

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 January 11, 2014 until January 11, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **444920**

Robert E. Robinson  
ISSUING OFFICER

*Matthew J. [Signature]*  
ACTING 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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

FEB 03 2014

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  
License #: 444920

Dear Mr. Guill:

As a result of the Department of Public Welfare's licensing inspection on November 8, 2013 and December 27, 2013, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones  
Acting Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: BENTLEY HOUSE		Liconso Number: 44492
Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		County: Mercer
Administrator: Carol Perrin		Region: WEST
Legal Entity Name: BENTLEY AID OPCO LLC		
Legal Entity Address: 301 Commerce Street, FORT WORTH, TX 76102		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 09/24/1997 L&I		DEC 11 2013 <b>WEST REGION FIELD OFFICE Human Services Licensing</b>
Staffing Hours		
Resident Support: 0	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional		
On-Site Inspections Dates and Department Representatives On-Site 11/08/2013: Williams, Jason; Glidden, Michelle		
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: 47	Number of Residents who:	
Number of Residents Served: 32	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 80 Years of Age or Older: 32	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 6	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		

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DEC 2 2013

Violation Report: 44492 - 11/08/2013 - Williams, Jason  
 PCH Name: BENTLEY HOUSE

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 The home's most recent violation report, dated 5/8/13, was not posted in a conspicuous and public place in the 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.

*See page 2A of 7*

*Please See Attached.*

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)      Date

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

The above plan of correction is approved as of 1-15-14  
 (Date)

Plan of correction implementation status as of 1-15-14  
 (Date)

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

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

page 2A of 7

Monday, December 02, 2013

Bentley House  
2400 Garden Way  
Hermitage, PA 16148

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DEC 02 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

**Violation: 2600.3(c)**

Plan of Correction (POC)

Immediately: The Residence Director placed a copy of the most recent violation report in a conspicuous and public place in the home. 11/08/13.

Ongoing: The Residence Director, Wellness Director, and/or Designee will monitor 2600.3 regulations pertaining to Inspections and Licenses. Bentley House will maintain and post in a conspicuous place a copy of the current license inspection summary issued by the Department.

JYP 1-15-14

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DEC 11 2013

Violation Report: 44402 - 11/08/2013 - Williams, Jason  
 PCH Name: BENTLEY HOUSE

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

**1. REGULATION 55 Pa.Code §2600**  
 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.

**2a. DESCRIPTION OF VIOLATION**  
 At 9:45 AM, the office next to the administrator's office was unoccupied with the door left open. The file cabinets containing the resident charts are located in this room and were left unlocked.

**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.

*Please see Attached*

*see page 3A of 7*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Carol Pecora RD*      Date *11-29-13*

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

The above plan of correction is approved as of <u>1/15/14</u> (Date)	Plan of correction implementation status as of <u>1/15/14</u> (Date)
The above plan of correction was approved by <u><i>AKP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>AKP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

page 3A of 7

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WEST REGION FIELD OFFICE  
Human Services Licensing

**Violation: 2600.17**

Plan of Correction (POC)

Immediately –The Wellness Director’s office was locked and secured to ensure resident records are kept confidential. 11/08/13

Changing Practice – The Residence Director, Wellness Director and/or Designee will ensure staff protects the privacy of resident health records. The Residence Director and Wellness Director have reviewed the state’s confidentiality guidelines and the basic principles for safeguarding the residents’ clinical information and records. The current resident records and health information will be regarded as confidential at Bentley House. 11/08/13

Teaching – Staff was re-educated on 11/25/13 as to the details and benefits of regulation 2600.17 pertaining to confidentiality of resident records in order to decrease the potential for recurrence. The attached training content and completed education summary will be kept in the training binder.

Ongoing Monitoring – The Residence Director, Wellness Director and/or Designee will keep vacant offices locked and resident records secured. 11/08/13

QSP 11/15/14

**RECEIVED** Page 4 of 7

Violation Report: 44492 - 11/08/2013 - Williams, Jason  
 PCH Name: BENTLEY HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.125(b) - Combustible materials shall be inaccessible to residents.

**WEST REGION FIELD OFFICE  
 Human Services Licensing**

2a. DESCRIPTION OF VIOLATION  
 There is a gas grill with the propane tank attached sitting on the patio of the central courtyard. It is unlocked and accessible to residents of the 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.

*See page 4A of 7*

*Please See Attached*

*with drawing*

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 *11-29-13*

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

The above plan of correction is approved as of <u>1/15/14</u> (Date)	Plan of correction Implementation status as of <u>1/15/14</u> (Date)
The above plan of correction was approved by <u><i>JP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

page 4A of 7

**Violation: 2600.125(b)**

Plan of Correction (POC)

Immediately: The Residence Director removed the propane tank from the premises.  
11/08/13

Teaching: The Residence Director provided re-education to staff regarding state regulation 2600.125 Flammable and combustible materials on 12/05/13. Please note the completed educational summary will be kept in the training binder for review upon request.

