



Sent via email to: [REDACTED]  
MAILING DATE: December 10, 2013

Ms. Chris Zelosko, Administrator  
Bethany Village, Inc.  
150 Noble Lane  
Bethany, Pennsylvania 18431

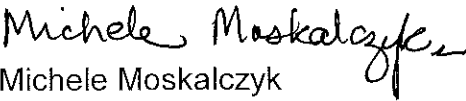
RE: Bethany Village  
License: #203570

Dear Ms. Zelosko

As a result of the Department of Public Welfare's (Department) licensing inspection on November 14, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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,

  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> BETHANY VILLAGE		<b>License Number:</b> 203570
<b>Address:</b> 150 NOBLE LANE, BETHANY, PA 18431		<b>County:</b> Wayne
<b>Administrator:</b> Chris Zelosko		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> BETHANY VILLAGE INC		
<b>Legal Entity Address:</b> 150 NOBLE LANE, BETHANY, PA 18431		
<b>Certificate(s) of Occupancy</b> C2LP 04/21/1999 COMM of PA L&I		
<b>Staffing Hours</b> Resident Support: NM                      Total Daily Staff: 70                      Waking Staff: 53		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 11/14/2013: Patton, Leslie; Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 70 <b>Number of Residents Served:</b> 56 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 8 <b>Number of Hospice Residents in past year:</b> 16	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 56 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 1 <b>Have a Mobility Need:</b> 14 <b>Have a Physical Disability:</b> 1	

Violation Report: 20357 - 11/14/2013 - Patton, Leslie  
 PCH Name: BETHANY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

**2a. DESCRIPTION OF VIOLATION**

The following verbal orders were taken regarding the stated resident but a written order was either not obtained in a timely manner or was not obtained at all:

A verbal order was obtained on 9/26/13 for resident #1 to discontinue Aloe Vesta cream and Nystatin cream. A written order was not obtained until 9/30/13.

A verbal order was obtained on 9/26/13 for resident #2 to discontinue Zinc Oxide barrier cream and change to Balmex. A written order was not obtained until 9/30/13.

A verbal order was obtained on 10/30/13 for resident #3 to increase the dosage of Lisinipril to 10mg. A written order was never obtained.

A verbal order was obtained on 9/30/13 for resident #4 to discontinue all supplements due to frequent reseals. A written order was not obtained.

Prior to 11/11/13, resident #5 was prescribed Remeron 15mg daily to be administered at bedtime. On 11/11/13, the order was changed the (2) tablets 15mg to total 30mg daily at bedtime. A new pharmacy label was not obtained to reflect the changed order not was sticker stating, "New order-see MAR" placed on the original container.

**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 Attached

The administrator shall monitor and assure ongoing compliance. M 12/10/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Zelasko*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Zelasko*      Date *12/10/13*

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

The above plan of correction is approved as of 12/10/13 (Date)

The above plan of correction was approved by *M* (initials)

Plan of correction implementation status as of 12/10/13 (Date)

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

Pg 2 of 5

Regulation 2600.186(c)

Changes in medication are only made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders are accepted by nurses in accordance with regulations of the Department of State. The resident's medication record is updated as soon as the home receives written notice of the change.

The verbal order for resident #1 was obtained by the physician on Thursday September 26, 2013. The nystatin order which was obtained on September 16, 2013, was for ten (10) days and had an automatic stop order of September 26, 2013. The aloe vesta cream was an over the counter medication. The physician was not in her office on Friday, September 27, 2013. The counter-signed order was obtained on Monday, September 30, 2013.

The verbal order for resident #2 was obtained by the nurse practitioner on Thursday September 26, 2013. Both medications were over the counter medications. The nurse practitioner was not in her office on Friday, September 27, 2013. The counter-signed order was obtained on Monday, September 30, 2013.

The verbal order for resident #3 which was obtained on October 30, 2013 was co-signed by the nurse practitioner on October 31, 2013 and was on the chart at the time of survey (see attachment #2)

The verbal order for resident #4 which was obtained on September 30, 2013 was co-signed by the nurse practitioner on September 30, 2013 and was on the chart at the time of survey (see attachment #3)

The order for resident #5 was changed on November 11, 2013, the "change in order see MAR" sticker was placed on the medication card at the time of survey. The change had been documented in the resident's Medication Administration Record and the resident was receiving the correct dose as ordered.

The previous Health Services Coordinator was responsible for this requirement and is no longer employed by the facility.

