



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**JUL 31 2018**

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's Bureau of Human Services Licensing annual inspection on April 13, 2018 and June 13, 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.

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](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: BELLE REVE SENIOR LIVING CENTER		License Number: 22513
Address: 404 EAST HARFORD STREET, MILFORD, PA 18337		County: Pike
Administrator: Darlene Price		Region: NORTHEAST
Legal Entity Name: CARE HSL BELLE REVE OPCO LLC		
Legal Entity Address: 404 EAST HARFORD STREET, MILFORD, PA 18337		
Certificate(s) of Occupancy C-1 03/27/2001 Dept. of Health		
Staffing Hours	Total Daily Staff: 74	Waking Staff: 56
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/13/2018: Fouikes, Kimberli; Deluca, Amy		
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: 65 Number of Residents Served: 57 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 19 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 17 Have a Physical Disability: 0	

*(Signature)* 5/9/2018

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION  
 The resident's medical records are stored in the 2nd floor medication room. The 2nd floor call bell system is also located in the 2nd floor medication room. The staff leave the door open and unlocked when they leave the room, leaving the records accessible, due to the call bell system not being audible with the door closed.

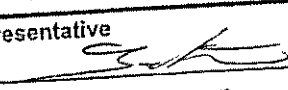
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

With Respect to Regulation 2600.17 and Respect to Residents,

Immediate Correction: All resident's charts have been removed from the medication room and Memory Care office by Resident Services Director and Personal Care and Memory Care Coordinators.

Plan in place: As of May 4, 2018, all resident's charts were taken apart by Memory Care & Personal Care Coordinators and Resident Care Director. Scanning has started on May 6, 2018 to enter all paperwork into electronic health records.

Ongoing: The community will continue with progress till chart information entered electronically is completed. The community will continue to enter information electronically as an ongoing process by nursing department. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

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)		Date	
Travis McArthur Executive Director		5/9/2018	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>5.18.18</u> (Date)		Plan of correction implementation status as of <u>6/13/18</u> (Date)	
The above plan of correction was approved by <u>M</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 - 04/13/2018 - Fouikes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract for resident # 1 was signed by the resident's POA on 2/1/2018 but was not signed by the resident.

**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.*

**With Respect with Regulation 2600.25 (b) and Respect to Residents,**

**Immediate Correction:** the resident Power of Attorney was present during the time the resident signed agreement on 4/23/2018.

**Plan in Place:** An educational training to ensure that all residents signature of the agreement is completed was conducted on April 16<sup>th</sup> for Sales & Marketing, Executive Director, PCHA and Business Office Manager. On May 3, 2018 all residents in Personal Care and Memory Care agreements signature were verified by Resident Services Director, Memory Care and Personal Care to be compliant.

**Ongoing:** All resident signature on the agreement will be verified by Executive Director and or designee before being filed electronically. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

See attached signed form.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Travis Martin Executive Director Date 5/9/2018

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 (Date)

Plan of correction implementation status as of 6/13/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:  
 (1) The reportable incident and condition reporting procedures.  
 (2) Complaint procedures.  
 (3) Staff person training.  
 (4) Licensing violations and plans of correction, if applicable.  
 (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION  
 The home did not have documentation that a quality management meeting was held in 2017.

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.

With Respect to Regulation 2600.26 (b) and Respect to Residents,

Immediate Correction: A Quality Assurance Meeting is in place as of April 16, 2018.

Plan in Place: Quality Assurance Meeting was conducted on April 24, 2018 and hosted by Executive Director.

Ongoing: As per community policy the meetings will be conducted Quarterly. Meetings will be posted for staff attendance and will be on going per policy. Executive Director and or designee will verify that meetings were conducted and filed appropriately.

See attached minutes from meeting on April 24, 2018

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Martin Executive Director</u>	Date <u>5/9/2018</u>
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Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

On 3/24/18, from 11pm-7am, 57 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 3/27/18, from 11pm-7am, 57 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 3/31/18, from 3pm-11pm, 55 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed away techniques and CPR.

On 3/31/18, from 11pm-7am, 55 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

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

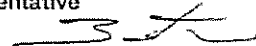

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

**With Respect to Regulation 2600.63 (a) and Respect to Residents,**

**Immediate Correction:** Course has been scheduled for CPR Trainer Sheldon on May 23, 2018 for remaining nursing dept staff who have not yet completed the course or expiring. Schedule has been updated to reflect 2 trained staff on 3<sup>rd</sup> shift nightly as per regulation.

