pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 26, 2013

Mr. Gene Wisinski, Executive Director
Bethesda Children's Home Lutheran Social Services
15667 State Highway 86
Meadville, Pennsylvania 16335

RE: Bethesda Children's Home
Lutheran Social Services – Unit C
License # 402540

Dear Mr. Wisinski:

As a result of the Department of Public Welfare's licensing inspection on November 8, 2013 of the above facility, the violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 3800 must be maintained.

Sincerely,

Brent Sutherland

Brent Sutherland
Child Residential Licensing Manager

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800

Facility Name: BETHESDA CHILDREN S HOME LUTHERAN SOCIAL SERVICES UNIT C	**License Number:** 40254
Address: 15667 STATE HIGHWAY 86, MEADVILLE, PA 16335	**County:** Crawford
Director: Gene Wisinski	**Region:** WEST
Legal Entity Name: BETHESDA CHILDRENS HOME LUTHERAN SOCIAL SERVICES	
Legal Entity Address: 15667 STATE HIGHWAY 86, MEADVILLE, PA 16335	
Certificate(s) of Occupancy	

Program Type:	**Licensed Capacity:**	**Number of Children Served:**
Residential Services	16	12

Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)
Complaint

On-Site Inspections Dates and Department Representatives On-Site
11/08/2013; Rodack, Kristen; Pugh, Bridget

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:	**Random Indicators:**

Child Demographic Data as of Inspection Dates

Age of Children:	**Number of Children who:**
0 to 5 years: 4	**Are Adjudicated Delinquent:** 7
6 to 13 years: 0	**Are Dependent:** 1
14 to 17 years: 7	**Have Mental Illness:** 6
18 to 21 years: 1	**Have an Intellectual Disability:** 0
	Have a Physical Disability: 0

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Human Services Licensing

Licensing Inspection Summary: 40254 - 11/08/2013 - Rodack, Kristen
Facility Name: BETHESDA CHILDREN S HOME LUTHERAN SOCIAL SERVICES UNIT C

1. REGULATION 55 Pa.Code §3800
3800.15(a) - The facility shall immediately report suspected abuse of a child in accordance with 23 Pa.C.S. § § 6301-6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

2a. DESCRIPTION OF VIOLATION
Resident #1 is pregnant and the baby is due in February of 2014. On 10/24/13, Resident #1 documented on the facility's "Client Physical Intervention/Emergency Restrictive Procedure Form" that Staff Person A "slammed me on my stomach to the floor then to the wall," and that as a result Resident #1 experienced inability to feel fetal movement, cramping, upper thigh pain, and swollenness in ankle. The facility did not report the allegation of abuse to ChildLine.

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.

Bethesda Children's Home reports suspected or alleged abuse in accordance to the Child Protective Services Law and Chapter 3490. Resident #1 was involved in a physical intervention on 10/24/13. Client reported physical abuse on the physical intervention form however the form was not reviewed and signed by the Program Director. The alleged abuse would have been reported at the time of administrative review.

Bethesda will review with resident # 1's program supervisor the procedure for physical intervention follow up and documentation procedures. Bethesda will track all physical intervention forms to ensure the review and administrative follow up is executed. Administrative follow up would include reporting alleged physical abuse from a physical intervention. This correction took place on 11/22/13.

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

Date 12-4-13

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

The above plan of correction is approved as of 12/24/13 (Date)

The above plan of correction was approved by BS (Initials)

Plan of correction implementation status as of 12/24/13 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

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Human Services Licensing

Licensing Inspection Summary: 40254 - 11/08/2013 - Rodack, Kristen
Facility Name: BETHESDA CHILDREN S HOME LUTHERAN SOCIAL SERVICES UNIT C

1. REGULATION 55 Pa.Code §3800
3800.143 (a) - A child shall have a health examination within 15 days after admission and annually thereafter, or more frequently as specified at specific ages in the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision," available from 141 Northwest Point Boulevard, Post Office Box 927, Elk Grove Village, Illinois, 60009-0927.

2a. DESCRIPTION OF VIOLATION
Resident #1, admitted 06/17/13, had an initial health examination dated 07/18/13.

