



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 17, 2018**

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' licensing inspection on November 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,

A handwritten signature in black ink that reads "Brent Sutherland".

Brent Sutherland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



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DEC 28 2017

Page 2 of 3

Violation Report: 44492 - 11/01/2017 - Garvey, Jody  
PCH Name: Garden Way Place

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 10/15/2017 at 4:02 PM, an allegation of abuse that staff person B hit resident #1 on 10/15/17 resulting in a red mark on his/her cheek was reported to staff person A. The home did not report the allegation to the local area agency on aging until 10/16/2017 at 12:00 PM.

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 POC page 2A

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Carol Lovash*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Carol Lovash*      Date *12-28-17*

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

The above plan of correction is approved as of 12/29/17  
(Date)

Plan of correction implementation status as of 12/29/17  
(Date)

The above plan of correction was approved by BS  
(Initials)

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

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation #1 2600.15(a)

- On 11/18/2017 Garden Way staff was in serviced on abuse reporting and resident rights. See attachment 1A.
- Staff person B is no longer an employee of Garden Way Place.
- Abuse reporting guidelines will be discussed at our monthly QA meeting on Jan. 18, 2018.
- Executive Director and /or Care Service Manager will randomly interview 2 residents weekly for 2 months inquiring on their stay at Garden Way. Findings at review will be reviewed and discussed at monthly QA meeting.
- 

See attachment 1A

Carol Louash

Carol Louash  
12-28-18

BB 12/29/17

DEC 28 2017

Violation Report: 44492 - 11/01/2017 - Garvey, Jody  
PCH Name: Garden Way Place

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 10/15/2017 at 4:02 PM, an allegation of abuse that staff person B hit resident #1 on 10/15/17 resulting in a red mark on his/her cheek was reported to staff person A. The home did not develop and implement a plan of supervision or suspend staff person B until 10/16/2017. Staff person B continued to provide unsupervised direct care services to resident #1 on the evening of 10/15/2017 after the allegation of abuse was reported.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

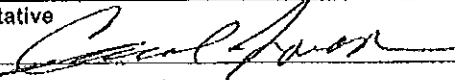
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached POC page 3A

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 Lovesh

Date 12-28-17

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation #2- 2600.15(b)

- Staff member B is no longer an employee at Garden Way Place.
- Ongoing – For any suspected allegation of abuse the identified staff person will immediately be suspended until investigation is complete.
- Abuse reporting guidelines will be reviewed at the January QA meeting.

Immediately - The administrator will implement procedures that ensure immediate reporting of allegations of abuse by staff persons and immediate development and implementation of a plan of supervision or suspension of the staff person involved in the alleged incident. BB 12/29/17

Carol Lovesh

Carol Lovesh  
12-28-17

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WEST REGION FIELD OFFICE  
Human Services Licensing

BB 12/29/17