

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

March 26, 2026

[REDACTED] ADMINISTRATOR
WARWICK BRIDGES LLC

RE: THE BRIDGES AT WARWICK
1600 ALMSHOUSE ROAD
JAMISON, PA, 18929
LICENSE/COC#: 14316

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2025, 10/21/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE BRIDGES AT WARWICK* License #: *14316* License Expiration: *10/31/2026*
 Address: *1600 ALMSHOUSE ROAD, JAMISON, PA 18929*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *WARWICK BRIDGES LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *12/18/2016* Issued By: *Warwick Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *164* Waking Staff: *123*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *10/21/2025*

Inspection Dates and Department Representative

10/20/2025 - On-Site: [REDACTED]
 10/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *130* Residents Served: *110*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care Unit* Capacity: *31* Residents Served: *25*

Hospice
 Current Residents: *12*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *109*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *54* Have Physical Disability: *0*

Inspections / Reviews

10/20/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/24/2025*

12/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/16/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/08/2025*

Inspections / Reviews (*continued*)

12/09/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/17/2025

03/26/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 10/20/2025 at 9:32 a.m., hospice residents' records and empty medication packs with the residents' information were unlocked, unattended, and accessible in the medication station of the Memory Care unit.

Plan of Correction

Accepted () - 12/03/2025

1. Correction: Immediate Correction taken upon discovery of violation occurring on 10/20/2025 maintenance was notified and immediately repaired door lock to the Nursing station in the Memory Care Neighborhood. Hospice Charts were removed from Memory Care Neighborhood and properly locked in Traditional Med room with Residents records.
2. Training: Memory Care Director Trained on Violation 2600. 17. Provided by Executive Director on 10/24/25
3. Training: Appropriate Staff educated on the Importance of Confidentiality of Records and Resident Rights on 10/24/25 and 11/2/25
4. Audit: Random Checks performed by designated and appropriate persons Beginning 10/24/2025 through 12/15/2025 will occur to ensure Medication Station in Memory Care Neighborhood is always locked for the resident safety and promote proper storage of confidential information.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented () - 01/27/2026

42b - Abuse

2. 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

On [REDACTED] at 12:36 a.m., resident 1 pushed the call bell for assistance. Staff A heard the call bell ringing while the staff was providing care with toileting to another resident at that time. Staff A called staff B, [REDACTED], on the walkie-talkie to ask for help while staff A was finishing, but staff B did not respond. Staff A called staff B multiple times, at least three times, and when staff B responded to staff A, they said, "It is your side of the hall; it is your resident; you have to do it." When staff A finished giving care, [REDACTED] went to resident 1's bedroom at 12:54 a.m.; at that time the call bell had been pushed 6 times by the resident within the 17 minutes. Resident 1 was [REDACTED] and Staff A called Staff B once again on the walkie-talkie. Staff A was yelling at this point, "I need help; I need assistance; [REDACTED] is not responding," and staff A started doing CPR as much as [REDACTED] could. At 1:06 a.m., Staff A pushed the resident call bell for Staff B to come to the bedroom; it was not until 1:18 a.m. that Staff B got to the bedroom. Staff B instructed staff A to cease performing CPR, and when staff A requested staff B to dial 911, staff B informed staff A that this was not permitted. Staff B didn't call 911 until [REDACTED] noticed that the resident was unresponsive and [REDACTED]

81b - Resident Personal Equipment (*continued*)

Implemented (█) - 01/27/2026)

82c - Locking Poisonous Materials

4. 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

On 10/20/2025 in bedrooms 138 and 143 in the Memory Care unit, Colgate toothpaste, with a manufacturer's label indicating " if swallowed, get medical help or contact the Poison Control Center right away," was unlocked, unattended, and accessible to residents in the Memory Care Unit. Not all the residents of the home, including the residents on the Memory Care Unit, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept (█) - 12/03/2025)