**Plan in Place:** Memory Care Coordinator and Personal Care Coordinator will verify that the nursing schedule is compliant with staff to resident ratio for First Aid, obstructed airway techniques and CPR trained before posting the upcoming week schedules. The schedule will be highlighted to reflect compliance.

**Ongoing:** Resident Services Director and Personal Care Coordinator will schedule First Aid, obstructed airway techniques and CPR courses ongoing to meet the need of the regulation and audit monthly to insure compliance. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

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) <u>Travis Martin Executive Director</u>			Date <u>5/9/2018</u>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The annual training provided to direct care staff person A, date of hire 10/21/15, and direct care staff person B, date of hire 9/10/13, in training year 2017 did not include training in 1, 2, and 7.

The annual training provided to direct care staff person C, date of hire 8/10/15, in training year did not include training in 1,2,5, and 7.

**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.*

**With Respect to Regulation 2600.65 (f) and Respect to Residents/Staff,**

**Immediate Correction:** the following staff listed as A, B and C were educated and trained by Resident Services Director on the following training as required per annual calendar year training.

**See attached list.**

**Plan in Place:** Relias E-Learning training for the month will send alerts when staff did not complete and alert for those that have completed required courses to ensure compliant.

**Ongoing Business Office Manager:** The required staff annual trainings participation will be verified through Relias E-Learning system. A report will alert the ED and RSD monthly to be compliant with the regulation. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

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)

Date

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5.18.18  
 (Date)

Plan of correction implementation status as of

6/13/18  
 (Date)

The above plan of correction was approved by

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 (Initials)

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Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, date of hire 10/21/15, staff person B, date of hire 9/10/13, and staff person C, date of hire 8/10/15 did not receive training in 1 and 3 during training year 2017. Staff person A also did not receive training in 4.

**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.*

**With Respect to Regulation 2600.65 (g) and Respect to Residents and Fire Safety,**

**Immediate Correction:** Staff B and C were trained in Fire Safety on 05/08/2018 by Resident Services director trained by a Fire Safety Expert. (see attached Certification)

**Plan in Place:** All staff will be mandated to participate in fire safety training upon hire and annually. Maintenance Director will follow through to ensure that all staff have attended the training. Several opportunities to take the course with Relias are available.

**Ongoing Executive Director:** Executive Director will review annual staff attendance and signature to ensure regulation compliance by the 30<sup>th</sup> of the annual posted month. This training form will be filed in Relias E-Learning System. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

See Attached Form

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Travis Martin, Executive Director Date 5/9/2018

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Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in the SCDU dining area, containing food waste, does not have a lid.

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.*

With Respect to Regulation 2600.85 (d) and Respect to Residents,

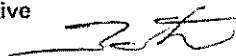
Immediate Correction: lid to trash can was replaced immediately on 04/13/2018

Plan in Place: On 04/16/2018 new trash can with attached lid and foot pedal for easy access is in place to maintain compliance of the regulation.

Ongoing: staff will notify maintenance department of any concerns of trash can lids missing. Maintenance staff will replace upon request. ED or designee will monitor progress and results will be reviewed in the QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page)



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

Kimberli Foulkes

Date

5/9/2018

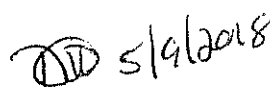
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Plan of correction implementation status as of 6/13/18  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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(Initials)

 5/9/2018

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

In the SCDU dining area the baseboard heating is missing the top cover and corner piece exposing a sharp metal corner. This poses a hazard to the residents.

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.*

**With respect to Regulation 2600.88 (a) and Respect to Residents,**

**Immediate Corrected:** 04/13/2018 Maintenance repaired the baseboard heating unit top cover and corner piece immediately during survey.

**Plan in Place:** 04/16/2018 Nursing staff will request repair information into the TELS maintenance program for any building concerns as maintenance department staff can prioritize tasks of safety daily.

**Ongoing:** Maintenance Director will ensure compliance by checking the Tels maintenance program daily for compliance of regulation and parts ordered when necessary. ED or designee will monitor progress and results will be reviewed in the QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>TARVIS MORTON</u> <u>Executive Director</u>	Date <u>5/9/2018</u>
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Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 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  
 Room 110 did not have a lamp or other source of lighting that could be turned on at bedside.

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.

**With Respect of Regulation 2600.101 (j) (7) and Respect to Residents Safety.**

**Immediate Correction:** 04/16/2018 Resident room lamp was moved back to night stand next to bed during survey.

**Plan in Place:** Resident was educated to the importance of lighting when exiting the bed. Housekeeping and Direct Care Attendants were educated on the regulation on 4/16/2018

**Ongoing Housekeeping/Direct Care Attendants:** Housekeeping and Direct Care staff will check each room daily for placement of lighting, working lighting and to ensure safety and regulatory compliance. Any item noticed out of compliance will be fixed or replaced by maintenance. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.


