



Sent via email to: [REDACTED]
MAILING DATE: September 6, 2012

Ms. Myrna Vogel, Administrator
Bethany Village, Inc.
Bethany Village
150 Noble Lane
Bethany, Pennsylvania 18431

Dear Ms. Vogel:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 8, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

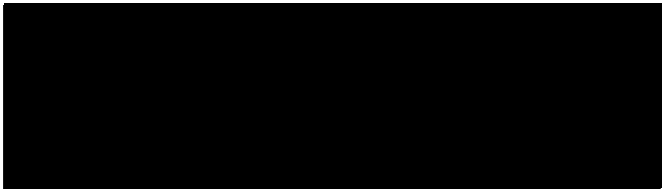
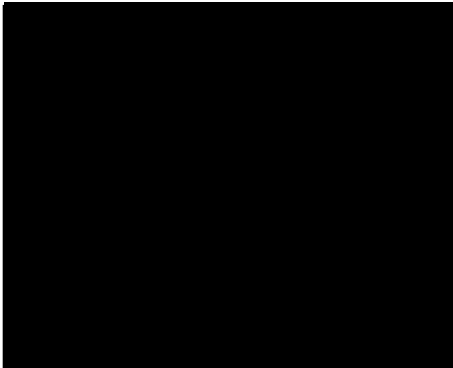
Sincerely,

A handwritten signature in black ink that reads "Anne Graziano" with a stylized flourish at the end.

Anne Graziano
Regional Licensing Administrator

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

PCH Name: BETHANY VILLAGE		License Number: 203570
Address: 150 NOBLE LANE, BETHANY, PA 18431		County: Wayne
Administrator: Myrna Vogel		Region: NORTH
Legal Entity Name: BETHANY VILLAGE INC		
Legal Entity Address: 150 NOBLE LANE, BETHANY, PA 18431		
Certificate(s) of Occupancy C-2 LP 04/21/1999 L&I		
Staffing Hours	CORRECTED: 104 hours DCS, 103 hours ancillary staff, 88 DC waking	
Resident Support: na	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/08/2012: Patton, Leslie; Rushin, Julienne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 70 Number of Residents Served: 57 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	<p style="text-align: center;">CORRECTIONS</p> <p style="text-align: center;">56</p>	Number of Residents who: 

Violation Report: 20357 - 08/08/2012 - Patton, Leslie

PCH Name: BETHANY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Based upon a review of resident assessments and support plans as well as an interview of staff person A, who is also the owner of the home, it was determined that the home had 57 residents at the time of the on-site visit. 15 of the residents have varying degrees of mobility needs and 1 resident requires supervision while outside due to not complying with the home's safety rules. 11 of the 15 residents with mobility needs require either 1-2 staff persons to assist with transferring from bed to a wheelchair, need assistance being propelled in a wheelchair, or require assistance with healthcare equipment. 4 of the 15 residents with mobility needs require assistance due to cognitive deficits which requires those 4 residents to need constant verbal prompting from staff to guide them to an exit.

As a result of an interview of staff person B, who is the administrator, staff person C who is the Environmental Services Director, staff person A, who is also the owner and a review of the employee staff schedule, it was determined that two staff persons are routinely scheduled between the hours of 11:45pm- and 5:00am.

It was determined that based upon the number of residents being cared for and the varying level of mobility needs, that two staff persons are not able to sufficiently meet the needs of the residents during fire drills or if a real emergency occurred which required evacuation of home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. The home had 56 residents at the time of the on-site visit. The resident who required supervision while outside the facility is no longer residing in the facility. One of the residents requiring a two person assist has also transferred to a SNF.

The total staffing hours have remained the same but staff has been re-arranged so that two waking positions have been moved to overnight (sleeping) hours. Currently, there are never less than four employees on duty based on our present acuity level and census, although staffing may be adjusted in the future if acuity and/or census levels decrease.

The Clinical Services Director will be responsible for providing staffing patterns to the appropriate department heads for schedule preparation.

Completion Date: This requirement will be reviewed at our monthly mandatory staff training in-service on August 31, 2012 and at our monthly Quality Management meeting on September 20, 2012.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Myrna M. Vogel*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Myrna M. VOGEL* Date *8/29/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9-6-12</u> (Date)	Plan of correction implementation status as of <u>9-6-12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20357 - 08/08/2012 - Patton, Leslie
 PCH Name: BETHANY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

The home conducted their annual fire safety training with two different local fire departments on 6/25/12. The training consisted of all staff being present to either participate in or observe the drill which was conducted by the fire departments. All staff was informed in advance when the training would occur and that attendance was required. The home conducted no other fire drill during the month and therefore, an unannounced drill was not conducted during June, 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An unannounced fire drill will be conducted at least once a month. During the month of June when the facility's annual fire training is held, an additional unannounced drill will be held.

The fire drill logs will be reviewed at the monthly Quality Management meeting to ensure that there is at least one unannounced drill every month.

The Environmental Services Director will be responsible under the direction of the Administrator to ensure continued compliance with this requirement.

Completion date: This will be reviewed at the next Quality Management meeting on September 20, 2012.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Myrna M. Vogel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Myrna M. VOGEL</i>	Date <i>8/29/12</i>
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The above plan of correction is approved as of 9-6-12
 (Date)

Plan of correction implementation status as of 9-6-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *ee*
 (Initials)

Violation Report: 20357 - 08/08/2012 - Patton, Leslie
 PCH Name: BETHANY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Based upon an interview of staff person A, who is the administrator, staff person C who is the Environmental Services Director, and staff person A, who is also the owner, and a review of the employee staff schedule, it was determined that two staff persons are routinely scheduled between the hours of 11:45pm- and 5:00am. The schedule also indicates that there is an overlap of shifts in which 4 staff persons are routinely present in the home from 11:30pm- 11:45pm. A review of the home's fire drills indicates that sleeping-hour fire drills are routinely held on or around 11:30pm, when additional staff persons are present. In addition, fire drill documentation indicates that the owners of the personal care home, who live in a home on the property, routinely assist with sleeping-hour fire drills. Staff person C stated that he observes the first 5 minutes of the fire drill, and then assists the staff with the completion of the fire drill.

Based upon the provided information, it is concluded that 7 individuals are regularly participating in drills conducted during sleeping-hours, yet two staff persons are regularly scheduled to work during the majority of the night shift.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire drills will be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. **Fire drills have been conducted for the past 13 years as directed by a state surveyor who informed the owners of the facility that they are able to participate in the drills as long as they are residing on the property.**

Overnight fire drills will no longer include any person who is not routinely scheduled and will not be scheduled during a shift overlap.

The fire drill logs will be reviewed at the monthly Quality Management meeting to ensure that drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present, during shift overlap or utilizing non-regularly scheduled staff.

The Environmental Services Director will be responsible to ensure continued compliance with this requirement.

Completion date: This will be reviewed at the next Quality Management meeting on September 20, 2012.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mirna M. Vogel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mirna M. Vogel</i>	Date <i>8/29/12</i>
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 (Date)

The above plan of correction was approved by *CV*
 (Initials)

Plan of correction implementation status as of 9-6-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented