

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BENTLEY AID OPCO LLC  
LEGAL ENTITY

To operate BENTLEY HOUSE  
NAME OF FACILITY OR AGENCY

Located at 2400 GARDEN WAY, HERMITAGE, PA 16148  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 47  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 11, 2013 until January 11, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 444921

*Robert E. Robinson*

ISSUING OFFICER

*R C King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 1 1 2013

Mr. Daniel M. Guill, Authorized Representative  
Bentley AID OPCO, LLC  
301 Commerce Street, Suite 3300  
Fort Worth, Texas 76102

RE: Bentley House  
2400 Garden Way  
Hermitage, Pennsylvania 16148

Dear Mr. Guill:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 8, 2013, of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the 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 Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

44492 <sup>AB</sup>

PCH Name: BENTLEY HOUSE		License Number: 40071
Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		County: Mercer
Administrator: MS. CAROL PERRIN		Region: WEST
Legal Entity Name: ASSISTED LIVING CONCERNS INC Bentley AID OPCO, LLC		
Legal Entity Address: W140 N8081 LILLY ROAD, MENOMONEE FALLS, WI 53051		
Certificate(s) of Occupancy C-2 LP 12/24/1997 Comm. of PA Dept. of L&I	301 Commerce Street, Suite 3300 Fort Worth, TX 76102	JUN 14 2013 <b>WEST REGION FIELD OFFICE</b> <b>Human Services Licensing</b>
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/08/2013: Pollock, Susan; Phillips, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable		
<b>Other Details</b>		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 47 Number of Residents Served: 28 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

**RECEIVED**

RECEIVED

44492 (B)

JUN 14 2013

Violation Report: 40671 - 05/08/2013 - Pollock, Susan

PCH Name: BENTLEY HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The home is currently using the term as follows: The home is requesting physician's plans of care in writing on the home's letterhead stating that the home is "a licensed assisted living residence."

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.

Immediate - The Corporate office was notified of the inaccurate verbiage on the physician's plans of care (PPOC) and such verbiage was removed. This verbiage was also stricken from the PPOC for current residents.

Ongoing - Within 3 business days after admission, the Residence Director or designee will review a new resident's chart to ensure that the PPOC does not contain the inaccurate verbiage.

7-15-13 - The Administrator or designated state prison will review all of the home's documentation and literature to ensure the term "assisted living" is not used in any written material or literature. 6-17-13

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Carol Perrin RD

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carol Perrin RD Date 6-12-13

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


The above plan of correction is approved as of 6-17-13 (Date)

Plan of correction implementation status as of 6-17-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 6-17-13
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

**RECEIVED**

44492 

JUN 14 2013

Violation Report: 40071 - 05/08/2013 - Pollock, Susan

PCH Name: BENTLEY HOUSE

**WEST REGION FIELD OFFICE  
Human Services Licensing**

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Ancillary staff person A, hired on 5/14/08, did not receive training in resident rights during the January 2012 through December 2012 training year.

**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.*

Immediate- Staff person A was re-educated on resident rights on May 22, 2013 (see attached).

On June 6, 2013, Residence Director and Wellness Director reviewed resident rights and the Older Adult Protective Services Act with current staff.

Ongoing- Residence Director or Wellness Director will follow the 2013 training plan and assure that staff are inserviced on required trainings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carol Perrin RD*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Carol Perrin RD*

Date *6-12-13*

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(Date)

Plan of correction implementation status as of *6-17-13*  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-17-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

RECEIVED

4449298

JUN 14 2013

Violation Report: 40071 - 05/08/2013 - Pollock, Susan  
 PCH Name: BENTLEY HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A 32 fluid ounce spray bottle of Lysol All Purpose Cleaner, with a manufacture's label indicating "Warning: If swallowed call a Poison Control Center or Physician for treatment advice", was unlocked and accessible to residents in the activity room's white upright cabinet. Residents of the home, including resident #3, have not been assessed capable of recognizing and using poisons safely.

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.

Immediate - The Residence Director removed the Lysol All Purpose Cleaner from the unlocked cabinet and placed it in a locked area. On May 8, 2013, the Residence Director counseled the Meaningful Pursuits Coordinator on the requirement to keep all poisonous materials in a locked cabinet or area which cannot be accessed by residents. On May 8, 2013, the Residence Director and staff inspected the remaining areas of the facility to confirm that any other poisonous materials are kept in a locked area.

Ongoing - On May 13, 2013, an in-service was provided to current staff re-emphasizing the requirement to keep any poisonous materials in a locked area (see attached sign-in sheet). During the Residence Director's and Maintenance Technician's regular facility rounds, he/she will inspect resident areas to confirm that no poisonous materials are accessible to residents.

