



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 25 2016

Ms. Traci Winters, Administrator
Bethany Village Inc.
150 Noble Lane
Bethany, Pennsylvania 18431

RE: Bethany Village
License #: 203570

Dear Ms. Winters:

As a result of the Department of Human Services' annual licensing inspection on April 5, 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: BETHANY VILLAGE		License Number: 20357
Address: 150 NOBLE LANE, BETHANY, PA 18431		County: Wayne
Administrator: Traci D Winters		Region: NORTHEAST
Legal Entity Name: BETHANY VILLAGE INC		
Legal Entity Address: 150 NOBLE LANE, BETHANY, PA 18431		
Certificate(s) of Occupancy C-2 LP 04/21/1999 PA L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 61 Waking Staff: 46		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/05/2016: O'Haire, Anne; Foulkes, Kimberli		
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: 78 Number of Residents Served: 50 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: 3 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 11 Have a Physical Disability: 0	

Violation Report: 20357 - 04/05/2016 - O'Haire, Anne
 PCH Name: BETHANY VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 2/7/16, resident #1 date of admission [redacted] 16, was sent out to the hospital via ambulance due to shortness of breath and bilateral edema. The resident then expired in the hospital on [redacted] 16. The home did not submit an incident report to the Department.

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.

Bethany Village reports all incidents or conditions to the Department's personal care regional office within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15.

All staff that are responsible for completing were in-serviced on reporting all incidents to the Department, including the unexpected death of a resident in a hospital setting and abuse reporting.

This requirement will be reviewed at the monthly Quality Management meeting.

The Administrator will be responsible for continued compliance with this regulation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Traci Winters, Administrator* Date *5/5/2016*

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

The above plan of correction is approved as of <u>5/6/16</u> (Date)	Plan of correction implementation status as of <u>5/6/16</u> (Date)
The above plan of correction was approved by <u><i>m</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: 20357 - 04/05/2016 - O'Haire, Anne
 PCH Name: BETHANY VILLAGE

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Homes are not permitted to change the content of a medical evaluation without the consent of the person who performed the evaluation or changing the content of a medical evaluation by someone who is not a RN or LPN. Resident #2's medical evaluation was a faxed document with a date on the top of 3/7/16. Page 1 of the evaluation had the date the resident evaluated written in ink as 3/3/16. Resident #3's medical evaluation dated 8/12/15 was a faxed document with a date on the top of 8/13/15. It had changes made to it in ink. It had the immunization history influenza date 10/23/15 written in ink, mobility needs was marked moderate immobile and this was marked error CE and minimal mobile was checked, an X was placed in the safe with poisons box, and an X was placed in the other-see needs addendum below box, on page two there was an X placed in the low cholesterol and heart healthy boxes. There was no documentation that the staff that made these changes were licensed or that they had consent of the person who performed the evaluations:

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.

Per the Department regulation, any changes made to the content of a medical evaluation are always completed by an RN or an LPN.

Resident #2's physician did not enter the completion date of the Medical Evaluation on Page 1 of the evaluation. The RN Clinical Services Director entered the date on Page 1 after verifying with the physician that the date on Page 2 was correct.

The community updates immunizations on the completed DMEs but will no longer do so.

The mobility box on Resident #3's medical evaluation was changed by the LPN Health Services Supervisor after evaluating the resident's mobility status upon admission and the resident's ability to handle poisons safely. Both orders were verified with the physician.

The low cholesterol and Heart Healthy diet boxes were already documented on admission forms accompanying the Medical Evaluation and were transposed onto the Medical Evaluation by the RN Clinical Services Director after verifying the orders. (see attached)

Upon receipt of a Medical Evaluation, it will be reviewed to determine if any blanks are present. If there are blanks or corrections needed, the physician will be contacted and either the evaluation will be returned to the physician to be completed or will provide a verbal order to add or change it. The medical evaluation will be signed and dated by the RN or LPN receiving the verbal order and changing the Medical Evaluation along with the name of the person authorizing the change.

Audits will be completed and reviewed at the Quarterly Management meeting.

The Health Services Supervisor will be responsible to ensure continued compliance with this regulation.

The administrator shall monitor and assure ongoing compliance. m 5/6/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Traci Winters, Administrator* Date *5/5/2016*

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Violation Report: 20357 - 04/05/2016 - O'Haire, Anne
 PCH Name: BETHANY VILLAGE

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #4, dated 11/6/15, states under section 7 that the resident can self-administer some medications but not others-see med addendum. There is nothing listed on the medication addendum on page 2. There is a physician's visit attached with meds listed however it doesn't indicate the medications that the resident can self-administer.

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 medical evaluation for resident #4 dated 11/6/15 was completed by the physician stating the resident can self-administer some medications but not others—see med addendum. There were no medications listed on the medication addendum on Page 2 as the resident requested the facility administer all medications. Had the resident chose to administer her own medications, the facility would have requested the physician complete the medication addendum indicating the medications the resident can self-administer.

To prevent a reoccurrence, all medical evaluations will be reviewed to ensure the physician completes the med addendum when it is indicated that a resident may self-administer certain medications.

Audits of the DMEs will be reviewed at the Quality Management meetings.

The Administrator will be responsible for continued compliance with this requirement.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Traci Winters, Administrator</i>	Date <i>5/5/2016</i>
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