



JUN 17 2013

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 February 14, 2013, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is written in a cursive style with a prominent downward stroke at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: BETHANY VILLAGE		License Number:
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 Dept. of Labor & Industry		
Staffing Hours		
Resident Support: 2	Total Daily Staff: 73	Waking Staff: 55
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site inspections Dates and Department Representatives On-Site 02/14/2013; Rushin, Julienne; Babiarz, Florence		
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 who:	
Number of Residents Served: 57	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 57	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 14	
Number of Current Hospice Residents: 7	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 13		

Violation Report: 20357 - 02/14/2013 - Rushin, Julienne
 PCH Name: BETHANY VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

An expired bottle of Humulin 70/30 insulin for resident # 1 was found in the refrigerator located on the second floor of the home. The home's notation on the medication indicated it was first punctured for use on 1/9/2013. It was written on the insulin box to discard the insulin on 2/5/2013. The insulin was still available for use on the day of this inspection which was 2.20.2013.

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.

Only current prescription, OTC and CAM for individuals living in the home will be kept in the home.

The expired bottle of Humulin 70/30 insulin for resident #1 was immediately disposed of when Department Representatives brought the date to the staff's attention. A new replacement vial was already in the refrigerator and was unopened.

Resident Care Aides will be in-serviced on the expiration date of opened vials of insulin. In addition, Certified Diabetes Aides will be re-in-serviced on the expiration date of opened vials of insulin and the proper procedure for administering insulin, including checking the date.

- Weekly cart audits will be performed as part of the facility's ongoing Quality Management Program.

This violation will be reviewed at the Quality Management Meeting.

- The Health Services Supervisor will be responsible for ensuring continued compliance with this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 3-5-13

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

The above plan of correction is approved as of

4/17/13
 (Date)

Plan of correction implementation status as of

4/17/13
 (Date)

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

The above plan of correction was approved by

M
 (Initials)