Physicians will be reminded, in writing, of this regulation. (See attachment #4)

- The Health Services Coordinator will be responsible to ensure continued compliance with this requirement.
- This requirement will be reviewed at the next mandatory resident care staff training session and also at the monthly quality management meeting.

Completion date: January 10, 2014

12/10/13

Christine Zelosko  
Christine Zelosko 12/4/13

Violation Report: 20357 - 11/14/2013 - Patton, Leslie

PCH Name: BETHANY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff person A currently administers medication on a regular basis. The most recent Annual Practicum completed by staff person A could not be located.

**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.*

Regulation 2600.190(a)

The facility only allows staff persons who have successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years to administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Staff person A had completed the Department-approved medications administration course and passed the Department's performance-based competency test. Copies of her test were not able to be located at the time of survey. Staff person A has been re-tested and all necessary documentation is now available for this staff person.

- The Certified Medication Trainer will be responsible for assuring that staff persons who pass medications will have completed the approved course and pass the performance-based competency test.

This requirement will be reviewed at the next mandatory resident care staff training session and also at the monthly quality management meeting.

Completion date: January 10, 2014

• The administrator shall monitor for ongoing compliance.  
 (M 12/10/13)

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Christine Zelasko</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 12/10/13	
Christine Zelasko			

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

The above plan of correction is approved as of <u>12/10/13</u> (Date)	Plan of correction implementation status as of <u>12/10/13</u> (Date)
The above plan of correction was approved by <u>M</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 - 11/14/2013 - Patton, Leslie  
 PCH Name: BETHANY VILLAGE

**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 #6 has a long standing history of displaying hoarding behavior that affects both the use of both the resident's bedroom and bathroom. The resident refuses to allow staff to enter bedroom for the purposes of checking on the safety and general condition of the environment. The resident also chooses on a nightly basis to sleep in a chair at the end of the hallway and not in her/his bed. The resident becomes agitated and defensive when the matter is discussed and refuses assistance from staff to help remedy the matter. The above stated behavior and preferences are not addressed in the resident's current RASP dated 1/10/13.

**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.*

Regulation 2600.227(d)

The home documents in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that are 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.

The home has completed a new support plan for resident #6 and addressed her hoarding like behavior. (See attachment #1) The resident has agreed to weekly room checks, to ensure the safety and general condition of the environment. The support plan also addresses her desire to sleep in a recliner outside of her room. The resident's aggressive and defensive behavior were addressed in her previous RASP dated January 10, 2013 along with a negotiated risk addendum referencing a safety hazard with a potential for falls as a result of the excess clutter in the resident's room. The local ombudsman was contacted regarding the above situation but the resident refused their assistance.

This requirement will be reviewed at the next mandatory resident care staff training session and also at the monthly quality management meeting.

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

Completion date: January 10, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Christine Zelosko*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Christine Zelosko* Date *12/4/13*

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

The above plan of correction is approved as of 12/10/13  
 (Date)

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

Plan of correction implementation status as of 12/10/13  
 (Date)

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

Violation Report: 20357 - 11/14/2013 - Patton, Leslie  
 PCH Name: BETHANY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:

- (1) If a resident is a danger to himself/herself or others.
- (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
- (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
- (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
- (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
- (6) If closure of the home is initiated by the Department.
- (7) Documented, repeated violation of the home rules.

**2a. DESCRIPTION OF VIOLATION**

The home's current contract states, "The resident otherwise exhibits disruptive or destructive behavior that cannot be controlled," as one of the acceptable reasons in which the home can issue a 30-day notice. The above statement included in the home's contract is not one of the acceptable reasons permitted by the regulation.

**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 Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Christine Zelosko
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Christine Zelosko	12/10/13

**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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

5075

Regulation 2600.228(h)

The only grounds for discharge or transfer of a resident from the home are for the following conditions:

- (1) If a resident is a danger to himself/herself or others.
- (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
- (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program for assistance. The administrator shall also contact the Department's personal care home regional office.
- (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
- (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
- (6) If closure of the home is initiated by the Department.
- (7) Documented, repeated violation of the home rules.

The home will remove the statement "The resident otherwise exhibits disruptive or destructive behavior that cannot be controlled," as one of the acceptable reasons in which the home can issue a 30- day notice. The home will add the statement to the house rules and give the residents a 30 day advance notice, in writing, of the home's request to change the contract.

This will be reviewed at the next Quality Management meeting.

The Administrator will be responsible to ensure continued compliance with this requirement.

Completion date: January 2, 2014

MW  
12/10/13

Christine Zelosko  
Christine Zelosko 12/4/13