



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: January 11, 2018

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

RE: Belle Reve Senior Living Center
404 East Harford Street
Milford, Pennsylvania 18337
License #: 225130

Dear Mr. McCollum:

As a result of the Department of Human Services' licensing inspection on September 1, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22513 - 09/01/2017 - Hummel, Jesse
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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 8/26/17 at 2:30am, resident #1 became very upset, yelling and striking at staff of the facility. Staff of the facility held the wrists of the resident while the resident was combative, causing bruising/swelling to the residents wrists. Staff of the facility then put their arms under the residents armpits and escorted the resident down the hall back to the residents room, during which the residents was resistive. The facility contacted Emergency Services who had to utilize restraints to transport the resident to the hospital for evaluation.

The facility submitted an incident report regarding this incident to the Department on 8/29/17, more than 24 Hours after it occurred.

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.

2600.16c

The regulation is important to ensure that all reportable incidents, mistreatment, neglect, abuse and misappropriation of the resident property are reported immediately to the Executive Director, the Department of Human Services, Office of the Aging and investigated to protect the safety and wellbeing of the resident. The facility violated this and failed to follow the timeliness of reporting per regulation allegations of abuse. Notification of the alleged staff to resident restraint which occurred on 8/26/17 and was reported on 8/29/17. The staff members involved were in-serviced on 9/1/17 before returning to work on safe management techniques and reportable incidents and conditions. Staff was in-serviced on the same topics on 9/28/17 during our monthly staff meeting. The Personal Care Home Administrator or designee will monitor allegations of abuse and ensure Pike County Area Agency on Aging and Department of Human Services is notified appropriately.

documents provided. *op*

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) *Amy Gress, RCD, PCHA* Date *11/17/17*

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

The above plan of correction is approved as of 01-09-18
 (Date)

Plan of correction implementation status as of 01-09-18
 (Date)

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

The above plan of correction was approved by *[Handwritten Initials]*
 (Initials)

Violation Report: 22513 - 09/01/2017 - Hummel, Jesse
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 8/26/17 at 2:30am, resident #1 became very upset, yelling and striking at staff of the facility. Staff of the facility held the wrists of the resident while the resident was combative, causing bruising/swelling to the residents wrists. During this incident, the staff also closed the fire doors restricting the residents movement throughout the entire facility. The staff of the facility attempted to redirect the resident to the residents room. The resident was resistive, staff then put their arms under the residents armpits and escorted the resident down the hall back to the residents room, during which the resident continued to resist.

Manual restraints as well as restricting the residents movement are prohibited.

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.

2600.202

The regulation is important to ensure that residents are not placed under a restraint as manual restraints as well as restricting the residents movement are prohibited. The facility violated this and failed to follow the regulation. The staff members involved were in-serviced on 9/1/17 before returning to work on safe management techniques and reportable incidents and conditions. Staff was in-serviced on the same topics on 9/28/17 during our monthly staff meeting. The Personal Care Home Administrator or designee will continue to monitor for compliance.

documents provided. Cf.

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

| | |
|--|--|
| Signature of Legal Entity Representative (Required on EVERY Page) | |
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| | |
|---|------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
|---|------|

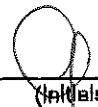
Amy Gress, RCD, PCHA

11/17/17

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The above plan of correction is approved as of 1-9-18
(Date)

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