

Sent via e-mail [REDACTED]  
August 11, 2022

[REDACTED]  
[REDACTED]  
CSW Arbour Square IV Doylestown, LP  
[REDACTED]  
[REDACTED]

RE: Mercer Hill at Doylestown  
2010 South Easton Road  
Doylestown, Pennsylvania 18901  
License #: 14872

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on June 22 and 27, 2022 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On July 7, 2022, we sent the above LIS along with a letter requesting that you complete a plan to correct the violations. To date, we have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at [REDACTED]

Sincerely,

[REDACTED]

[REDACTED]  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *MERCER HILL AT DOYLESTOWN* License #: *14872* License Expiration: *02/18/2023*  
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**

Type: *I-2* Date: *10/20/2021* Issued By: *Township of Doylestown*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Monitoring* Exit Conference Date: *06/27/2022*

**Inspection Dates and Department Representative**

06/22/2022 - Off-Site: [REDACTED]  
06/27/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *97* Residents Served: *19*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SCDU* Capacity: *26* Residents Served: *1*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

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

**Inspections / Reviews**

06/22/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: Follow-Up Date:

**60a - Staff/Support Plan****1. 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.

**Description of Violation**

*Residents 1, 2, and 3 are prescribed "as needed" medications. During the overnight shift of 11 pm to 6 am, there are no staff certified in medication administration on site or on the staff schedule to administer these medications. If one of the residents has a need or requests these medications they have to wait until 6 am when the morning shift arrives.*

**Correction*****Directed***

*Within 5 calendar days of receipt of the plan of correction: The administrator or designee will review the staff schedule daily to ensure the home has staff that are trained in medication administration on every shift. MJ 8/10/22*

**Completion Date:**