

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

September 29, 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 04/29/2025 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: MERCER HILL AT DOYLESTOWN License #: 14872 License Expiration: 02/18/2026
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

Staffing Hours

Resident Support Staff: Total Daily Staff: 106 Waking Staff: 80

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 04/29/2025

Inspection Dates and Department Representative

04/29/2025 - 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: 20

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

04/29/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/30/2025

06/03/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 06/13/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/08/2025

Inspections / Reviews *(continued)*

06/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/16/2025

09/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2025

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 [REDACTED] indicates the resident requires assistance with toileting. On [REDACTED] around 09:10 PM, staff A assisted resident [REDACTED] to the bathroom, left the resident on the toilet, waited outside of the bathroom while talking on the phone, and then left the resident's apartment without assisting [REDACTED] back to bed. The resident was left on the toilet for about 25 minutes before the resident got out of the bathroom on [REDACTED] own. This was captured on the camera kept in the resident's apartment.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 06/10/2025)

- Staff A was removed from care pending investigation on 4/2/2025
- Community investigation was completed
- Staff A was terminated from company following investigation on 4/4/2025.
- Care associates will be retrained on regulation 2600.23.a by 6/14/2025 by Executive Director Specialist (LPN, PCHA, Certified Med Tech Trainer) or RCD (LPN, Certified Med Tech Trainer).
- RCD/nurse or designee will manually audit 10% the community resident care tasks sign-off sheets monthly X3 months to ensure tasks are completed as notated in support plan starting week of 6/15/2025

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [REDACTED] - 09/29/2025)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 06/10/2025)

- Contract was signed by resident by 5/30/2025 to comply with regulation 2600.25.b.
- Executive Director, Business Office Director, and Guest Services Director will be re-educated on regulation 2600.25.b. by 6/14/2025 by ED Specialist (LPN, PCHA, Certified Med Tech Trainer)
- Initial audit of the resident files has been fully completed.
- 10% of resident files will be audited monthly by BOD/ED or designee X3 months to ensure signatures are present on contract starting 6/1/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [REDACTED] - 09/29/2025)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [REDACTED] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 06/10/2025)

-Resident [REDACTED] signed statement to comply with regulation 2600.41e on 5/30/2025.

-Executive Director, Business Office Director, and Guest Services Director were re-educated on regulation 2600.41.e by 5/30/2025 by ED Specialist (PCHA, LPN, Certified Med Tech Trainer)

-Initial audit of all resident files was completed.

-10% of resident files will be audited monthly by BOD/ED or designee X 3 months to ensure signature present on documentation that the resident and resident's designated person have not objected to admission to memory to ensure compliance starting 6/1/2025.

-Current lease agreements contain signature to acknowledge resident rights

-ED, BOD, and/or designee will ensure signature obtained by resident when lease signings occur

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [REDACTED] 09/29/2025)

42c - Treatment of Residents

4. Requirements

2600.

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

Description of Violation

On [REDACTED] around 09:10 PM, staff A was in resident [REDACTED] bathroom waiting for the resident to finish a bowel movement. Staff A was observed talking on the phone in the staff's native language while in the bathroom, then leaving the room and standing in the doorway just outside the bathroom door, while the resident was loudly stating "Please help me, Lord", then making grunting noises as if struggling to utilize the facilities.

Plan of Correction

Directed [REDACTED] - 06/10/2025)

-Staff A was removed from care pending investigation on 4/2/2025

-Community investigation was completed

-Staff A was terminated from company following investigation on 4/4/2025.

-Care associates will be retrained on regulation 2600.42.c by 6/14/2025 by ED Specialist (PCHA, LPN, Certified Med Tech Trainer) or RCD (LPN and Certified Med Tech Trainer).

-RCD/ED or Designee will continue to investigate all claims of violation to this regulation and take steps necessary to prevent recurrence.

-RCD/ED/Designee will continue to provide an open-door policy for residents, families, and associates to share concerns; continue to do periodic check-ins with associates, residents and families; and continue to provide on-going learning for our associates to properly care for our residents.

42c - Treatment of Residents (continued)

-Ombudsman posters are hung in the community for residents or families to utilize service if concerned.

