



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 18, 2018

Mr. Martin Steinberger,
Indirect Manager
Creek Senior Care, LLC
1000 Legion Place, Suite 1600
Orlando, Florida 32801

RE: The Bridges at Bent Creek
2100 Bent Creek Boulevard
Mechanicsburg, Pennsylvania 17050
License #:333550

Dear Mr. Steinberger:

As a result of the Department of Human Services' licensing inspections on January 9, 2018 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, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: - 01/09/2018 - Comstock, Kellie
 PCH Name: The Bridges at Bent Creek

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] 18. The resident's most recent medical evaluation prior to the admission to the SDCU, completed on [redacted] '17, did not document the resident's diagnosis of dementia or need for SDCU care.

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 resident was scheduled for a physician visit for 1/17/18. A new DME will be completed at that time.

New admissions or transfers to our secured dementia program will have a documented medical visit completed prior to admission and the dementia diagnosis will be noted on the form.

A file review of all admissions to the secured dementia program will be completed by 1/30/18 to assure compliance with current residents and completed by the team ongoing with each new admission.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Bobbi Olson

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

Bobbi Olson, Executive Director

Date

1/16/18

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

The above plan of correction is approved as of

1/16/18
 (Date)

Plan of correction implementation status as of

1/18/18
 (Date)

The above plan of correction was approved by

BAS
 (Initials)

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