



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: June 30, 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 March 23, 2016 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 - 03/23/2016 - Hummel, Jesse
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/31/15 at 11:30 am the son of resident #1 reported that staff person A indicated to resident #1, "You are going to be addicted to your pain medication." This was in response to the resident requesting an as needed pain medication. The facility did not report this allegation of verbal abuse to the local Area Agency on Aging as required under the Older Adult Protective Services Act.

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.

2600.15(a)

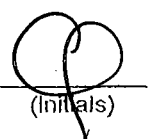
This regulation is important to ensure that our residents will be free from verbal, mental or physical abuse. This violation occurred when a previous employee of the facility, on her last day of work did not follow the abuse policy and report an allegation of verbal abuse to the local Area Agency as required under the Older Adults Protective Services Act. All staff will be in serviced on what abuse is, and what to do if abuse is suspected and how to report it. The Resident Care Director, Administrator or the Executive Director will be responsible for any follow up to an alleged abuse to ensure both the DHS and Area of Aging will be notified in a timely manner.

* Adm Jodi Joaquin - 5-26-16 was conducted.
 J.P. 6-23-16

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

Signature of Legal Entity Representative (Required on EVERY Page)		Jodie Joaquin RN,C PCHA	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	JUNE 6, 2016
JODIE JOAQUIN RN,C PCHA			

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

The above plan of correction is approved as of <u>6-23-16</u> (Date)	Plan of correction implementation status as of <u>6-23-16</u> (Date)
The above plan of correction was approved by  (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: 22513 - 03/23/2016 - Hummel, Jesse
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct Care staff person A was hired at the facility on 3/11/14. The staff person did not receive annual training in Mandatory Reporting of Abuse under the Older Adult Protective Services Act for the 2015 training year.

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.

2600.65(g)

It is important for all staff to be trained on an annual basis on Mandatory Reporting of abuse. This regulation was violated because the employee did not have abuse training in 2015. All direct care staff will be in serviced upon hire and yearly in the following areas: fire safety, emergency preparedness, resident rights, The Older Adults Protective Services Act, falls and accident prevention. This will be accomplished by utilizing our Relias Learning computer based in services or by in person training for the staff. Staff will be able to log in monthly to see what in services are assigned for that month. The Personal Care Home Administrator or designee will monitor the in-services to ensure all staff have their annual training immediately and ongoing.

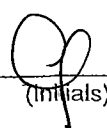
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jodie Joaquin RN, C PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **JODIE JOAQUIN RN, C PCHA** Date **JUNE 6, 2016**

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

The above plan of correction is approved as of 6-18-16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6-18-16
 (Date)

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

Violation Report: 22513 - 03/23/2016 - Hummel, Jesse
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed half length bed rails attached to the bed of resident #1. The medical evaluation completed on 2/25/16 for resident #1 does not indicate the physician recommends the use of a bed rail.

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.

2600.141(a)(2) The medical evaluation must include the following: (1) through (10)

It is important to properly notify the MD when there is a change in the resident so the DME and RASP are updated promptly. This violation occurred when resident was started on hospice care and half side rails were needed on the hospital bed. The DME was faxed to the physician the date of survey for correction and faxed back the same day, orders were received for the rails and the RASP was updated to reflect this. All DMEs will be reviewed by the Resident Care Director or designee for completeness and accuracy at the time of admission. Chart audits will be done monthly to monitor for completeness by the Resident Care Director or her designee - and to ensure ongoing compliance.

and to ensure residents' needs are properly identified and there is a comprehensive plan in place to meet these needs.

J. 6-18-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jodie Joaquin RN,C PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JODIE JOAQUIN RN,C PCHA	Date JUNE 6, 2016
--	----------------------

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

The above plan of correction is approved as of <u>6-18-16</u> (Date) The above plan of correction was approved by <i>J. J.</i> (Initials)	Plan of correction implementation status as of <u>6-18-16</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
--	--

Violation Report: 22513 - 03/23/2016 - Hummel, Jesse
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on [redacted] 15. The resident's preadmission screening completed on 10/20/15 does not indicate the resident's needs can be met by the services provided by the facility.

~~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.~~

2600.224(a)

It is important for the home to determine if they can meet the needs if the residents according to the prescreening form prior to moving into the home. The prescreen for resident #1 dated 10/20/2015, was not complete. The section that states that the facility can meet the needs by the services provided by the facility was not checked off. The missing information was added and dated to reflect a late entry. The prescreens are conducted by various staff in the absence of the Resident Care Director. All admission staff will be educated on the correct way to fill out this form. In the future, all prescreens will be reviewed by the Resident Care Director prior to the resident move into ensure the facility can meet their needs.

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

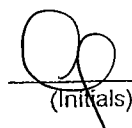
Signature of Legal Entity Representative
 (Required on EVERY Page) *Jodie Joaquin RN,C PCNA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) JODIE JOAQUIN RN,C PCHA Date JUNE 6, 2016

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

The above plan of correction is approved as of 6-18-16
 (Date)

Plan of correction implementation status as of 6-18-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22513 - 03/23/2016 - Hummel, Jesse
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed half length bed rails attached to the bed of resident #1. The assessment completed on 3/1/16 for resident #1 does not indicate the need for bed rails or the facility's plan to keep the resident safe while the bed rails are in place.

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.

2600.225(c)

This regulation is important to ensure that all residents have initial and additional assessments annually or if a resident has a significant change in condition. This regulation was violated because the resident was admitted to Hospice services and a hospital bed was delivered with half side rails. The RASP was not updated to reflect this. The RASP was updated immediately to reflect the half rails on the bed. Staff will be in serviced by the Resident Care Director to notify her of any changes in condition of the residents so that the proper assessments will be done and the DME and RASP can be updated. The Resident Care Director or Designee will review resident charts with the resident chart audit tool to ensure compliance.

- and to ensure that residents' needs are properly identified, and a comprehensive support plan is implemented to ensure residents' needs are being met.

J. 6-18-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jodie Joaquin RN, C PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 JODIE JOAQUIN RN, C PCHA JUNE 6, 2016

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

The above plan of correction is approved as of <u>6-18-16</u> (Date)	Plan of correction implementation status as of <u>6-18-16</u> (Date)
The above plan of correction was approved by <u><i>JJ</i></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: 22513 - 03/23/2016 - Hummel, Jesse
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 participated in the development of the resident's assessment and support plan finalized on 3/1/16, however the document was not signed by the resident.

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.

2600.227(g)

This regulation is important to assure that all support plans are reviewed and signed by the resident and or designee. This violation occurred when the support plan was not signed by the resident. This was an oversight by the Resident Care Director. The support Plan was discussed with and signed by the resident the same day the surveyor was in the building. All DME's and RASP's were reviewed to ensure compliance and signatures. All forms will be reviewed by the Resident Care Director or her designee prior to going into the charts. *To ensure ongoing compliance.*

or documentation if there is no signature or mark by the resident. J. 6-18-16

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

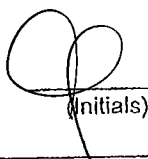
Signature of Legal Entity Representative (Required on EVERY Page) *Jodie Joaquin RN,C PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JODIE JOAQUIN RN,C PCHA	Date JUNE 6, 2016
--	-----------------------------

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

The above plan of correction is approved as of 6-18-16
 (Date)

Plan of correction implementation status as of 6-18-16
 (Date)

The above plan of correction was approved by 
 (Initials)

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