Ongoing: The Residence Director, Maintenance Technician, and/or Designee will monitor exterior building/grounds to ensure continued compliance with appropriate storage of potentially flammable and combustible materials. A monitoring checklist was developed and implemented by the community to ensure continued compliance for the next 4 weeks. Please reference the attached picture. 11/27/13

JSP  
1/15/14

RECEIVED Page 5 of 7

Violation Report: 44492 - 11/08/2013 - Williams, Jason  
PCH Name: BENTLEY HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10) WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
-The medical evaluation for Resident #1, dated 6/14/13, does not address the resident's ability to self-administer medications.  
-The medical evaluation for Resident #2, dated 6/18/13, does not clearly indicate the resident's ability to self-administer medications. The box for "can self administer with assistance in offering medications at prescribed times" is checked. The box for "cannot self-administer medications" is also checked with the words "Talk to family?" written next to it.

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.

Please See Attached

See page SA of 7

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) Date  
Carol Perrin RD 11-29-13

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

The above plan of correction is approved as of 1-15-14 (Date) Plan of correction implementation status as of 1-15-14 (Date)

The above plan of correction was approved by [Signature] (Initials)  
 Fully Implemented [Signature]  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

page 5A of 7

**Violation: 2600.141(a)(2)**Plan of Correction (POC)

Immediately: The Wellness Director contacted the physician and received verification to check the appropriate box through verbal order, please see attached. 11/08/13

The Residence Director and Wellness Director reviewed current medical evaluations for residents residing at the community to ensure appropriate completion of items indicated referencing boxes 1 through 10 to ensure continued compliance. Please reference the attached audit report. 11/08/13

The Wellness Director contacted the primary care physician and obtained clarification regarding the referenced medical evaluation and documented accordingly. Resident #2 has a physician appointment scheduled for completion of an updated medical evaluation (DME) on 12/2/13.

Teaching: The Residence Director, Wellness Director, and/or Designee will continue to evaluate and monitor medical forms for completeness.

Ongoing: The Residence Director, Wellness Director, and/or Designee will monitor new admissions to ensure that medical evaluations are completely filled out when received.

JYP 1/15/14

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Violation Report: 44492 - 11/08/2013 - Williams, Jason  
 PCH Name: BENTLEY HOUSE

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

**1. REGULATION 55 Pa.Code §2600**

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 has been prescribed a heart healthy/cardiac diet as indicated on the initial medical evaluation dated 6/18/13. However, the resident's initial assessment, dated 6/27/13, indicates that the resident has a regular diet.

**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.

*see page 6A of 7*

*Please See Attached*

*Resident # 2's assessment was updated on 11-8-13 to read cardiac diet. JJP*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Carol Perry RD*      Date *11-29-13*

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

The above plan of correction is approved as of 1-15-14  
 (Date)

Plan of correction implementation status as of 1-15-14  
 (Date)

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

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

page 6A of 7

**Violation: 2600.161(d)**

Plan of Correction (POC)

Immediately: The Residence Director and Wellness Director will complete an audit of resident records to ensure compliance with appropriate diet orders by 12/05/13.

Ongoing: The Residence Director, Wellness Director, and/or Designee will monitor new admissions to address any special dietary needs in the resident charts. The Residence Director, Wellness Director, and/or Designee will indicate appropriate dietary orders on support plans and diet order forms.

The Residence Director, Wellness Director, and/or Designee will continue to evaluate and monitor resident evaluations and RASP's to ensure completeness and accuracy.

12/05/13

QSP 1/15/14

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DEC 2 2013

Page 7 of 7

Violation Report: 44482 - 11/08/2013 - Williams, Jason PCH Name: BENTLEY HOUSE		<b>WEST REGION FIELD OFFICE</b> <b>Human Services Licensing</b>	
1. REGULATION 65 Pa.Code §2600 2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.			
2a. DESCRIPTION OF VIOLATION Resident #2's assessment, dated 6/27/13, indicates that the resident cannot self-administer medications. However, the resident self-administered medications between 8/20/13 and 10/11/13 before being assessed as being unable to self-administer medications on 10/11/13.			
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.			
Please see attached <span style="float: right;">see page 7A of 7</span>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Carol Brown</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carol Brown RO</i>		Date <i>11-29-13</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>1-15-14</u> (Date)		Plan of correction implementation status as of <u>1-15-14</u> (Date)	
The above plan of correction was approved by <u><i>CB</i></u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <i>CB</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

page 7A of 7

**Violation: 2600.227(e)**

Plan of Correction (POC)

Immediately: Resident #2's support plan was corrected and a late entry was added to reflect the dates he/she was self-administering medications. 11/08/13

The Resident was assessed using the company's self-medicating worksheet, please see attached.

Teaching: The Residence Director and Wellness Director were re-educated to state regulation 2600.227 referencing development of the support plan. Completed education summary will be kept in the training binder.

On-going: The Residence Director, Wellness Director, and/or Designee will complete an audit of the RASP's for current residents to confirm compliance by 12/05/13. New admissions will be assessed to ensure their needs are met initially, as well as when those needs change. Any changes will be addressed on the RASP and with the physician and family immediately.

JSP  
11/15/14