



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 28 2017

Mr. Kevin M. McCollum,
Member
Care HSL Belle Reve OPCO LLC
404 East Harford Street
Milford, Pennsylvania 18337

RE: Belle Reve Senior Living Center
License #: 225130

Dear Mr. McCollum:

As a result of the Department of Human Services' annual licensing inspection on April 18, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22513 - 04/18/2017 - Novak, Ryan
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home has a carbon monoxide detector installed approximately 4 feet above the clothes dryer in the laundry room. The carbon monoxide detector needs to be located at least 15 feet from the fossil fuel burning device as required by the Care Facilities Carbon Monoxide Standard Act.
 The home does not have the influenza poster posted as required by the Influenza Awareness 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.

Regulation 2600.18

It is import to follow all Federal, State and local laws, ordinances and regulations for the safety and education of residents and personnel in the facility. During the audit the carbon monoxide detector was found to be installed only 4 feet above the dryer in our laundry room. On departure of the inspector we reviewed the regulation and determined that the detector needs to be moved and begun scheduling changes with our contracted company. It was also found during the audit that we did not have influenza poster posted required by the influenza awareness act. Prior to departure of the inspector posters have been obtained and posted.

It was determined that the cause of the violations occurred with miscommunication between staff members. The carbon monoxide detectors are being scheduled with 1st Alarm to be moved to meet regulation of 15 feet of the fossil fuel burning device. Influenza posters have been obtained and hung to ensure required information posted.

The Maintenance Director will oversee the proper footage during scheduled changes with carbon monoxide detector installation with vendor. The Executive Director will ensure influenza posters remain hung during visual rounds of the facility.

phone/e-mail from home completed 5/24/17 CP

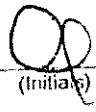
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jodie Joaquin* Personal Care Home Administrator

Printed Name and Title of Legal E
 (Required on EVERY Page) Jodie Joaquin Personal Care Administrator Date 5/19/2017


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

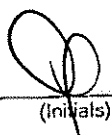
The above plan of correction is approved as of 6/21/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6/21/17
 (Date)

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

Violation Report: 22513 - 04/18/2017 - Novak, Ryan PCH Name: BELLE REVE SENIOR LIVING CENTER	
1. REGULATION 55 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION Resident #1's glucometer had dried blood on the machine.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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</i>	
<p>2600.85(a)</p> <p>This regulation is to assure that sanitary conditions are met and maintained. This was violated due to a small amount of dried blood present on the glucometer. Staff did not clean the glucometer after it was soiled. The glucometer was immediately cleaned with a sanitized wipe. The med techs will be in serviced to wipe the glucometers down after every use with a sanitizing wipe or an alcohol pad, and to check it before performing a finger stick. We will implement a med cart audit tool which will be done nightly by the med tech. The staff will be in serviced on this on May 24th during our staff meeting. The Resident Care Director or designee will perform weekly checks during the med cart audits to monitor the compliance of the staff. The administrator shall also monitor and assure ongoing compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jodie Joaquin</i> Personal Care Administrator	
Printed Name and Title of Legal E (Required on EVERY Page) Jodie Joaquin Personal Care Administrator Date 5/9/2017	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6-21-17</u> (Date)	Plan of correction implementation status as of <u>6-21-17</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 - 04/19/2017 - Novak, Ryan PCH Name: BELLE REVE SENIOR LIVING CENTER	
1. REGULATION 55 Pa. Code §2600 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.	
2a. DESCRIPTION OF VIOLATION The bedside lamp in room 214 did not have a bulb.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Regulation 2600.101 (j) (7)</p> <p>It is important for the safety of the resident when waking during dark/night hours to assure their safety with access to light. During our audit the light bulb in room 214 was missing from the bed side lamp, the bulb was replaced immediately after the inspector's departure.</p> <p>It was determined that the violation occurred when the bulb had burnt out and was removed that day but was not yet entered in to the facilities work order system. The bulb was then replace immediately after the inspector's departure when it was brought to maintenances attention. Maintenance has created a form and preforms random inspections of bedside lamps on a routine basis. The inspection form is attached.</p> <p>The maintenance director and maintenance assistant will perform the inspections on a daily basis. All staff will still be responsible for placing any and all non-working equipment (including lights/lamps) in the maintenance work order system.</p> <p><i>Adm will oversee to ensure ongoing compliance</i></p> <p style="text-align: right;"><i>Op. 6/21/17</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jodie Joaquin</i> <i>Personal Care Administrator</i>	
Printed Name and Title of Legal E (Required on EVERY Page) <i>Jodie Joaquin Personal Care Administrator</i> Date <i>5/9/2017</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6-21-17</u> (Date)	Plan of correction implementation status as of <u>6-21-17</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 - 04/18/2017 - Novak, Ryan
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's most recent letter to the local fire department (dated 11/04/2016) has not been updated to accurately reflect the current number and location of the immobile residents living in the home.