See Attached form

Repeat Violation: Yes	Date(s) of Previous Violation(s):	(04/18/2017)
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Martin Executive Director</u>	Date <u>5/9/2018</u>
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Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**2a. DESCRIPTION OF VIOLATION**  
 In bedroom 226 which is shared by two residents a bar of soap was observed at the sink and another bar of soap was observed in the shower. Neither bar of soap was labeled to indicate to whom the bar of soap belonged.

**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.

**With Respect to Regulation 2600.102(i) and Respect to Residents,**


**Immediate Correction:** during survey the soap's in question were placed in labeled soap cups as verified by the residents that reside in this room on 04/13/2018.

**Plan in Place:** 04/16/2018 During room checks no other bar soap was founded not labeled. On 04/16/2018 Housekeeping and Direct Care staff were educated to the importance of the regulation.

**Ongoing Housekeeping and Nursing:** During daily rounds Housekeeping and Direct Care Staff will observe compliance and replace with labeled cups when necessary. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

See Attached form

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Martin</u>	Date <u>5/9/2018</u>
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Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION  
 In bedroom 226 which is shared by two residents there was an unlabeled wash cloth observed in the shower and two towels observed on two separate towel bars that were not labeled.

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.*

**With Respect to regulation 2600.102 (k) and Respect to Residents Hygiene,**

**Immediately Correction:** The wash cloth was removed from the shower immediately and towel bars were verified by residents residing in the room and labeled during survey on 04/13/2018 by Direct Care Staff.

**Plan in Place:** Direct Care Staff checked each shared resident bathrooms for compliance and were found to be compliant on 04/16/2018. Nursing staff educated residents as to the importance of the regulation as they checked each bathroom.

**Ongoing Housekeeping and Direct Care Staff:** Housekeeping and Direct Care Staff will continue daily to check bathrooms and remove items not compliant or place items for compliance. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

**See Attached Form**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5.18.18</u> (Date)	Plan of correction implementation status as of <u>6/13/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

*[Signature]* 5/9/2018

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

In the laundry room located on the 2nd floor across from room 219 there are approximately two handfuls of lint located behind the clothes dryers near the dryers external ductwork.

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.


**With Respect to Regulation 2600.105 (g) (2) and Respect to Residents and Fire Safety,**

**Immediate Correction:** Maintenance Director spoke to the Croaker Fire Safety Trainer and is fully aware that skilled residents are not to be included in the total count of the drill.

**Plan in Place:** The Maintenance Department Director will have the Fire Safety Trainer fill out form monthly and reassess for accuracy before filing.

**Ongoing Maintenance Director:** As of January 1, 2018, the Department of Human Services Fire Drill Log Forms is in place and was found compliant during survey on 4/13/2017. The community will continue to use the Department of Human Services form. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Travis Martin Executive Director Date 5/9/18

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The above plan of correction is approved as of 5.18.18  
 (Date)

Plan of correction implementation status as of 6/13/18  
 (Date)

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

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

TSW 5/9/2018

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**

The key pad next to the locked double doors exiting the Secure Dementia unit was not functioning at the time of the inspection due to a part that needed to be replaced in the key pad panel.

**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.*

**With respect to Regulation 2600.121 (a) and Respect to Residents Safety,**

**Immediate Corrected:** Maintenance replaced the nonfunctioning part to the key pad panel and is fully operable at this time.

**Plan in Place:** Staff will alert the maintenance department immediately when any concerns are noticed with the key pad or door. Maintenance will check TELS maintenance program daily for repairs and act immediately to repair.

**Ongoing Maintenance Department:** Maintenance staff will address the concerns immediately for safety compliance. Maintenance Director or designee will submit on TELS when completed. Maintenance Director or designee will verify compliance daily through TELS Maintenance Program. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

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)

*Trevor Martin Executive Director*

Date *5/9/2018*

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 (Date)

Plan of correction implementation status as of 6/13/18  
 (Date)

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

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

*[Handwritten Signature]* 5/9/2018

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The fire drill records for the drills conducted on 4/6/17, 5/30/17, 7/7/17, 8/10/17, 10/6/17, 1/17/18, and 2/23/18 does not specify the number of residents residing in personal care and the number of residents residing in personal care that evacuated at the time of the drill. The home's records include residents in skilled nursing.