Proposed Overall Completion Date: 06/14/2025

Directed Plan of Correction (6/10/25 [redacted]):

In addition to the above plan, beginning within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall interview at least 5 residents weekly for 4 weeks then 5 residents monthly to ensure residents are being treated with dignity and respect.

Directed Completion Date: 06/24/2025

Implemented [redacted] - 09/29/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation dated [redacted] does not include the resident's (9) Health Status/Cognitive Functioning. This part of the form is blank.

Plan of Correction

Accept [redacted] - 06/10/2025)

-Resident [redacted] Physician was contacted to update DME on 5/30/2025.

-RCD/nurses will be re-educated on regulation 2600.141.b.1 by 6/14/25 by ED Specialist (LPN, PCHA, Certified Med Tech Trainer) or RCD (LPN, Certified Med Tech Trainer).

-An initial audit of all resident records has been completed.

- A monthly audit sheet for the completion of the DMEs will be utilized by the RCD, nurses or Designee to ensure timely and correct completion for the next 90 days. 10% of all DMEs will be audited on a monthly basis x3 months starting on 6/5/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [redacted] - 09/29/2025)

184b - Labeling OTC/CAM

6. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted], [redacted] and [redacted], belonging to resident [redacted] were in the medication cart and were not labeled with the resident's name.

Plan of Correction

Accept [redacted] - 06/10/2025)

-Medications for resident [redacted] were labeled per regulation guideline by 5/30/2025

-RCD/Nurses/Med techs will be re-educated on regulation 2600.184.b by 6/14/2025 by ED Specialist (PCHA, LPN, Certified Med Tech Trainer) or RCD (LPN, Certified Med Tech Trainer).

184b - Labeling OTC/CAM (continued)

- Initial full cart audits have been completed.
- RCD/nurse or designee will audit medication cart weekly X 4 weeks to ensure compliance starting week of 6/4/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented (████) - 09/29/2025)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home's controlled medication policy requires staff members to write in the date, time, and signature on the Controlled Inventory Sheet when administering a controlled medication.

Resident █████ is prescribed █████ every 12 hours at 09:00 AM and 09:00 PM. However, staff B who administered this medication on █████ (both AM and PM dose), █████ (both AM and PM dose), and █████ (09:00 AM dose) did not write the date on the Controlled Inventory Sheet of this medication. The same resident is prescribed █████ every 3 hours as needed. Staff B who administered this medication on █████ did not write the date on the Controlled Inventory sheet of this medication.

Repeat Violation: █████ et al., █████

Plan of Correction

Accept █████ 06/10/2025)

-Nurses and Med Techs will be re-educated on regulation 2600.185a by 5/31/25 by ED Specialist (LPN, PCHA, Certified Med Tech Trainer) or RCD (LPN, Certified Med Tech Trainer).

-Nurses and Med Techs will be re-educated on home's policy of controlled medication requiring staff members to write in the date, time, and signature on the Controlled Inventory Sheet when administering a controlled medication by 6/14/2025 by ED Specialist (LPN, PCHA, Certified Med Tech Trainer) or RCD (LPN, Certified Med Tech Trainer).

-Full audit of all current resident's narcotics and narcotic control records were completed.

-RCD/nurse or designee will audit medication cart and narcotic control records weekly X 4 weeks to ensure compliance starting week of 6/4/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented █████ 09/29/2025)

187a - Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

On █████, █████ every six hours as needed prescribed for resident █████ was in the home's medication cart. Total 5 pills were dispensed on █████ with 2 pills remaining on █████. However, this medication is not listed on the resident's April medication administration record (MAR).

187a - Medication Record (continued)

Plan of Correction

Accept [redacted] - 06/10/2025)

Resident [redacted] narcotics were removed from cart after discontinue order by 5/30/2025

Med techs and nurses to be re-educated on regulation 2600.187.a by 5/31/2025 by ED Specialist (LPN, PCHA, Certified Med Tech Trainer) or RCD (LPN, Certified Med Tech Trainer).

Initial full MAR/Cart/Narcotic audits comparing medications in cart to chart have been completed.

