitted to the home for respite care on [redacted]. The resident's contract was dated from [redacted] to [redacted] On [redacted], resident [redacted] repeatedly attempted to leave the home and displayed aggressive behavior when deterred by staff, which led to the resident's temporary placement in the home's Secured Dementia Care Unit (SDCU) late in the evening.

On [redacted] the resident attempted to elope from the SDCU three times, succeeding to go out by using the pin code and by removing a window from an unoccupied room. Subsequently, the resident was placed on every one hour checks.
During the night shift from 11:00 PM till 07:00 AM next morning, the home had only one direct care staff on the SDCU with 9 other residents. Staff A kept resident [redacted] in sight until it was time for the staff to do rounds and provide assistance to other residents around 12:10 AM. Staff A persuaded resident [redacted] to go to bed, which the resident obliged. Staff A noticed that the resident was not in [redacted] room around 12:45 AM and began searching the entire home without success. The police department was notified of the elopement at approximately 01:10 AM, and the search continued until the resident was found in the townhome complex across the street, a two way road with limited lighting and a speed limit of 25 miles per hour, by the first responders around 02:20 AM. The resident was able to elope from the SDCU by removing a window in another unoccupied room. The outdoor temperature at the time of the elopement was approximately 33 degrees Fahrenheit. The resident was wearing a long sleeve shirt and pants with no coat and was outdoors for approximately 1 and 1/2 hours before being returned to the home by the police department, and was observed cold to the touch and shivering with a scratch/skin tear on the left ear.

Plan of Correction ***Directed [redacted] - 03/25/2025)***

In order to show the facilities continued adherence to the regulations of the home, we acknowledge the violation of 2600.42b and are putting the following in work.
Action: Inservice on Abuse was performed on 2/26/25 by Ombudsman as this violation was added this week. The audience was the nursing staff as attached.
Plan: Additional staff will be provided when there is an issue with a resident requiring additional assistance as a 1:1 if able or if a change in mental status, resident shall be sent out to hospital for evaluation. CSM or Admin will be responsible for retaining additional staff. The communication happens via walkie talkie, through the charge nurse or by telephone if CSM or Admin is not in the building at the time. When a staff member is in need of assistance they will use the paging system.
Sustain: Review of residents during daily rounds will be included with changes and an additional plan will be put in place. See attached daily rounds. Daily rounds starting 1/20/25 are performed by the CSM using PCC progress notes. They are reviewed with Admin and charge nurse. This would include any issues that would be happening or we foresee happening. Physical nursing rounds starting 1/20/25 are made multiple times a shift by the charge nurse in the evening hours.

42b - Abuse (continued)

Proposed Overall Completion Date: 03/09/2025

Directed Plan of Correction:

Within 15 days of the receipt of the acceptable plan of correction, the administrator or ombudsman shall educate all staff performing direct care on abuse and abuse reporting.

Starting within 15 days of the receipt of the acceptable plan of correction, the administrator or designee shall educate care staff regarding the home's plan for additional staffing and requesting assistance via the home's communication devices.

Staring within 5 days of the receipt of the acceptable plan of correction, the administrator shall perform weekly audits of the staff schedule for 2 months to ensure additional staff availability per resident's needs.

Directed Completion Date: *03/30/2025*

Implemented [redacted] 06/26/2025)

54a - Direct Care Staff

2. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation: [redacted]

Plan of Correction ***Accept [redacted] 03/07/2025)***

In order to show the facilities continued adherence to the regulations of the home, we acknowledge the violation of 2600.54a and are putting the following in work.
Issue: Staff member A has a foreign high school diploma which is not acceptable.
Action: Staff Member A has been removed from the schedule.
Plan: Human Resource Director will have all records pulled for staff that are in a position of a direct care giver by 3/10/25 to review any foreign diplomas.
Sustain: Administrator will be retrieving the diplomas during the interview process / acceptance process. Human Resources will be the second set of eyes for confirming the acceptance.

