



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

**MAILING DATE: January 25, 2016**

Mr. Edward Harding, Executive Director  
Care HSL Belle Reve OPCO LLC  
404 East Harford Street  
Milford, Pennsylvania 18337

RE: Belle Reve  
License #225130

Dear Mr. Harding:

As a result of the Department of Human Services' licensing inspection on October 21, 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,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

Commonwealth of Pennsylvania  
Department of Public Welfare  
Bureau of Human Services Licensing

## **6 Easy Steps to Develop a Plan of Correction**

1. Why is the regulation important?
2. How was the regulation violated?
3. What caused the violation?
4. What can be done right away to fix the violation?
5. What can we do to prevent future violations?
6. Who will be responsible for preventing future violations?

### **Tips**

- An acceptable plan of correction must be submitted to the Department before a license can be issued to the residence.
- If your plan of correction does not fit on the page you may attach additional pages; additional pages must be signed and dated.
- A plan to request a waiver of the regulation cannot be accepted as a plan of correction, although you may indicate in the plan of correction that you intend to apply.
- It is important to attach supporting documentation to your plan of correction to verify compliance of any violation that has been corrected.
- If you need help with your plan of correction call your regional office or the operator support hotline at 1(866) 503-3926.



Violation Report: 22513 - 10/21/2015 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**2a. DESCRIPTION OF VIOLATION**  
 On 10/2/15, an allegation of abuse was made against staff person A regarding resident #1. The home allowed staff person A to return to work on 10/7/15 prior to the Departments investigation being complete.

**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 staff member involved with this incident was suspended the night of the incident, 10/2/15. The community provided a thorough investigation. PA Department of Aging-Act 13 Manditory Report completed. [redacted] Ombudsman-Adult Protective Services, reviewed investigation with Executive Director on 10/7/15. [redacted] agreed the abuse wasn't substantiated and the staff member may come back to work. [redacted] and the Executive Director agreed that the staff member would work on a separate floor from the identified resident and not assist with care needs in the Memory Care Unit. The staff member returned to work after this review of the investigation on [redacted] 15 at 7:56 PM. On 10/21/15 the violation was corrected when the Department of Human Services came to Belle Reve to investigate the situation. Any suspected abuse will be reported to the Resident Care Director and/or the Executive Director immediately. Any allegation of abuse or suspected abuse of a resident involving a staff member of the home will result in a suspension of that team member until the investigation is finalized and the findings reviewed with the Department of Human Services. Then the suspended staff member may return to work if the abuse is not substantiated. The management team and direct care staff will be trained by the Resident Care Director by 1/31/16 on the following: Plan of Correction-Personal Care (Attachment A), and Reportable Incidents Policy and Procedure (Attachment B).

*The administrator shall monitor and assure ongoing compliance. M 1/22/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeremy Keitor</i>	Date <i>1/15/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 1/22/16  
 (Date)

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

Plan of correction implementation status as of 1/22/16  
 (Date)

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

Violation Report: 22513 - 10/21/2015 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**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 #1 has a history of making sexually inappropriate comments towards staff. The resident's support plan does not document how this will be addressed.  
 On 9/16/15 Residents #2 and #3 had an incident that required staff to separate the residents. Staff also state they now redirect the residents with music or dancing. The resident's support plan does not document how these needs will be met.

**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 violation was corrected on 1/14/16 when the Resident Assessment Support Plan (RASP) were updated for the 3 residents identified in the description of the violation. Any new resident behaviors and/or behavior interventions will be communicated during shift huddles and documented on the 24 hour report. The Resident Care Director or designee will review the 24 hour reports and then assure the RASP is updated accordingly. The management team and direct care staff will be trained by the Resident Care Director by 1/31/16 on the following: Plan of Correction-Personal Care (Attachment C), 24 Hour Report Policy (Attachment D), and Shift Report (Attachment E). The Resident Care Director or designee will conduct random weekly audits using the Weekly Documentation Audit Tool (Attachment F) to minimize the chances of missed communication regarding new resident behaviors and interventions. Data gathered from the audits will be reviewed in the Quality Assurance Meetings.

*The administrator shall monitor and assure ongoing compliance. M 1/22/16*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeremy Keiter, Administrator</i>	Date <i>1/15/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>1/22/16</u> (Date)  The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>1/22/16</u> (Date)  <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
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