

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

September 9, 2025

[REDACTED]  
WARWICK BRIDGES LLC  
[REDACTED]

ATTN BILL SNOW  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/12/2025, 07/01/2025 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: THE BRIDGES AT WARWICK License #: 14316 License Expiration: 10/31/2025  
 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**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 163 Waking Staff: 122

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 07/01/2025

**Inspection Dates and Department Representative**

06/12/2025 - On-Site: [REDACTED]  
 07/01/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 130 Residents Served: 108

**Secured Dementia Care Unit**  
 In Home: Yes Area: First Floor Capacity: 31 Residents Served: 26

**Hospice**  
 Current Residents: 8

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 107  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 55 Have Physical Disability: 0

**Inspections / Reviews**

06/12/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/16/2025

08/20/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/08/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/30/2025

Inspections / Reviews (*continued*)

09/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/10/2025

09/09/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 187b - Date/Time of Medication Admin.

## 1. 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

On [REDACTED] at 8pm, [REDACTED] at 8pm, and on [REDACTED] at 6pm, resident [REDACTED] was administered [REDACTED] tablet; take one tablet by mouth every 8 hours as needed for anxiety. Staff person C did not initial or record the date and time of administration.

On [REDACTED] at 4pm and [REDACTED] at 6pm, resident [REDACTED] was administered [REDACTED] tablet; take one tablet by mouth every 8 hours as needed for anxiety. Staff person D did not initial or record the date and time of administration.

## Plan of Correction

Accept [REDACTED] - 08/20/2025)

Correction: Progress notes have been added for the above dates to enter into documentation that PRN [REDACTED] order was utilized. Both staff member C and Staff member D were counseled with a written warning (see attached signed Counseling Documentation Forms).

Audit: An audit of resident [REDACTED] was completed on 8/6/2025; no other discrepancies were found.

Planned Audit: Weekly audits will be conducted of prn medications by the Director of Wellness and/or designee from August 6, 2025, until October 1, 2025, to ensure compliance with regulation 2600.187.B

Education: Executive Director has educated the Director of Wellness on regulation 2600.187.B to ensure compliance.

Education: All med techs, including staff member C and Staff member D, were educated on regulation 2600.187.B on 8/6/2025

Quality Assurance: The Executive Director and/or designee shall review audit results in QA from August 2025 until October 1, 2025.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 09/05/2025)

## 201 - Positive Interventions

## 2. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

## Description of Violation

Resident [REDACTED] became combative when the resident refused to go to bed. The home has not implemented positive interventions to modify or eliminate the behavior.

On [REDACTED] at 5am, staff person E was trying to redirect resident [REDACTED] to go to bed. Resident [REDACTED] refused and started hitting staff member E. Staff member E did not call for help and tried to de-escalate resident [REDACTED] behavior by holding the resident's hand. Resident [REDACTED] pulled away from the staff, and in the same motion while being held, the resident struck themselves in the face below the right eye, causing a mark.

201 Positive Interventions (continued)

Plan of Correction

Accept (█ - 08/20/2025)

Correction: (Document #1 201.) Staff Member E was removed immediately from the schedule pending investigation. Incident was reported to the appropriate department, Bureau of Human Services licensing incident report form was sent to Pennsylvania Department of Human Services, and Pennsylvania Department of Aging.

Correction: (documentation #2 201.) Verbal education with staff member E on 5/28/25 dealing and managing residents with behaviors. Upon return to work Staff member E was formally educated on Regulation 2600.201.

Training: (Document #3 201.) Executive Director in serviced Director of Memory care and appropriate staff on requirement 2600.201.

Training : (Document #4 201.) Director of Memory care in serviced staff on appropriate chain of command

Audit: (Document #5 201.) Memory Care Director and/or Director of Wellness and/or designee will randomly observe staff member E using positive interventions compliance to Regulation 2600.201. from August 6th 2025 Through October 1st 2025

Quality Assurance: (Document #6 201.) The Executive Director and/or designee will review audits for Regulation 2600. 201. Monthly at our quality assurance meeting until October 1st to ensure compliance to regulation 2600.201.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (█ 09/05/2025)

202 - Prohibitions

3. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

Description of Violation

On █ at 5 am, resident █ became combative with staff member E and started striking staff when the resident refused to go to bed. Staff person E held resident █'s hands together in a prayer position to stop the resident from hitting them. Resident █ pulled their hands away from staff member E, striking their face and causing a bruise underneath resident █'s right eye.

