



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: March 11, 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 December 16, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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 Mandatory 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 10/7/15 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).


This is the purview of the BHSC.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jeremy Keiter Date 1/15/16

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

The above plan of correction is approved as of <u>3-10-16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>3-10-16</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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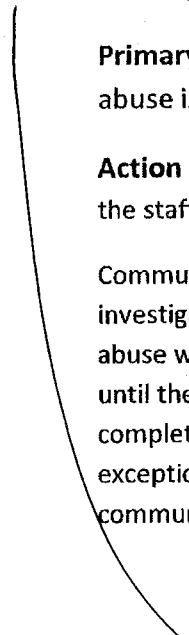
Plan of Correction Training- Personal Care (Attachment A)

- 1. Regulation 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.

Primary benefit: Ensures that the resident's safety is upheld while the abuse or suspected abuse is appropriately reported and investigated.

Action Plan: On 10/2/15, an allegation of abuse was made against a staff person. The home allowed the staff person to return to work on 10/7/15 prior to the Departments investigation being completed.

Communicated by Resident Care Director: Allegations of abuse or suspected abuse require an investigation. During the time of the investigation, the identified team member who is suspected of the abuse will be immediately be removed from the schedule and may not return to work scheduled shifts until the Department and community (home) has agreed on the outcome on the investigation has completed their investigation. This policy protects the resident from abuse occurring again. There is no exception to this policy. The Resident Care Director will then contact the suspended team member to communicate the findings of the investigation and share the outcome.



→ The plan of supervision will be sent to the Northern Regional office for review and approval.
 The approved plan will be returned to the home and kept on file.

Anne Glasgow RLA
 3-10-16

Jeremy Keifer, Administrator 1/15/16

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.

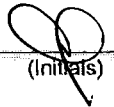
The violation was corrected on 1/14/16 when the Resident Assessment Support Plan (RASP) were updated for the 3 residents identified in the description of the violation. Any new resident behaviors and/or behavior interventions will be communicated during shift huddles and documented on the 24 hour report. 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.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Jeremy Keiter, Administrator</u>	Date <u>1/15/16</u>
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(Attachment B)

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Belle Reve
Policy & Procedure
Reporting Reportable Incidents

Policy:

It is the policy of Belle Reve to be compliant in reporting unusual incidents to the Department of Public Welfare in conjunction with Section 2600.16 of the Code for Personal Care Homes as described below. In addition, any change in a resident's condition will be reported on the 24 hour report and the Resident Life Director or designee will be notified to determine course of action if needed.

Procedure:

The following protocol shall be followed:

1. Complete an Accident/Incident Report; *(to be used for quality management and administrative purposes only, this record is strictly confidential).*
 - a. Note all areas of report form are to be completed in its entirety.
 - b. All notifications to family, physician, supervisor and Administrator are to be completed.
 - c. Any questions or concerns must be addressed to the Supervisor
 - d. Any incident which meets the criteria of a reportable event must be reported to the Department of Human Services within 24 hours of the incident.
 - e. Reportable incidents specified in 2600.16 and identified on the Personal Care Home Reportable Incident Form that meet the requirements

Allegations of suspected abuse will be reported immediately.

2. Follow procedures for individual incidents as applicable.
 - a. Allegation of abuse or suspected abuse require the accused staff member to be suspended until the investigation is concluded. They may not return until the Department of Human Services and the community agree in the outcome of the investigation. *conclude*
3. Record in resident's chart.
4. Reportable incidents specified in 2600.16 and identified on the Personal Care Home Reportable Incident Form that meet the requirements
5. The Administrator or designee will call the Department of Human Services/Personal Care Homes Division, Scranton Field Office immediately. (These include; abuses, unexpected death, unexplained absence, fire/structure damage making home uninhabitable, emergency under 2600.1075., unscheduled closure of home, termination of heat in winter, termination of water or electricity).

3-10-16

Jeremy Keiter, Administrator 1/15/16

Initial 1/01 Revision Date: 5/01, 6/06, 1/07, 12/08, 11/13
Current Revision Date: 1/16

Anne Heagerty RLA 3-10-16