



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 15 2017

Mr. Daniel Guill
Authorized Representative
Bentley AID OPCO, LLC
2400 Garden Way
Hermitage, Pennsylvania 16148

RE: Garden Way Place
Certificate #: 444920

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on October 11, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: GARDEN WAY PLACE		License Number: 44492
Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		County: Mercer
Adminiatorator: Carol Lovash		Region: WEST
Legal Entity Name: BENTLEY AID OPCO LLC		NOV 27 2017
Legal Entity Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		WEST REGION FIELD OFFICE Human Services Licensing
Certificate(s) of Occupancy C-2 LP 05/27/1997 L&I		
Staffing Hours Resident Support: 38 Total Daily Staff: 87 Waking Staff: 65		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/11/2017: Mulick, Cindy; Winters, Lynn		
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: 47 Number of Residents Served: 38 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: 2 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 1

Violation Report: 44492 - 10/11/2017 - Mulick, Cindy
 PCH Name: GARDEN WAY PLACE

NOV 27 2017

1. REGULATION 65 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10) WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #1, dated 9/30/17, does not indicate the resident's temperature reading.

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.

*See attached sheet labeled Violation #1
 Page 2A of 5*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Carol Louash ED

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

Carol Louash ED

Date: *11-27-2017*

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

The above plan of correction is approved as of

11/28/17
 (Date)

Plan of correction implementation status as of

11/28/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation #1- 2600.141(a)(2)

- On 10/12/17 Resident #1's temperature was taken, and recorded.
- Physician was notified by nurse and verbal order obtained to add the temperature to DME with appropriate date and signature / Initials.
- Medical evaluations received from physician will be reviewed by the Care Services Manager / Executive Director / or designee for completeness.
- On 10/13/2017 medical evaluations on current residents were reviewed by Care Service Manager and Executive Director to ensure completeness.
- Garden Way Executive Director and Care Service Manager will receive additional training on completion of medical evaluations on 12/01/2017. Training will be completed by the Regional Director of Care Services.

See attachment 1A

Carol Lovash ED 11-27-17

Carol Lovash ED

11/28/17

Violation Report: 44482 - 10/11/2017 - Mulick, Cindy

PCH Name: GARDEN WAY PLACE

NOV 27 2017

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent medical evaluation was completed on 5/16/17; however the previous medical evaluation was completed on 3/17/16.

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.

See attached sheet labeled Violation #2,
Page 3A of 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Carol Louash ED

Date

11-27-17

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

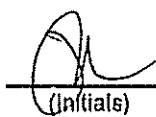
The above plan of correction is approved as of

11/28/17
(Date)

Plan of correction implementation status as of

11/28/17
(Date)

The above plan of correction was approved by


(Initials)

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

Violation #2- 2600.141(b)(2)

- The Executive Director and Care Service Manager will complete an audit of current resident records to ensure current residents are compliant with regulatory requirement for annual medical evaluation. This review to be completed by 12/01/2017.
- Medical evaluations to be reviewed monthly for next 3 months, by the Care Services Manager / Executive Director / or designee to ensure completion within time specifications.
- Findings at review will be reviewed and discussed at monthly QA meetings.
- A tickler file was developed to track annual medical evaluations date to be completed.

See Attachment 4 A+B

Carol ED 11/27/17
Carol Lovash ED

11/28/17

NOV 27 2017

Violation Report: 44482 - 10/11/2017 - Mulick, Cindy
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

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

The preadmission screening form, dated 1/26/17, for resident #3, is blank in the areas of personal care and medical needs.

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.

See attached sheet labeled Violation #3.
Page 4A of 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Louast

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

Carol Louast

Date: 11-27-17

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

The above plan of correction is approved as of

11/28/17
(Date)

Plan of correction implementation status as of

11/28/17
(Date)

The above plan of correction was approved by

CL
(Initials)

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

Violation #3 – 2600.224(a)

- Executive Director and Care Service Manager will review current resident's charts to ensure completeness of pre admission screens of current resident by 12/01/2017.
- Pre admission screens will be reviewed by the Care Services Manager / Executive Director / or designee to ensure completion prior to move in.
- Executive Director and Care Service manager will receive training on completion of pre admission screen. Training will be completed on 12/01/2017 by Regional Director of Care Services.

Completed 11-27-17
CARA LOVASH ED

11/28/17

Violation Report: 44492 - 10/11/2017 - Mulick, Cindy
PCH Name: GARDEN WAY PLACE

RECEIVED

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

NOV 27 2017

2a. DESCRIPTION OF VIOLATION
Resident #1's record does not include an inventory of the resident's property.

WEST REGION FIELD OFFICE
Human Services Licensing

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.

See attached sheet labeled Violation # 4.
Page 5A of 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Lovash ED

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

Carol Lovash ED

Date 11-27-17

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The above plan of correction is approved as of 11/28/17
(Date)

Plan of correction Implementation status as of 11/28/17
(Date)

The above plan of correction was approved by *CL*
(Initials)

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

Violation # 4 – 2600.252

- On 10/13/2017 the Executive Director assisted resident #1 with completion of personal property inventory sheet. See attachment 3A.
- Upon admission new residents and their family will be given the Inventory sheet to complete. The Executive Director / and/or designee will check with the family after 48 hours for completion of the form.
- Executive Director and Concierge will review the current resident charts to ensure completeness of personal property inventory sheet by 12/01/2017. If form is found incomplete, Executive Director or Concierge will assist the resident to complete the form and place in their administrative file.

Carol Covash 11-27-17

Carol Covash

11/28/17