Licensee's Proposed Overall Completion Date: *03/03/2025*

Implemented [redacted] 06/26/2025)

60a - Staff/Support Plan

3. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

60a - Staff/Support Plan *(continued)*

Description of Violation

On [redacted] early in the morning, resident [redacted] from the home's Secured Dementia Care Unit (SDCU). Resident [redacted] supervision needs could not be met due to lack of additional direct care staffing in the home. At the time of the incident, there was only one direct care staff present on the SDCU, who was responsible for 9 other residents, all of whom have mobility needs and require assistance to evacuate in an emergency.

Plan of Correction ***Directed [redacted] - 03/25/2025)***

In order to show the facilities continued adherence to the regulations of the home, we acknowledge the violation of 2600.60a and are putting the following in work.
Issue: Additional Supervision was needed for a resident with a change of mental status.
Action: Staff education given by Administrator and Clinical Service Manager regarding proper communication when issues arise.
Plan: Residents that require additional supervision will be evaluated by Clinical Service Manager or Administrator with assistance from the Charge Nurse to confirm what next step should be. This would include placement, 1:1 or transfer to a hospital.
Sustain: Review of residents during daily rounds will be included with changes and an additional plan will be put in place. Daily rounds are performed starting 1/20/25 by the CSM using PCC progress notes. They are reviewed with Admin and charge nurse. This would include any issues that would be happening, or we foresee happening. If additional staffing is needed due to an issue, this would be discussed. Physical nursing rounds starting 1/20/25 are made multiple times a shift by the charge nurse in the evening hours.

Proposed Overall Completion Date: 03/09/2025

Directed Plan of Correction:

Starting within 15 days of the receipt of the acceptable plan of correction, the administrator or designee shall educate care staff regarding the home's plan for additional staffing and requesting assistance via the home's communication devices.

Staring within 5 days of the receipt of the acceptable plan of correction, the administrator shall perform weekly audits of the staff schedule for 2 months to ensure additional staff availability per resident's needs.

Directed Completion Date: *03/30/2025*

Implemented [redacted] 04/24/2025)

63a - First Aid/CPR Training

4. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted] from 11:00 PM till 07:00 AM next morning, [redacted] residents were present in the home. During this time, only 1 staff person was present in the home who was certified in 1st aid/CPR.

63a - First Aid/CPR Training *(continued)*

Plan of Correction ***Directed [redacted] - 03/25/2025)***

In order to show the facilities continued adherence to the regulations of the home, we acknowledge the violation of 2600.63a and are putting the following in work.
Issue: Not enough staff members were in the actual building that is CPR certified.
Action: Communication with corporate is currently happening between Administrator and Corporate. Approved CPR / AED Certifications for Healthcare workers are completing the class by 3/30/25. See attached for 2 members from night shift completed.
Plan: Staff to participate in a CPR / First Aid Class by March 30th by National CPR Foundation. Facility has access to other staff members located on campus.
Sustain: Human Resources to request the CPR card upon hiring. If no CPR card is available, staff member will be required to have within 30 days of employment.

Proposed Overall Completion Date: 03/30/2025

Directed Plan of Correction:

Please note that the National CPR Foundation is not a nationally recognized healthcare organization or hospital and CPR certifications from this organization are not accepted.

Starting 5 days from the receipt of the acceptable plan of correction, the administrator shall review the staff schedule weekly for 2 months to ensure sufficient staff are scheduled that are certified in CPR and first aid. Any substitutions of CPR certified staff due to unavailability of staff shall be replaced with CPR certified staff.

Directed Completion Date: *03/30/2025*

Implemented [redacted] - 06/26/2025)

231b - Medical Evaluation

5. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the [redacted]) on [redacted] ; however, the resident's medical evaluation, completed on [redacted], does not indicate that the resident has a diagnosis of [redacted] nor a need to be served in a [redacted] care unit.