**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.

**With Respect to Regulation 2600.132 (C) and Respect to Residents,**

**Immediate Correction:** Croaker Fire Trainer and Maintenance Department Director are aware only residents that are in the Personal Care and Memory Care are to be counted for during that drill and not to include skilled residents. Citations were for previous forms in 2017. We have corrected the regulation for January 1, 2018

**Plan in Place:** As of January 1, 2018, all drills and emergencies for Personal Care community only include the personal and memory care residents.

**Ongoing Maintenance Director:** As of January 1, 2018, the Department of Human Services Fire Drill Log Forms is in place and was found compliant during survey on 4/13/2017. The community will continue to use the Department of Human Services form. Executive Director oversees drills and completed form monthly. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Trevetta Martin Executive Director	5/9/2018

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 (Date)

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

Plan of correction implementation status as of 6/13/18  
 (Date)

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

MD 5/9/2018

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

During the fire drill on 6/29/17 at 6:15am, 6 staff people participated in the drill, on 9/23/17 at 6:10am, 7 staff people participated in the drill, on 12/27/17 at 6:30am, 6 staff people participated in the drill. According to staff interviews and records, the average number of staff people on duty during the overnight hours is 4.

**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.*

**With Respect to regulation 2600.132 (g) and Respect to Residents Safety,**

**Immediate Correction:** Croker Fire and Maintenance Director aware that sleeping hours are from 9 PM to 6 Am and are to be varied to include lesser staff and only resident personal community census.

**Plan in Place:** Starting May 1, 2018 any drill conducted within the sleeping hours will reflect only those staff that are routinely scheduled will be included in the staffing attendance.

**Ongoing:** As of January 1, 2018, the Department of Human Services Fire Drill Log Forms is in place and was found compliant during survey on 4/13/2017. The community will continue to use the Department of Human Services form. Maintenance Director oversees drills and completed form monthly. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Martin Executive Director</u>	Date <u>5/9/2018</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5-18-18</u> (Date)	Plan of correction implementation status as of <u>6/13/18</u> (Date)
The above plan of correction was approved by <u>m</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

 5/9/2018

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident # 2 has an order for Trazodone HCL to be taken every six hours as needed for anxiety. The medication was not in the medication cart at the time of the inspection.

Resident #3 receives accuchecks before meals and at bedtime. The resident 's glucometer is not calibrated to the correct date and time. Also, on 4/9/18 at 8:12pm the blood glucose reading in the resident's glucometer was 215 and documented on the Medication Administration (MAR) was 148 and on 4/11/18 at 11:34am the blood glucose reading in the resident's glucometer was 220 and documented on the MAR was 216.

Resident #4 receives accuchecks three times a day prior to meals, at bedtime, and as needed. On 4/9/18 at 9:52am the blood glucose reading in the resident's glucometer was 228 and documented on the MAR as 225. Also on 4/9/18 at 8:19pm the blood glucose reading in the resident's glucometer was 148 and documented on the MAR as 215.

Resident #1 is prescribed Alprazolam Tablet 0.25mg, take one tablet by mouth twice a daly as needed for anxiety. On 3/13/18, 3/21/18, and 3/28/18 this medication was offered to the resident and the resident refused. This medication was then destroyed by one staff person. According to the home's medication policy, narcotics require two persons for destruction/disposal of a narcotic.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Martin Executive Director</u>	Date <u>5/9/2018</u>
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The above plan of correction is approved as of 5.18.18  
 (Date)

Plan of correction implementation status as of 7/10/18  
 (Date)

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

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

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 has a physician's order for sliding scale insulin. On 4/9/18 at 8:19pm the resident's blood glucose reading in the resident's glucometer is 148 and was documented on the resident's Medication Administration Record as 215. The resident was administered 4 units of insulin and should have received one unit.

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.*

**With Respect to Regulation 2600.187 (d) and Respect to Residents,**

**Immediate Correction:** On 04/13/2018 during survey medication error was founded and a report was faxed to Department of Human services by Residents Service Director 04/16/2018

**Plan in Place:** Oncoming and outgoing medication technician together will pull the glucometers and together review the memory with what has been recorded. Any discrepancies need to be brought to the attention of Resident Services Director and or nurse during that shift change.

**Ongoing Medication Technicians:** On 05/1/2018 Test kit is on hand to calibrate glucometers per policy and or when necessary by medication technician's. Resident Services Director will verify accuracy monthly on MAR documentation and glucometers readings. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

See Attached Forms

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Martin Executive Director</u>	Date <u>5/9/2018</u>
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 (Date)

Plan of correction implementation status as of 6.13.18  
 (Date)

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

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

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 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**

Resident #5 has an order for Lorazepam to be taken every 6 hours as needed for agitation. Through staff interviews it was determined that staff will administer the medication when the resident displays certain behaviors in order to make it easier for staff to redirect the resident. Medications cannot be used to control a resident's behavior.