*7-13-13 - A designated state person will check the home daily to ensure poisonous materials are not accessible to residents. 6-17-13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Carol Perrin RD*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Carol Perrin RD* Date *6-12-13*

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

The above plan of correction is approved as of <u>6-17-13</u> (Date)	Plan of correction implementation status as of <u>6-17-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>6-17-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

44492-0

RECEIVED

Violation Report: 40071 - 06/08/2013 - Pollock, Susan  
 PCH Name: BENTLEY HOUSE

JUN 14 2013

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 5/8/13, at 9:30 a.m. the activity room's freezer base was covered in miscellaneous food particles and debris.

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.

Immediate- Activity room freezer was cleaned and miscellaneous food was removed.

Ongoing- On May 17, 2013, a weekly cleaning schedule was posted for cleaning the activity room freezer.(see attached) On May 13, 2013, staff were educated on the cleaning requirements and how to sign off when task is complete. Residence Director/Wellness Director or designee will monitor weekly for compliance.

*7-15-13 - All staff persons will be educated on reporting or correcting any unsanitary conditions. Documentation of education will be kept. 6-17-13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Carol Perrin RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carol Perrin RD</i>	Date <i>6-12-13</i>
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 (Date)

Plan of correction implementation status as of 6-17-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-17-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

44492 

**RECEIVED**

Violation Report: 4607T - 05/08/2013 - Pollock, Susan  
 PCH Name: BENTLEY HOUSE

JUN 14 2013

1. REGULATION 55 Pa.Code §2600  
 2600.103(d) - Food shall be stored off the floor.

**WEST REGION FIELD OFFICE  
 Human Services Licensing**

2a. DESCRIPTION OF VIOLATION

On 5/8/13, at approximately 11:00 a.m. a 50 pound bag of white potatoes was stored on the floor in the homes dry storage room located in the back of the kitchen.

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.*

Immediate- At time of discovery the 50lb bag of potatoes was picked up off of the floor and placed on the shelf in the kitchen food storage area.

Teaching- Dining Service Coordinator was re-educated on the importance of putting away stock in a timely manner.

Ongoing- Food deliveries will be put away in a timely manner. Residence Director or designee will monitor weekly to assure food deliveries are put away and off the floor.

*7-15-13 - All staff persons involved in food preparation and storage will be educated that food shall be stored off of the floor. Documentation of education will be kept. 6-17-13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Carol Perrin RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carol Perrin RD</i>	Date <i>6-12-13</i>
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 (Date)

Plan of correction implementation status as of 6-17-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-17-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

44492-8

JUN 14 2013

Violation Report #40071 - 05/08/2013 - Pollock, Susan

PCH Name: BENTLEY HOUSE

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.127(b) - Nonportable space heaters must be well vented and installed with permanent connections and protectors.

2a. DESCRIPTION OF VIOLATION

The home utilizes a portable space heater to heat the furnace room adjacent to resident room #117.

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.*

Violation was repaired by a licensed vendor on 6-11-2013.

Please see attached invoice.

By June 20 2013, The Maintenance Technician will be re-educated on the personal care home requirements related to heating devices.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carol Perrin RD*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Carol Perrin RD*

Date *6-12-13*

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

The above plan of correction is approved as of

*6-17-13*  
(Date)

Plan of correction implementation status as of

*6-17-13*  
(Date)

- Fully Implemented *6-17-13*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*CP*  
(Initials)

4449208

JUN 14 2013

Violation Report: 40071-05/08/2013 - Pollock, Susan  
PCH Name: BENTLEY HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 5/21/12 does not indicate if the drill was conducted in the a.m. or p.m.

The fire drill record for the drill conducted on 7/24/12 does not include the number of residents residing in the home at the time of the drill.

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.

A fire drill was held on June 10, 2013 (see attached fire drill report).

The Maintenance Technician was re-educated on the ALC and Pennsylvania requirements for fire on June 3, 2013.

The Residence Director, Maintenance Technician or designee will complete monthly fire drills and ensure that accurate times and number of residents are recorded.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carol Perrin RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol Perrin RD* Date *6-12-13*

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

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>6-12-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

444928

Violation Report: 40671 - 05/08/2013 - Pollock, Susan  
PCH Name: BENTLEY HOUSE

RECEIVED

1. REGULATION 55 Pa.Code §2600  
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

JUN 14 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
The home conducted a sleeping hour fire drill on 3/23/12, at 2:00 a.m.; however, did not conduct another sleeping hour drill until 12/21/12, at 1:28 a.m.

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 are now held on a rotating schedule. The fire drill is conducted on a different shift each month.

A fire drill during sleeping hours was conducted on June 10, 2013.

The Maintenance Technician was re-educated on the ALC and Pennsylvania requirements for fire drills during sleeping hours on June 3, 2013.