Plan of Correction ***Accept ([redacted] - 03/25/2025)***

In order to show the facilities continued adherence to the regulations of the home, we agree with violation of 2600.231b and are putting the following in work.
Issue: DME did not have the SDCU checked off.
Action: CSM pulled the DME for all of the units residents to ensure that a diagnosis of [redacted] or [redacted] was valid. Inservice Completed.
Plan: When a Personal Care resident is in need of additional assistance in a secured area, PCP will be notified by CSM or Admin and have the DME status change implemented prior to physically placing the resident into the

231b - Medical Evaluation (continued)

secured unit.
Sustain: Review of residents during daily rounds meeting will be included with changes and an additional plan will be put in place. Daily rounds are performed by the Clinical Service Manager using PCC EMAR progress notes starting [redacted] for this violation. They are reviewed with Admin and charge nurse. This would include the updating of a DME is a status change warrants it.

Licensee's Proposed Overall Completion Date: *03/09/2025*

Implemented [redacted] 06/26/2025)

231c - Preadmission Screening

6. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the home did not complete a [redacted].

Plan of Correction ***Directed ([redacted] - 03/25/2025)***

In order to show the facilities continued adherence to the regulations of the home, we do not agree with violation of 2600.231c, but are putting the following in work.
Issue: Prescreen was not updated to reflect the SDCU placement.
Action: Inservice initiated to reflect the understanding that the prescreen should be updated even if there is a temporary placement.
Plan: When a Personal Care resident is in need of additional assistance in a secured area, PCP will be notified by the CSM or Admin and have the prescreen updated no more than 72 hours prior to admittance to the secured unit.
Sustain: Review of residents during daily rounds meeting will be included with changes and an additional plan will be put in place. Daily rounds meetings are performed by the Clinical Service Manager starting 2/26 for this violation. They are reviewed with Admin and charge nurse. This would include ensuring that the prescreen was checked updated based on a status change.

Proposed Overall Completion Date: 03/12/2025

Directed Plan of Correction:

Within 5 days of the receipt of the acceptable plan of correction, the administrator shall educate all staff responsible for admitting residents to the secured unit on the requirement of completing a cognitive pre-admission screening within 72 hours prior to the admission.

Starting within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall audit records of newly admitted residents to the secured unit at least weekly for 4 weeks, then monthly for 3 months for the presence of a completed cognitive pre-screen that meets the required timeframes.

Directed Completion Date: *03/26/2025*

231c Preadmission Screening *(continued)*

Implemented [redacted] - 04/24/2025)

231e No Objection Statement

7. Requirements

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction ***Directed [redacted] - 03/25/2025)***

In order to show the facilities continued adherence to the regulations of the home, we agree with violation of 2600.231c, but are putting the following in work.
Issue: No Objection letter was signed.
No Action: We are aware of this and had already had ALL accounts updated. There was no way to have the POA sign the objection letter as this was a respite person who was in the facility while the POA was having surgery.
Plan: Admin and Clinical Service Manager are now aware if the resident can not sign or another representative, the resident will be sent out to the hospital if [redacted] or [redacted] is in need of a secured area. The staff who facilitates the moves to SDCU are the Admin and CSM in this personal care home. A binder is now in place for all No Objection Statements for all residents located in the SDCU.
Sustain: Review of residents during daily rounds meeting will include any updates on the need for a move into the SDCU. Daily rounds meetings are performed by the Clinical Service Manager starting [redacted] for this violation. They are reviewed with Admin. This would include ensuring that the No Objection Statement was signed based on a change to the SDCU.

Proposed Overall Completion Date: 03/12/2025

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall conduct an initial audit of records of residents in the secured unit for the presence of a no objection statement.

Within 10 days of the receipt of the acceptable plan of correction, the administrator shall educate all staff involved in the placement of residents in the secured unit of the requirements of 231e.

Starting 10 days from the receipt of the acceptable plan of correction, the administrator or designee shall conduct weekly audits of resident records of new admissions to the secured unit weekly for 4 weeks, then monthly for 3 months for the presence of a no objection statement.

Directed Completion Date: *03/26/2025*

Implemented [redacted] - 04/24/2025)