RCD, nurse, or designee will audit 10% of resident MARs to medications present in the cart weekly x4 weeks to ensure compliance starting 6/4/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [redacted] - 09/29/2025)

187b - Date/Time of Medication Admin.

9. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] every three hours as needed. Resident [redacted] April MAR does not include the initials of staff B who signed out and administered this medication on [redacted] at 09:30 AM, [redacted] at 10:00 AM, [redacted] at 10:00 AM, and [redacted] at 10:15 AM and the initials of staff C who signed out and administered this medication on [redacted] at 09:00 PM.

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 06/10/2025)

Medication techs will be re-educated on regulation 2600.187.b by 6/14/2025 ED Specialist (LPN, PCHA, Certified Med Tech Trainer) or RCD (LPN, Certified Med Tech Trainer).

Initial full MAR/Cart/Narcotic audits comparing medications in cart to chart have been completed.

Staff C was provided with full re-education and skills evaluation by ED Specialist (LPN, PCHA, Certified Med Tech Trainer).

RCD/nurse or designee will audit 10 % of residents' MAR/Cart/Narcotic records to ensure compliance with medication administration sign off weekly x 4 weeks starting on 6/4/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [redacted] - 09/29/2025)

191 - Resident Right to Refuse

10. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted] admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (continued)

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] 06/10/2025)

An initial audit of all resident records has been completed.

Education was provided to resident [REDACTED] and documented by 5/30/2025 by ED Specialist (PCHA, LPN, Certified Med Tech Trainer); Education on the resident's right to question or refuse a medication if the resident believes there may be a medication error is provided with contract signings.

Executive Director, Business Office Director, and Guest Services Director will be re-educated on regulation 2600.191 by 6/14/2025 by ED Specialist (LPN, PCHA, Certified Med Tech Trainer).

10% of resident files will be audited monthly by BOD, ED or designee X 3 months to ensure education is present to start on 6/1/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [REDACTED] - 09/29/2025)

225c - Additional Assessment

11. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED]. Resident [REDACTED] moved to the home's Secured Dementia Care Unit (SDCU) on [REDACTED]. However, the home did not reassess the resident with this status change.

Plan of Correction

Accept ([REDACTED] - 06/10/2025)

Resident [REDACTED] RASP was completed by 5/30/2025

Initial audit of all resident RASPs has been completed.

Resident Care Director and nurses will be re-educated on regulation 2600.225c by 6/14/2025 by ED Specialist (LPN, Certified Med Tech Trainer, PCHA).

Resident Care Director, nurses, designee will audit 10% of resident files monthly X3 months to ensure assessments are in place timely starting 6/4/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [REDACTED] - 09/29/2025)

231c - Preadmission Screening

12. 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 Secured Dementia Care Unit (SDCU) on 06/19/2024. However, the resident's written cognitive preadmission screening was not completed.

Plan of Correction

Accept [REDACTED] - 06/10/2025)

-Pre-admission screening completed by 5/30/2025.

231c Preadmission Screening (continued)

Initial audit of Pre admission screening has been completed.

RCD and nurses will be re educated on regulation 2600.231.c by 6/14/2025. by ED Specialist (LPN, PCHA, Certified Med Tech Trainer).

RCD, nurse, designee will audit 10% of resident files monthly X 3 months to ensure pre admission screenings are completed.

timely starting 6/4/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [redacted] - 09/29/2025)

234a - Admission Support Plan

13. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secured Dementia Care Unit (SDCU) on [redacted]. However, the resident's support plan dated [redacted] was not updated within 72 hours of the admission or within 72 hours prior to the resident's admission to the SDCU.

Plan of Correction

Accept [redacted] - 06/10/2025)

RCD and nurses were re educated on regulation 2600.234a by 5/31/2025 by ED Specialist (LPN, PCHA, Certified Med Tech Trainer).

All memory care resident records were audited for admission support plan.

RCD, nurses, or designee will audit 10% memory care residents monthly to ensure timely completion of support plan X 3 months starting 6/4/2025.

Licensee's Proposed Overall Completion Date: 06/14/2025

Implemented [redacted] - 09/29/2025)