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.

Regulation 2600.124

It is important to the safety of residents whom need assistance during emergency evacuation situations and to the importance for emergency personal to properly respond during an emergency. During the audit it was brought to attention the letter to our local fire department in regards to the number of immobile resident living in the home was last sent on 11/04/2016 and had not been updated and resent. Immediately after departure of inspector an updated letter was written and sent to our local fire department.

It was determined that the cause of the violation was a miscommunication of staff. The letter was drafted and sent immediately following departure of the inspector. Mobility status is now being tracked in our electronic charting system, Tabula Pro. As changes are made the information can be printed and sent to our local fire department as necessary along with a copy that will be placed in our Knox box located at the main entrance of the facility.

The Personal care coordinator will monitor and update changes as needed in communication with receptionist to ensure proper documentation is communicated to our local fire department.

Adm will oversee to ensure ongoing compliance @ 6/2/17


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jodie Joaquin, Personal Care Administrator*

Printed Name and Title of Legal E
 (Required on EVERY Page) *Jodie Joaquin Personal Care Administrator* Date *5/9/2017*

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

The above plan of correction is approved as of 6-21-17
 (Date)
Copy of letter enclosed

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6-21-17
 (Date)

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

Violation Report: 22513 - 04/18/2017 - Novak, Ryan
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION
 The exit sign letters on the door leading from the first floor hall to the home's delivery area are too small. They measure less than the required 6 inches in height.

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.

Regulation 2600.133(a) (3)


It is important to the safety of staff and residents in which they can properly see the proper signage to notify them of and exit area during an emergency. Directly after the Inspector had brought this to attention a temporary color sign was printed and hung.

It was determined that the original sign was ordered in the improper size required. A temporary sign is in place and a new sign was ordered with confirmation of order attached. A visual audit of this area will be done daily.

The maintenance Director will perform frequent ongoing inspection of rear entrance signage during rounds.

Adm will oversee to ensure ongoing compliance.
Q. 6/21/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jodie Joaquin</i> <i>PA</i> <i>Personal Care Admin</i>			
Printed Name and Title of Legal E (Required on EVERY Page) <i>Jodie Joaquin Personal Care Administrator</i> Date <i>5/9/2017</i>			
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>6/21/17</u> (Date)		Plan of correction implementation status as of <u>6/21/17</u> (Date)	
The above plan of correction was approved by <u><i>Q</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 - 04/18/2017 - Novak, Ryan	
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 The initial DME for resident #1 dated 3/22/17 does not indicate the resident's height.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>2600.141(a)(2)</p> <p>It is important to properly notify the MD when the DME is not complete. This violation occurred when a resident's DME was not filled in completely. The height of the resident was not written in. The height was obtained the day of the survey and added to the DME and sent to the physician for his signature. All DME's will be reviewed by the Resident Care Director or designee for completeness and accuracy at the time of admission. Reports will be pulled monthly from Tabula Pro to monitor for completeness by the Resident Care Director or her designee. The administrator will monitor for ongoing compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jodie Joaquin, Personal Care Administrator</i>	
Printed Name and Title of Legal E (Required on EVERY Page) <i>Jodie Joaquin Personal Care Administrator</i> Date <i>5/9/2017</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6/21/17</u> (Date)	Plan of correction implementation status as of <u>6/21/17</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 - 04/18/2017 - Novak, Ryan
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The last DME for resident #2 is dated 2/8/16. The most current DME for resident #2 is dated 2/28/17 and was not completed within the required time frame.