- 1. Correction: Immediately action taken upon discovery of toothpaste in unlocked, and being accessible to the resident was removed locked in residents locked cabinet to be stored. Contacted family member of resident █ and expressed the importance of letting staff know when items of this poisonous material are purchased so staff can properly store material in proper locked cabinet. Families and staff were made aware of the importance of the poisonous materials being locked in appropriate storage area for safety purposes.*
- 2. Training: Memory Care Director has completed training on regulation 2600. 82.c. administered by Executive Director on 10/24/25*
- 3. Training: 2600-82.c. Appropriate staff trained on Poisonous material 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 material. Training began on 10/24/25*
- 4. Action: Random checks to occur 10/24/2025 through 12/15/2025 to ensure the safety of the residents and that all poisonous materials are locked and stored properly will be provided by the correct designated persons at the facility in Memory Care Neighborhood.*
- 5. Audit: Random checks to occur 10/24/2025 through 12/15/2025 to ensure the safety of the residents and that all poisonous materials are locked and stored properly will be provided by the correct designated persons at the facility in Memory Care Neighborhood.*

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented (█) - 01/27/2026)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/20/2025, during a medication pass observation, staff member C did not handwash between medication passes.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept (█ - 12/09/2025)

- 1. Training: Med Tech Train the Trainer retrained med tech who committed violation immediately after it was brought to █ attention by state inspector.
- 2. Training: Wellness Director re-trained all med tech on proper procedure for sanitizing hands between each med pass.
- 3. Audit: Wellness Director or designee will randomly audit med techs weekly for proper sanitation procedures starting on 10/24/25
- 4. QA: Executive Director and Wellness Director will review audits and training completions during monthly QA

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented (█ - 01/27/2026)

86b - Bathroom

6. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

Bathroom A, located in the Memory Care Unit, does not have an operable window or ventilation fan. There is no exhaust vent located in this bathroom.

The bathroom in bedroom 143 does not have an operable window or ventilation fan. The vent is inoperable, and there are no windows in the bathroom.

Plan of Correction

Accept (█ - 12/09/2025)

- 1. Correction: Upon discovery that fan was not working, maintenance director contacted HVAC company to repair fan.
- 2. Training: Maintenance Director has completed training on Regulation 2600.86.b administered by Executive Director on 10/27/25
- 3.Action: Vent was repaired by HVAC contractor on 11/10/25
- 4. Audit: Maintenance Director or designee will randomly audit bathroom fans weekly starting on 10/24/25.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented (█ - 01/27/2026)

101j7 - Lighting/Operable Lamp

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept (█ - 12/09/2025)

1. Immediate Correction: A bedside lamp was added to the nightstand in resident's apartment. This will serve as a temporary solution giving the resident time to shop for a lamp more to █ liking.
2. Resident Education: Immediately, this resident was educated that █ preference to use █ iPhone flashlight as █ bedside table lamp did not adhere to regulation 2600.101.J. A copy of this regulation was given to the resident for future reference, and this resident agrees to allow up to provide a bed side table lamp as long as █ can "still use my iPhone for bedside light".
3. Training: The Executive Director shall educate the Director of Wellness, Memory Care Director and the Staff trainer and coordinator on Regulation 2600. 101.J by November 22, 2025.
4. The Director of Wellness and/or Memory Care Director and/or Staff trainer and coordinator will train the appropriate staff on Regulation 2600.101.J by November 22, 2025.
5. The Director of Wellness and/or designee shall inspect each apartment by November 21, 2025, and report violations of 2600.101.J and any remediations needed.
6. The Director of Wellness and/or designee shall perform 5 random apartment inspections weekly to ensure that regulation 2600.101J is enforced. This shall begin November 18, 2025, and End December 15, 2025
7. Quality Assurance: All findings shall be presented at our monthly QA meeting for discussion starting 11/12/25

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented (█ - 01/27/2026)

162c - Menus Posted

8. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 9/29/2025 and 10/6/2025 was posted. However, the current menus for 10/19/2025 to 10/25/2025, or 1 week in advance, were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 12/09/2025)

1. Correction: Immediate action taken upon discovery of incorrect menu by dining services director to update menu posted on bulletin board in front lobby with current one week menu.
2. Training: Dining services director has completed training on regulation 2600.162.c administered by Executive Director on 10/26/25
3. Action: Check list was created to include sign off on menu posting every Monday morning
4. Audit: Dining Services director of designee will audit bulletin board for accurate posting of menu weekly starting on 10/24/25

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented (█ - 01/27/2026)

185a - Implement Storage Procedures

9. 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 glucometer for resident 3 on 10/19/2025 at 7:55 p.m. had a reading of 143, and the medication administration record has a reading of 141, and on 10/18/2025 at 8:23 p.m., the glucometer has a reading of 92, and the medication administration record has a reading of 98.

