

Department of Human Services
Bureau of Human Service Licensing

June 1, 2021

[REDACTED] MANAGER
WARWICK BRIDGES LLC
1000 LEGION PLACE, SUITE 1600
ATTN BILL SNOW
ORLANDO, FL 32801

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 04/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: THE BRIDGES AT WARWICK **Licence #:** 14316 **Licence Expiration Date:** 10/31/2021
Address: 1600 ALMSHOUSE ROAD, JAMISON, PA 18929
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2152697745 **Email:** [REDACTED]

Legal Entity

Name: WARWICK BRIDGES LLC
Address: 1000 LEGION PLACE, SUITE 1600, ATTN BILL SNOW, ORLANDO, FL, 32801
Phone: 2152697745 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 12/08/2016 **Issued By:** Warwick Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 95 **Working Staff:** 71

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/15/2021

Inspection Dates and Department Representative

04/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates**General Information**

License Capacity: 130 **Residents Served:** 66

Secured Dementia Care Unit

In Home: Yes **Area:** 1st floor Vista **Capacity:** 31 **Residents Served:** 22

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 66
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 29 **Have Physical Disability:** 0

Inspections / Reviews

04/15/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/17/2021

Inspections / Reviews (*continued*)

5/18/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *05/31/2021*

6/1/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/15/21, the home did not have a copy of their current license inspection summary or a copy of the Personal Care Homes regulation book posted in a conspicuous and public place in the home.

Plan of Correction

Accept

On 4/15/2021, a sign was placed in the front entrance of the community stating the Personal Care Home Regulations are located at the front desk. By 5/17/2021, all staff will receive an in-service stating where the Regulations can be found.

Completion Date: 04/14/2021

Document Submission

Implemented

See the attached

25b Contract Signatures

1. 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

Resident #1 did not sign the home's contract and the home did not document that resident #1 was unable to sign or refused to sign.

Plan of Correction

Accept

The Administrator has implemented a two-step verification process where two members of the leadership team will review the signed documents, and initial. A note will be added if a resident is unable to sign due to any type of inability. A complete file audit will be completed by 5/30/2021

Completion Date: 05/30/2021

Document Submission

Implemented

See the attached

41e - Signed Statement

1. 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 #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures and the home did not document that resident #1 was unable to sign or refused to sign.

41e - Signed Statement (*continued*)**Plan of Correction****Accept**

A two-step process has been implemented to ensure the resident files are complete and in accordance to State regulations. A full file audit will be completed by 5/30/2021 to ensure all files are in compliance.

Completion Date: 05/30/2021

Document Submission**Implemented**

See the attached

82c - Locking Poisonous Materials

1. 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

Bedroom [REDACTED] is on the SDCU unit. Crest toothpaste and Listerine mouthwash was observed on the bathroom counter. The products had a poison control warning on the label.

Plan of Correction**Accept**

All staff will receive an in-service by 5/30/21 on the importance of securing all products (labeled with a poison Control warning) when not in use. Room audits will be conducted by Memory Care Director at random times throughout the week to verify compliance.

Completion Date: 05/30/2021

Document Submission**Implemented**

See the attached

91 - Telephone Numbers

1. 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 bedroom [REDACTED]

Plan of Correction**Accept**

The following phone numbers will be added to resident's phones and a list of phone numbers will be placed on the back of the resident door for those who use a cell phone. The list will entail: Ambulance, Fire Department, Police Department, Local Hospital, Personal Care Home Complaint Line, Poison Contract, and Emergency Management Association.

Completion Date: 05/30/2021

91 - Telephone Numbers (*continued*)**Document Submission****Implemented***See the attached*

103f Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the ice cream freezer in the kitchen.

Plan of Correction**Accept**

On 4/15/2021, a thermometer was installed in the freezer. Daily, the daylight staff will verify/document all Refrigerator/freezer thermometers are in place. All dining staff will be in-serviced by 5/30/2021.

Completion Date: 05/30/2021

Document Submission**Implemented***See the attached*

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

On 4/15/2021, a sign was placed in the front entrance of the community stating the Personal Care Home Emergency Policies are located at the front desk. By 5/17/2021, all staff will receive an in-service stating where the Emergency Policies (procedures) can be found.

Completion Date: 04/15/2021

Document Submission**Implemented***See the attached*

162c - Menus Posted

1. 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 did not have a weekly menu posted in a conspicuous and public place in the SDCU unit.

162c - Menus Posted (*continued*)**Plan of Correction****Accept**

On 4/15/2021, a sign was placed in the front entrance of the community stating the Personal Care Home Emergency Policies are located at the front desk. By 5/17/2021, all staff will receive an in-service stating where the Emergency Policies (procedures) can be found.

Completion Date: 04/15/2021

Document Submission**Implemented**

See the attached

191 - Resident Right to Refuse

1. 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

The home did not document that resident #1 was educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

A two-step process has been implemented to ensure the resident files are complete and in accordance to State regulations. A full file audit will be completed by 5/30/2021 to ensure all files are in compliance.

Completion Date: 05/30/2021

Document Submission**Implemented**

See the attached