7-15-13 - The Administrator will review the fire drill log monthly to ensure a fire drill is conducted during sleeping hours at least every six months. 6-17-13

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carol Perrin RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol Perrin RD*      Date *6-12-13*

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The above plan of correction is approved as of 6-17-13 (Date)

Plan of correction implementation status as of 6-17-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-17-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

**RECEIVED**

449208

JUN 14 2013

Violation Report: 40074 - 05/08/2013 - Pollock, Susan  
 PCH Name: BENTLEY HOUSE

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**  
 1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, nurse practitioner, 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.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was admitted to the home on 4/5/13. The resident's medical evaluation was completed on 1/24/13.

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.

The Residence Director and Wellness Director reviewed the medical evaluations for the other current residents to confirm timely completion. The regional staff re-educated the Residence Director and Wellness Director on the requirements for medical evaluation forms on June 12, 2013.

Residence Director/Wellness Director or designee will continue to evaluate and monitor medical evaluation forms for completeness.

Residence Director or Wellness Director will monitor new admissions to ensure that medical evaluations are completed in the appropriate time frame of 60 days prior to admission or within 30 days of the admission to our facility.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Carol Perrin RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carol Perrin RD</i>	Date <i>6-12-13</i>
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>6-17-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

44492

Violation Report: 40071-05/08/2013 - Pollock, Susan  
 PCH Name: BENTLEY HOUSE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

RECEIVED

JUN 14 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The May 2013 medication administration record for resident #2 does not include a diagnosis or purpose for the resident's Klor-con 20meq prescription medication.

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.

Immediate- Wellness Director was working with the physician at the time of discovery to obtain a correct diagnosis for the medication. Violation was corrected shortly after time of discovery the same day.

The Residence Director, Wellness Director and/or designee will review the medication records for the other residents to confirm that a diagnosis or purpose is listed for any medication.

Ongoing- The Wellness Director and/or the Residence Director will review and audit medication records monthly for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carol Perrin RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol Perrin RD* Date *6-12-13*

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44492 (initials)

**RECEIVED**

Violation Report: 40074 - 05/08/2013 - Pollock, Susan

PCH Name: BENTLEY HOUSE

JUN 14 2013

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

**WEST REGION FIELD OFFICE  
Human Services Licensing**

2a. DESCRIPTION OF VIOLATION

On 1/7/13 resident #4 was prescribed Coumadin 2mg daily in addition to a required PT/INR blood work to be drawn in one week (1/14/13), however, the required blood work was not drawn until 1/22/13.

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.*

A lab calendar was put into place immediately. When new orders are received, the residents name and lab will be placed on the calendar.

On June 12, 2013, the regional staff re-educated the Residence Director and Wellness Director on the procedure to monitor and schedule lab work as ordered by a resident's physician.

Residence Director, Wellness Director or designee will check calendar and lab slips daily to ensure they are completed as ordered.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/06/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Carol Perrin RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Carol Perrin RD</i>	<i>6-12-13</i>

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(Date)

Plan of correction implementation status as of 6-17-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-17-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

44492  
 Violation Report: 40071 - 05/08/2013 - Pollock, Susan  
 PCH Name: BENTLEY HOUSE

**RECEIVED**

1. REGULATION 55 Pa.Code §2600  
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
  - (2) If the condition of the resident significantly changes prior to the annual assessment.
  - (3) At the request of the Department upon cause to believe that an update is required.

JUN 14 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4's assessment dated 6/22/12, does not include the residents allergy to iodine or the residents need for a bed cane for bed mobility.

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.

Immediate- Resident #4's assesment was updated to include Iodine allergy and the use of her bed cane for mobility.

By June 20, 2013, the Residence Director, Wellness Director or designee will complete an audit of the assessments for other residents to confirm compliance.

The regional staff will re-educated the Residence Director and Wellness Director on these requirements by no later than June 20, 2013.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2012	08/10/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Carol Perrin RD*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Carol Perrin RD* Date *6-12-13*

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

The above plan of correction is approved as of 6-17-13  
 (Date)

Plan of correction implementation status as of 6-17-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-17-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*  
 (Initials)

**RECEIVED**

44492 *AS*

JUN 14 2013

Violation Report: ~~40071~~ - 05/08/2013 - Pollock, Susan

PCH Name: BENTLEY HOUSE

**WEST REGION FIELD OFFICE  
Human Services Licensing**

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's support plan dated 2/4/13 does not include the physical therapy treatment that has been prescribed by his/her physician on 2/5/13.

**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.*

Immediate- Resident #2's Therapy was completed on 3-20-2013. A late entry was added on June 10, 2013 to the RASP to include her physical therapy treatment.

By June 20, 2013, the Residence Director, Wellness Director, or designee will complete an audit of the support plans for current residents to confirm compliance.

The regional staff will re-educate the Residence Director and Wellness Director on the requirements by no later than June 20, 2013.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carol Perrin RD*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Carol Perrin RD

Date 6-12-13

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

The above plan of correction is approved as of

6-17-13  
(Date)

Plan of correction implementation status as of

6-17-13  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *6-17-13*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*CP*  
(Initials)