The glucometer for resident 4 has numerous days and times of readings that do not match with the daily readings as follows:

- *On 10/18/2025 at 10:50 p.m., the glucometer has a reading of 153, and the medication administration record (MAR) has a reading of 156.*
- *On 10/17/2025 at 11:24 p.m., the glucometer has a reading of 34, and the medication administration record (MAR) has a reading of 96.*
- *On 10/16/2025 at 10:39 a.m., the glucometer has a reading of 80, and the medication administration record (MAR) has a reading of 250.*
- *On 10/16/2025 at 1:59 p.m., the glucometer has a reading of 298, and the medication administration record (MAR) has a reading of 149.*
- *On 10/16/2025 at 7:00 p.m., the glucometer has a reading of 218, and the medication administration record (MAR) has a reading of 332.*

The glucometer for resident 5 on 10/13/2025 at 5:49 p.m. has a reading of 251, and there is no reading on the medication administration record.

Repeat Violation: 10/23/24 et al.

Plan of Correction

Accept (█ - 12/03/2025)

- 1. Training: Executive Director Trained Director of Wellness and Memory Care director on importance and implementation of procedures of Equipment on 10/24/25*
- 2. Training: Memory Care Director Trained the appropriate Staff the procedure and implanting the safe storage of equipment, access, security, distribution and use of medications and medical equipment starting on 10/25/25*
- 3. Audit: The Director of Wellness and/or designee shall audit all blood glucose monitors to ensure that they have the correct time and date until 12/15/25*
- 4. Audit: Weekly Cart audit of Residents glucometers shall occur by Memory Care Director and or designated person until 12/15/2025*

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented (█ - 01/27/2026)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident 4 is prescribed blood sugar readings at 9:00 a.m., 12:00 p.m., 5:00 p.m., and 8:00 p.m.; the prescriber's order

187d - Follow Prescriber's Orders (continued)

was not followed on the following dates:

- On 10/18/2025, the blood sugar reading time was 10:50 p.m.
- On 10/17/2025, the blood sugar reading time was 11:24 p.m.
- On 10/16/2025, the blood sugar reading time was 10:39 a.m. and 1:59 p.m.

Plan of Correction

Accept (█ - 12/09/2025)

1. *Immediate Correction: On the days that the orders were violated, the time and date on the blood glucose meter was found to be incorrect; the pcp and endocrinologist were made aware. Request to receive a new monitor made on 10/24/25*
2. *Action: The blood glucose meter was replaced with an IMDK Keine Codierung meter with the correct date/time reading. Resident 4 will continue with their current method of glucose monitoring, Libre style sensor and use this new monitor as needed.*
3. *Training: The Executive Director educated the Director of Wellness and the Memory care Director on regulation 2600.187.D on 10/27/25*
4. *Training: The Director of Wellness and/or Memory care Director will educate the appropriate staff on the importance of adhering to regulation 2600.187.D starting on 10/27/25*
5. *Training: The Directors and/or designee shall educate appropriate staff on the importance of maintaining blood glucose meters of the residents that primarily use a Libre sensor to monitor/record their blood sugars starting on 10/27/25*
6. *Audit: The Director of Wellness and/or designee shall audit all blood glucose monitors weekly to ensure that they have the correct Time and Date until 12/15/25*
7. *Audit: The Director of Wellness and/or designee will continue to perform weekly audits of the blood glucose monitor of Resident 4 until December 15, 2025.*
8. *Quality Assurance: All findings of the above audits for 2600.187.D shall be presented at the monthly QA meeting for discussion and correction as need be.*

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented (█ - 01/27/2026)