Plan of Correction

Accept (█ - 08/20/2025)

Correction: Immediately, staff member E was suspended from work duties pending the investigation. The county of

202 Prohibitions (continued)

area aging was contacted, and a report was filed with the State by the Bridges at Warwick depicting the events that happened on 5/28/2025. (See attached reports)

Correction: Staff member E was verbally educated on Regulation 2600.202 1 5. (See attached verbal education) Staff member E was also educated on Regulation 2600.202 1 5 upon return to work post state and county investigations. See attached education.

Training: Executive Director will educate appropriate Directors of regulation 2600.202 1 5 to ensure compliance.

Training: Memory Care director and/or designee will in service appropriate staff on regulation 2600.202.1 5.

Audit: Memory care Director and/or Director of Wellness and/or designee will randomly observe staff member E with residents twice weekly to ensure compliance with regulation 2600.202 1 5 from August 6, 2025 through October 1, 2025.

Quality Assurance: The Executive Director and/or designee shall review Audit results for regulation 2600.202.1 5 to ensure compliance from August 6, 2025 through October 1, 2025.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ( ) - 09/09/2025)

231c - Preadmission Screening

4. 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 ( ) was admitted to the Secure Dementia Care Unit (SDCU) on ( ). However, the resident ( ) written cognitive preadmission screening was completed on ( ).

Plan of Correction

Accepted ( ) - 08/20/2025)

Violation: Resident ( ) was admitted to Secure Dementia Care Unit (SDCO) on 5/19/2025. However, the resident ( ) written cognitive preadmission screening was completed on 5/15/2025

Correction: In immediate response to this violation, the Director of Wellness has noted on pre screen that it was completed 1 day outside of the allotted timeline. Pre screen has been initialed by Wellness director and dated with date of discovery.

Training: The Executive Director has in serviced the Director of Wellness and Memory care Director on the adherence to regulation 2600.231.c

Training: The Director of Wellness and/or the Memory Care Director will In service appropriate staff on the adherence to regulation 2600.231

Action: The Director of Wellness and/or Designee has audited current memory care resident charts to ensure preadmission screening was completed 72 hours prior to admission

Quality Assurance: The Executive Director or designee will inspect all pre admission screenings until 10/1/2024

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ( ) - 09/09/2025)

234a - Admission Support Plan

**5. 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 Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was not completed.

**Plan of Correction****Accept [REDACTED] - 08/20/2025)**

*Correction: Immediate response to violation, a new support plan was completed for resident [REDACTED] reflecting admission to SDCU on 6/12/2025.*

*Training: The Executive Director in-serviced the Director of Wellness and the Memory Care Director on 8/7/2025 regarding the strict adherence to regulation 2600.234.a*

*Training: The Director of Wellness and/or the Memory Care Director will in-service appropriate staff on regulation 2600.234.a*

*Action: The Wellness Director and/or Designee audited all current memory care residents to ensure adherence to regulation 2600. 234.a*

*Quality Assurance: Results of audits shall be reviewed monthly at Quality Assurance meeting through 10/1/2025*

**Licensee's Proposed Overall Completion Date: 10/01/2025**

**Implemented [REDACTED] - 09/05/2025)****234b - Support Plan Needs Elements****6. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

The support plan dated [REDACTED] for resident [REDACTED] does not address aggression towards others. On [REDACTED] at 5am, resident [REDACTED] became combative with staff member E and started striking staff when the resident refused to go to bed.

**Plan of Correction****Accept [REDACTED] - 08/20/2025)**

*Correction: On the date of discovery, 6/12/2025, a new RASP and new Support plan was completed to capture the aggressions towards others by resident [REDACTED]*

*Audit: Memory care RASPs have been examined to ensure compliance with regulation 2600.234.B*

*Audit: An ongoing audit of all new Memory Care residents from August 6, 2025, until October 1, 2025 shall be conducted by Memory care Director and/or designee to ensure compliance with regulation 2600.234.B*

*Training: Executive Director will educate the Memory care Director and appropriate staff on compliance with regulation 2600.234.B*

*Training: Memory care Director and/or designee will educate appropriate staff on compliance with regulation 2600.235.B*

*Quality Assurance: The Executive Director and/or designee will review audit results at the monthly Quality Assurance meetings to ensure compliance with regulatory requirements.*

**Licensee's Proposed Overall Completion Date: 10/01/2025**

**Implemented [REDACTED] - 09/05/2025)**