



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 03 2015

Mr. Akhil Sharma, Authorized Officer
Bentley AID OPCO, LLC
2400 Garden Way
Hermitage, Pennsylvania 16148

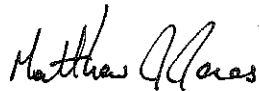
RE: Garden Way Place
License #: 444920

Dear Mr. Sharma:

As a result of the Department of Human Services' annual licensing inspections on March 10, 2015 and March 11, 2015 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.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

Page 1 of 3

PCH Name: GARDEN WAY PLACE		License Number: 44492
Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		County: Mercer
Adminstrator: Carol Perrin		Region: WEST
Legal Entity Name: BENTLEY AID OPCO LLC		RECEIVED SEP 23 2015 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		
Certificate(s) of Occupancy C2 LP 09/24/1997 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/10/2015: Marini, Michael 03/11/2015: Marini, Michael		
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 Served: 43 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: 4 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 1

SEP 18 2015

Violation Report: 44492 - 03/10/2015 - Marini, Michael
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 3-11-15, the home's emergency procedures were 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.

At time of discovery, the emergency management plan was in a red emergency book at the front desk.

Immediately : The Executive Director placed a copy of the emergency management plan in a conspicuous and public place in the community.

Ongoing : The Executive Director, Wellness Director, and /or designee will monitor 2600.107 regulations pertaining to emergency preparedness. Garden Way Place will maintain and post in a conspicuous place a copy of the current emergency procedures.

Immediately - The Executive Director or designated staff person will perform weekly checks to ensure that both the homes and the municipality's emergency preparedness plans are posted in a conspicuous & public place. *DM 10/6/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Perini RD

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

Carol Perini

Date *9-17-15*

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

The above plan of correction is approved as of

10/6/15
(Date)

Plan of correction implementation status as of

10/6/15
(Date)

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

The above plan of correction was approved by

DM
(Initials)

RECEIVED

12/006/007

SEP 18 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44492 - 03/10/2015 - Marini, Michael
PCH Name: GARDEN WAY PLACE

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent medical evaluation was completed on 1-21-15; however, resident #1's previous medical evaluation was completed on 7-24-13.

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.

Immediately : The Executive Director and the Care Service Manager completed an audit of current resident records to ensure compliance with annual medical evaluation dates. *monthly P.W. 10/6/15*

Ongoing : The Care Service Manager, Executive Director, and/or designee will monitor DME's to ensure all residents receive an annual medical evaluation. A tickler file of current residents was composed with annual due dates. New residents will be added to the file upon admission.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carol Perrin ED* Date *9-17-15*

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

The above plan of correction is approved as of 10/6/15
(Date)

Plan of correction implementation status as of 10/6/15
(Date)

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

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