

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 06/30/2025 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**

Type: *I-2* Date: *11/21/2017* Issued By: *West Goshen Township*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *98* Waking Staff: *74*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Monitoring* Exit Conference Date: *06/30/2025*

**Inspection Dates and Department Representative**

06/30/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *97* Residents Served: *76*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *Garden House* Capacity: *25* Residents Served: *22*  
 Hospice  
 Current Residents: *3*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *22* Have Physical Disability: *0*

**Inspections / Reviews**

06/30/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2025*

08/04/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *09/05/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2025*

Inspections / Reviews *(continued)*

08/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/04/2025

09/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

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 [REDACTED] at 9:28am, the 3rd floor medication cart was observed with a trash bag containing pill packages showing resident names and medication names hanging from the monitor on the medication cart; the bag was unattended and accessible.

Repeated Violation: [REDACTED], et al.

Plan of Correction

Directed [REDACTED] - 08/14/2025)

On 6/30/26 the medication packaging was immediately discarded by the Resident Services Supervisor (RSS). On 7/15/25, All Med Tech staff were reeducated by the Resident Care Director (RCD) on the proper disposal of medication packaging to protect resident privacy. New medication carts with trash receptacles were delivered on August 1st and are currently in use. Blister packaging is currently in use, shreddit bins are used to dispose of blister packaging to protect PHI. Effective 7/1/25, the RCD, RSS or Designee will monitor medication carts during daily clinical rounds to ensure compliance. The daily rounds will continue through September and reviewed at the September 15th, 2025, QAPI. Any identified concerns will be addressed immediately. The effectiveness of the staff education and implemented solutions will be reviewed at the next QAPI meeting on September 15th, 2025.

Proposed Overall Completion Date: 09/30/2025

Directed Plan of Correction: Only the overall completion date has been directed to 9/3/2025

Directed Completion Date: 09/03/2025

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.

Plan of Correction

Directed [REDACTED] - 08/14/2025)

Resident [REDACTED] has signed the admission contract. An on-going review audit of all resident charts for missing signatures has been initiated. The results of these reviews were discussed and evaluated during the QAPI meeting held on July 17, 2025. To ensure continued compliance, the Business Office Director and the Executive Director or Designee will review all admission documentation moving forward, to verify that all required signatures are obtained. Any

25b - Contract Signatures (continued)

deficiencies identified will be corrected promptly. Additionally, effective June 1st, 2025, random chart reviews are being conducted. 10% of all charts are completed monthly, these audits will continue through September 2025 with findings reviewed during next QAPI on September 15, 2025, to support sustained compliance.

Proposed Overall Completion Date: 09/30/2025

**Directed Plan of Correction: Only the overall completion date has been directed to 9/3/2025**

Directed Completion Date: 09/03/2025

Implemented [redacted] - 09/29/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
  1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The resident [redacted]’s initial medical evaluation, dated [redacted] did not include the resident’s the ability to self-administer medications.

Repeated Violation: [redacted] et al, [redacted]

Plan of Correction

Directed [redacted] - 08/14/2025)

On [redacted] Resident [redacted] – Evaluation was updated to include medication self-administration **by the RCD. Order was received from the physician on 5/14/25.** RASP and DME updated on 6/30/25 to reflect Physician order. Effective 8/6/25 The move-in checklist will be reviewed by the RCD, RSS or Designee prior to each admission to ensure that all required evaluations and forms are completed. A tracking system has been implemented to support ongoing compliance. Quarterly random reviews will be conducted as needed to monitor adherence, and any findings will be corrected immediately by the RCD and RSS. All review data will be reviewed during QAPI meetings.

Proposed Overall Completion Date: 09/30/2025

**Directed Plan of Correction: Only the overall completion date has been directed to 9/3/2025**

Directed Completion Date: 09/03/2025

Implemented [redacted] - 09/29/2025)

## 141b2 - Medical Evaluation Changes

## 4. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

## Description of Violation

Resident [REDACTED]'s status change medical evaluation, dated [REDACTED], indicated "none" for special health or dietary needs. However, this evaluation was completed in anticipation of the resident's admission to the home's secured dementia care unit (SDCU), which occurred on [REDACTED].