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(b)(1)

It is important that the residents be seen by their physician yearly to monitor their health status. This was violated because the residents' DME was dated on February 28th. This was three days past the required time frame. All the DME's are in our Tabula Pro system for accuracy, but the DME did not get completed on time. The Resident Care Director and her designees will review the calendar monthly and pull the report to determine which residents are due for their annual physicals and notify the families or the physicians so they can schedule their visits in a timely manner. The administrator will monitor for ongoing compliance.


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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jodie Joaquin RNC Personal Care Home Administrator*

Printed Name and Title of Legal E
 (Required on EVERY Page) *Jodie Joaquin Personal Care Administrator* Date *5/9/2017*

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

The above plan of correction is approved as of 6/21/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6/21/17
 (Date)

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

Violation Report: 27513 - 04/18/2017 - Novak, Ryan
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the home's bus contained the following expired items: 1-8oz. bottle of Rite-Aid brand antiseptic cleaner and 1-1oz. bottle of Pro-Care eye wash.

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.

Regulation 2600.183(d)

It is important for the safety of all staff and residents to have proper equipment and supplies needed in case of injury or medical emergency. During the audit of the facilities bus expired items 1-8oz bottle of Rite-Aid brand antiseptic cleaner and 1-1oz bottle of Pro-Care eye wash were discovered to be out of date. The items were removed directly after the inspector's departure and proper items were replaced.

It was determined that the dates of these items were expired. The proper items were replaced to the kit and also new first aid kits were ordered and be in place. (Confirmation of ordered kits attached) An inspection sheet has been created and the buses first aid kit will be inspected monthly by the maintenance department

The maintenance director or the maintenance assistant will perform monthly inspection of buses first aid Kit.


Adm will oversee to ensure ongoing compliance. P. 6/21/17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jodie Joaquin* Personal Care Administrator

Printed Name and Title of Legal E
 (Required on EVERY Page) Jodie Joaquin Personal Care Administrator Date 5/9/2017

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

The above plan of correction is approved as of <u>6/21/17</u> (Date)	Plan of correction implementation status as of <u>6/21/17</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 - 04/18/2017 - Novak, Ryan
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

Za. DESCRIPTION OF VIOLATION
 Resident #1 has an order for blood glucose readings before meals and at bedtime. On 4/12/17 at bedtime the MAR notes a reading of 219 and the glucometer reads 218.

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.

2600.187(a)

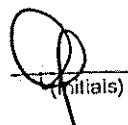
It is important to properly document and to maintain the resident's medical records. The med tech failed to document the blood sugar correctly on 4/12/17 at bedtime. The MAR notes a reading of 219 and the glucometer reading was 218. All staff who administers medications, including providing an Accu Check will be educated on the importance of properly transcribing the correct readings from the glucometer to the E-MAR. We will implement a shift to shift tool to check the glucometer reading verses the documented reading, a Shift Change Responsibilities guide will be utilized for all staff to ensure a smooth transition from shift to shift. These will be reviewed with all staff on May 24th during our staff meeting. Weekly spot checks will be done by the Resident Care Director or her designee to ensure ongoing compliance. The administrator shall monitor and ensure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jodie Joaquin* Personal Care Administrator

Printed Name and Title of Legal E
 (Required on EVERY Page) **Jodie Joaquin Personal Care Administrator** Date **5/9/2017**

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

The above plan of correction is approved as of <u>6/21/17</u> (Date)	Plan of correction implementation status as of <u>6/21/17</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 - 04/19/2017 - Novak, Ryan
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #3's last RASP was completed on 4/1/16 The current RASP was not signed or dated to indicate when it was completed.

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(c)

It is important to ensure that all RASPs are signed or dated to indicate they are complete. This was not done for resident #3. [REDACTED] RASP was completed in Tabula Pro and submitted, but it wasn't printed out so the resident can sign it. All RASPs will be printed off so they can be reviewed and signed by the resident or the POA. This RASP was signed the same day to comply. The Resident Care Director or designee will follow up with random chart audits monthly to ensure that all RASPs are signed and dated. The administrator will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jodie Joaquin</i> Personal Care Admin			
Printed Name and Title of Legal E (Required on EVERY Page) Jodie Joaquin Personal Care Administrator Date 5/9/2017			
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>6/21/17</u> (Date)		Plan of correction implementation status as of <u>6/21/17</u> (Date)	
The above plan of correction was approved by <u><i>JQ</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	