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.

withdrawn
TSB 12/24/13

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

Date 12-4-13

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Facility Name: BETHESDA CHILDREN S HOME LUTHERAN SOCIAL SERVICES UNIT C

1. REGULATION 55 Pa.Code §3800

3800.143(d) - The health examination shall be completed, signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant. Written verification of completion of each health examination, date and results of the examination, the name and address of the examining practitioner and follow-up recommendations made, including each component, shall be kept in the child's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's health examination, dated 07/18/13, did not indicate the name and address of the examining practitioner.

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.

Bethesda Nurse, [redacted] on 11/21/13 has added the name and address of the examining practitioner for Resident #1's health examination on 07/18/13 by her PCP. Resident #1's first health examination on 06/27/13 did include the name and address of the examining practitioner. On going medical chart audits completed by 3rd shift staff will outline any chart deficiencies and allow corrections to be made to adhere to 3800 regs.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gene Wisinski — **Date** 12-4-13

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Facility Name: BETHESDA CHILDREN S HOME LUTHERAN SOCIAL SERVICES UNIT C

1. REGULATION 55 Pa.Code §3800
3800.148(a) - The facility shall identify acute and chronic conditions of a child and shall arrange for or provide appropriate medical treatment.

2a. DESCRIPTION OF VIOLATION
Resident #1 is pregnant and the baby is due in February of 2014. On 10/24/13 at 1:30 p.m., Staff Person A and Staff Person B performed a manual restraint on Resident #1, and following the restraint, the resident reported a lack of fetal movement to Staff Person C. Also on 10/24/13, Resident #1 documented on the facility's "Client Physical Intervention/Emergency Restrictive Procedure Form" a request for medical attention due to inability to feel fetal movement, cramping, upper thigh pain, and swollenness in ankle. The facility failed to provide medical attention to Resident #1 until 2:00 p.m. on 10/25/13.

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.

Following the physical intervention on 10/24/13, the program supervisor contacted Bethesda's campus nurse in response to the physical intervention and resident #1 reporting potential pregnancy complications from the physical intervention. The nurse gave medical instruction to attempt to alleviate pregnancy complications. Resident #1 refused to follow the medical instruction, staff continued to encourage and prompt medical cooperation. Resident #1 continued to refuse medical treatment provided by the Bethesda nurse. After 1 1/2 hours staff approached resident #1 and encouraged her to seek medical treatment at the local medical center, at this point in time resident #1 was more calm and cooperative to adult instruction than earlier. Resident #1 stated she didn't want to go, "my baby is moving", "i just want Tylenol." Resident #1 was taken to the Meadville Medical center New Life Unit on 10/25/13 as a follow up to the physical intervention.
The correct the above violation, Bethesda at the time a child refuses medical treatment and or could not be transported safely by Bethesda personnel, Bethesda will pursue utilizing the local medical center and EMS to provide appropriate medical treatment. This procedure will include the Bethesda on-call supervisor and medical personnel.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gene Wisinski — **Date** 12-4-13

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Human Services Licensing

Licensing Inspection Summary: 40264 - 11/08/2013 - Rodack, Kristen
Facility Name: BETHESDA CHILDREN S HOME LUTHERAN SOCIAL SERVICES UNIT C

1. REGULATION 55 Pa.Code §3800

3800.149(a) - The facility shall have a written emergency medical plan listing the following:

(1) The hospital or source of health care that will be used in an emergency.
(2) The method of transportation to be used.
(3) An emergency staffing plan.
(4) Medical and behavior health conditions or situations under which emergency medical care and treatment are warranted.

2a. DESCRIPTION OF VIOLATION

The facility's emergency medical plan did not include an emergency staffing plan.

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.

On 11/21/13 the Director of Operations and Director of Residential Services edited Bethesda's emergency medical plan to outline a more detailed staffing plan in regards to a medical emergency.

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Human Services

Licensing Inspection Summary: 40254 - 11/08/2013 - Rodack, Kristen
Facility Name: BETHESDA CHILDREN S HOME LUTHERAN SOCIAL SERVICES UNIT C

1. REGULATION 55 Pa.Code §3800
3800.203(e) - The plan shall include: (1) through (7).

2a. DESCRIPTION OF VIOLATION
Resident #1's restrictive procedure plan did not include the length of time the restrictive procedures may be applied.

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.

On 11/22/13, resident #1's restrictive procedure plan was changed to include the maximum length of times a restrictive procedure can be applied according to JKM training standards. The clinical supervisor when reviewing the restrictive procedure plan will ensure that the plan has an outlined time duration for each restrictive procedure.

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