## Plan of Correction

Directed [REDACTED] - 08/14/2025)

**Resident [REDACTED]'s evaluation was amended by the Resident Care Director on 6/30/2025, and approved by the physician on 6/30/25.** Effective 6/30/25, 10% of all charts are audited monthly, these audits will continue through November, 2025. An audit of all internal resident moves over the past 12 months was completed and reviewed to ensure that required Change of Condition evaluations were conducted. These audits were completed on 6/30/25 by regional support team. Any deficiencies identified during the audit were corrected immediately. Audit results reviewed at the QAPI meeting July 17, 2025. Moving forward, all internal move-in meetings will include a comprehensive review of DME's to ensure regulatory compliance. Effective 7/15/25, these meetings are held weekly and as needed by the ED or RCD with the disciplinary team. These meetings will continue through September 2025 and be reviewed at the September 15th QAPI meeting. The community is in compliance with regulation 2600.141(b) (2)

Proposed Overall Completion Date: 09/30/2025

**Directed Plan of Correction: Only the overall completion date has been directed to 9/3/2025**

Directed Completion Date: 09/03/2025

Implemented [REDACTED] - 09/29/2025)

## 183d - Prescription Current

## 5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

## Description of Violation

On [REDACTED] [REDACTED] prescribed for resident [REDACTED] was in the home's medication cart. However, the medication was discontinued on [REDACTED].

## Plan of Correction

Directed [REDACTED] 08/14/2025)

Lorazepam was immediately removed from the medication cart upon identification. Audit of all medication carts for expired medications were conducted by the RSS on July 1 and July 2, 2025. Education of the proper process and procedure for discontinued medications was provided to all Med Techs on 7/15/25 by the RCD. To ensure ongoing compliance, effective 6/1/25 the Resident Care Director (RCD, RSS, or designee will conduct monthly medication cart audits, alternating carts and neighborhood. Any deficiencies identified will be promptly corrected and reviewed during subsequent QAPI meetings. These audits will continue through September 2025 and be reviewed on September 15th at QAPI. The home is in compliance with regulation 2600.183(d).

183d Prescription Current (continued)

Proposed Overall Completion Date: 09/30/2025

**Directed Plan of Correction: Only the overall completion date has been directed to 9/3/2025**

Directed Completion Date: 09/03/2025

Implemented (████ - 09/29/2025)

185a - Implement Storage Procedures

6. 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

Resident █████ is prescribed █████ tab every 12 hours. On █████ at 9:00am, an agency staff person initialed this medication as administered on the medication administration record (MAR). However, However, the staff person did not sign out this medication on the controlled inventory sheet.

Resident █████ is prescribed █████ every 4 hours. On █████ at 4:00pm and at 8:00pm, was initialed as administered by staff person B.. However, the staff person did not sign these medications out this medication on the controlled inventory sheet.

The home's medication policy "Assisting with Controlled Medication" indicates that the "Controlled inventory sheet or book is used to account for all controlled substance." and "When assisting a resident in taking a controlled medication, a staff member should: a)Turn to the Controlled Inventory Sheet with identifying information that corresponds to the label on the medication container. Write int █████ date, time, and signature on the next blank line on the Controlled Inventory Sheet. NEVER leave a blank line on the form."

Plan of Correction

Directed (████ - 08/14/2025)

The home is not currently using agency staff. There is no immediate plan to use Agency. When agency staff is used, the RCD or designee will monitor agency staff documentation during daily rounds and correct any discrepancy as well as provide education. All Med Techs received additional training from the RCD on 7/15/25. A controlled medication inventory audit was completed by the RSS on 7/16/25, and results were reviewed at the QAPI meeting. Effective 8/6/26, the RCD or Nurse Designee will review and initial narcotic count documentation daily during clinical rounds to monitor the effectiveness of the training. The daily rounds will continue through September 2025 Findings will be corrected and discussed at the next quarterly meeting on September 15th 2025.

Proposed Overall Completion Date: 09/30/2025

**Directed Plan of Correction: Only the overall completion date has been directed to 9/3/2025**

Directed Completion Date: 09/03/2025

Implemented (████ - 09/29/2025)

## 187d Follow Prescriber's Orders

## 7. Requirements

2600.

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

## Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet every 6 hours. On [REDACTED] the resident's 12pm dose was not administered until 1:25pm.

Repeated Violation: [REDACTED], et al., [REDACTED]

## Plan of Correction

Directed [REDACTED] - 08/14/2025)

On 7/15/25, All Med Techs received additional education on proper procedures and documentation for residents on medication assist by the RCD. Effective 8/6/25 The RCD, RSS, or Designee will monitor the electronic EMARs/ Yardi dashboard daily, for missed medications alerts to ensure compliance with documentation per policies and procedures. The daily dashboard review will continue through September 2025 and discussed at the September 15th QAPI. Bi-annual observations and competency reviews will continue to be conducted to support ongoing compliance. Any issues with documentation will be reported by the RCD, RSS, or Designee at QAPI meetings.

