



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

**MAILING DATE: August 11, 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' licensing inspection on June 29, 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.

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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 that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20357 - 06/29/2016 - Yellenic, Cindy

PCH Name: BETHANY VILLAGE

**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 had a choking emergency on 5-23-16 and was sent to the hospital. Resident #1's RASP was never updated regarding this choking incident and how the facility planned to meet the resident's need. Resident #1 had another choking emergency on 6-24-16 which resulted in the resident's expiration from asphyxiation.

**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 home documents in the resident's support plan the medical, dental, vision, hearing, mental health and other behavioral care services that are 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.** Resident #1 had an episode of choking on 5-23-16 and was sent to the hospital as a precautionary measure. Resident #1 returned with no new orders for diet or for a swallowing evaluation but did receive a short-term antibiotic as a prophylactic measure. The resident was examined by [redacted] Primary Care Practitioner on June 20, 2016 for [redacted] annual DME, and again there were no new orders or change in diet at that time.

*As per The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices: "There is no single answer about what specific information "must" be addressed in a resident's assessment and support plan - it depends on the specific resident and that resident's needs. For example, if a resident slips on a banana peel (chokes on a piece of food) and suffers no ill consequences as a result, it would be counter-productive to include it on the RASP.... Later that day (month), the resident falls (chokes) again.... the home may decide that two falls (choking incidents)... warrants a new assessment, or the home may decide to observe the resident more closely, which was the case regarding Resident #1. The need for closer observation should be communicated to the person(s) responsible for doing so. The initial episode was documented in Resident #1's progress notes and staff monitored [redacted] for repeated events. During the second episode, several staff members as well as the EMS personnel attempted to perform the Heimlich maneuver, unfortunately all of which were unsuccessful. At ALL TIMES, the resident's needs were being met. Omitting the first episode on the RASP could NOT have prevent the second episode from occurring.*

**IT IS FOR THESE REASONS THAT THE FACILITY STRONGLY DISPUTES THE VALIDITY OF THIS VIOLATION.**

It is the intention of the facility, going forward, to document any choking episodes on the resident's RASP as per the recommendation from our local licensing office.

The Health Services Coordinator and the Administrator will be responsible to ensure continued compliance with this requirement.

This requirement was reviewed with all staff at a staff meeting on July 28, 2016.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Traci Winters, Administrator*

Date *7/28/16*

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

The above plan of correction is approved as of

*7/27/16*  
(Date)

Plan of correction implementation status as of

*7/27/16*  
(Date)

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

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)