Proposed Overall Completion Date: 09/30/2025

**Directed Plan of Correction: Only the overall completion date has been directed to 9/3/2025**

Directed Completion Date: 09/03/2025

Implemented [REDACTED] - 09/29/2025)

## 224a Preadmission Screen Form

## 8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

## Description of Violation

Resident [REDACTED] preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Repeated Violation: [REDACTED] et al.

## Plan of Correction

Accept [REDACTED] - 08/04/2025)

Resident [REDACTED] preadmission form has been updated to reflect the resident's identified needs. An audit of all preadmission screenings will be completed by the RCD, RSS, or designee by 7/31/25. Any findings will be addressed immediately, and results will be reviewed at the next QAPI meeting. To ensure ongoing compliance, all completed preadmission forms will now undergo dual review by both the RCD, RSS, or Designee. A move-in checklist will be utilized at all admission meetings to verify that all preadmission documentation and evaluations are completed in accordance with regulatory requirements. Any deficiencies identified will be corrected promptly and discussed at QAPI. These reviews will continue on an ongoing basis to ensure sustained compliance. The home is currently in compliance with regulation 2600.224.a.

224a - Preadmission Screen Form (continued)

Responsible Party: RCD, RSS, Designee, or Memory Care Director

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented (████) - 09/29/2025)

231c - Preadmission Screening

9. 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's written cognitive preadmission screening was completed on █████

Plan of Correction

Accept (████) 08/04/2025)

An audit of current residents' preadmission screenings by the RCD, RSS, Designee is ongoing and will be completed by 7/31/25. The violation report by DHS was reviewed during the QAPI meeting held on 7/17/25. The move-in checklist will be utilized and reviewed prior to each admission to ensure all regulatory requirements are met. To strengthen oversight, the RCD, RSS, or Designee will complete an additional random reviews of preadmission forms. Any identified deficiencies will be corrected promptly and reviewed at QAPI. These random reviews will continue on an ongoing basis to support sustained compliance. The home is currently in compliance with regulation 2600.224.a. Responsible Party: RCD, RSS, Designee, or Memory Care Director

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented (████) - 09/29/2025)

234a - Admission Support Plan

10. 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 █████ was admitted to the Secure Dementia Care Unit (SDCU) on █████. However, the resident's initial support plan was completed on █████

Repeated Violation: █████ et al

Plan of Correction

Accept (████) - 08/04/2025)

Resident █████ support plan was completed in accordance with regulatory requirements. A new admission tracking log and move-in checklist (including internal moves) has been implemented to ensure timely completion and implementation of required documentation. All SDCU support plans are being audited for compliance. Audits by the RCD and RSS are ongoing and will be completed by 7/31/25. Thereafter, the RCD, RSS, or Designee will conduct

234a Admission Support Plan (continued)

random quarterly audits to ensure continued compliance. The home is currently in compliance with regulation 2600.234.a

Responsible Party: RCD, Memory Care Director, Designee.

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented (redacted) - 09/29/2025)

251b - Record Entries Legible

11. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident (redacted) is prescribed (redacted) tab every 12 hours. The controlled inventory sheet shows write overs of the following dates: (redacted) (9am and 9pm), (redacted) (9am), (redacted) (9pm), and (redacted) (9am). There was a write over of the tablets remaining after the (redacted) 9pm administration of this medication.

Resident (redacted) is prescribed (redacted) every 4 hours. The controlled inventory sheet shows write overs of the number of tablets remaining on the following dates: (redacted) at 12am, (redacted) at 12:17pm, and (redacted) at 4:42pm.

Plan of Correction

Directed (redacted) - 08/14/2025)

On 7/15/25, all Med Techs and Nurses were re educated on proper documentation procedures for narcotic count sheets, including the correct process for addressing errors involving controlled substances by the RCD. The DHS violation report was reviewed during the QAPI meeting held on 7/17/25. Effective 8/6/25, The RCD, RSS, or Designee will review and initial narcotic count sheets during daily clinical rounds to ensure compliance for the next 30 days. Any deficiencies identified will be corrected immediately. Efficacy of reeducation and any findings during rounds will be reviewed at the next QAPI meeting on September 15th, 2025. The home is currently in compliance with regulation 2600.251.b.

Proposed Overall Completion Date: 09/30/2025

**Directed Plan of Correction: Only the overall completion date has been directed to 9/3/2025**

Directed Completion Date: 09/03/2025

Implemented (redacted) - 09/29/2025)