**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.*

**With respect to Regulation 2600.202 and Respect to Residents,**

**Immediate Correction:** Medication technicians will be charting on behavioral intervention as of 4/16/2017 before offering PRN medication.

**Plan in Place:** Medication Technicians are now charting behavior interventions before administering a PRN anti-anxiety medication.

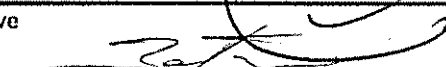
**Ongoing Personal Care Coordinator:** Personal Care Coordinator will monitor weekly behavioral program and verify against PRN medication administration for compliance. Resident Services Director will be made aware of any concerns as warranted. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

Repeat Violation: Yes

Date(s) of Previous Violation(s)

09/01/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Travis Meltzer Executive Director

Date

5/9/2018

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

The above plan of correction is approved as of

5.18.18  
 (Date)

Plan of correction implementation status as of

6/13/18  
 (Date)

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

The above plan of correction was approved by

m  
 (Initials)

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION  
 The home did not have documentation that a support plan was completed for resident # 1 when the resident was admitted to the home on 2/1/2018. The most recent support plan completed for the resident was dated 3/12/2018 when the resident was transferred to the home's secured dementia care unit.

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.

**With Respect to Regulation 2600.227 (a) and Respect to Residents,**

**Immediate Correction:** During survey on Friday 04/13/2018 the home was pulling files from the charts and was unable to locate the initial resident RASP. On Monday 04/16/2018 the initial resident RASP from electronic medical record was obtained.

**Plan in Place:** Initial RASP was submitted to Department of Human Services.

**Ongoing:** The community will continue with progress to have all chart contents scanned into electronic health records. All contents of resident's records starting May 1, 2018 will be entered to electronic medical records to have one system and compliant with regulation. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Martin Executive Director</u>	Date <u>5/9/2018</u>
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The above plan of correction was approved by <u>m</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 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
 The record for resident # 1 did not contain documentation that the resident and the resident's designated person have not objected to the resident's transfer to the secured dementia care unit.

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.

**With Respect to Regulation 2600.231 ( e ) and Respect to residents,**

**Immediate Correction:** Residents Power of attorney and resident # 1 was present on 04/23/2018 and acknowledged placement to Memory Care placement and signed addendum.

**Plan in Place:** An educational training for marketing and nursing was conducted on 04/16/2018 to ensure that all residents signature of the agreement and or addendum is completed before placement to memory care.

**Ongoing Sales & Marketing and Executive Director:** Marketing team and nursing will verify agreement signatures before submitting to executive director. Executive Director will verify signed agreements before being electronically filed.


ED/Resident care Director or designee will monitor progress and results will be reviewed in the QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Martin Executive Director</u>	Date <u>5/9/2018</u>
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Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.231(h) - The resident-home contract in § 2600.25 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was transferred to the home's secure dementia care unit on 3/12/2018. The resident's record did not contain a new contract reflecting the change in the services, costs, and fees nor was there an addendum to the resident's original contract documented.

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.*

**With respect to Regulation 2600.231 (h) and Respect to Residents,**

**Immediate Correction:** Residents Power of attorney and resident # 1 was present on 04/23/2018 and acknowledged community fee's and services and signed addendum.

**Plan in Place:** An educational training for marketing and nursing was conducted on 04/16/2018 to ensure that all residents signature of the agreement and or addendum is completed before placement to understand the community services and fee's.

**Ongoing Sales & Marketing and Executive Director:** Marketing team and nursing will verify agreement signatures and acknowledgements of fees and service before submitting to executive director. Executive Director will verify signed agreements before being electronically filed.

ED/Resident care Director or designee will monitor progress and results will be reviewed in the QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Martin Executive Director</u>	Date <u>5/9/2018</u>
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 (Date)

Plan of correction implementation status as of 6/13/18  
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 (Initials)

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

Violation Report: 22513 - 04/13/2018 - Foulkes, Kimberli  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A, date of hire 10/21/15, had only 5.5 hours of training in dementia care in the 2017 training year.  
 Direct care staff person B, date of hire 9/10/13, had only 5.0 hours of training in dementia care in the 2017 training year.  
 Direct care staff person C, date of hire 8/10/15, had only 3.25 hours of training in dementia care in the 2017 training year.

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.

**With Respect to Regulation 2600.231 (e) and Respect to Residents,**

**Immediate Correction:** During survey on 04/13/2018 inspectors were given Relias staff training hours that did not include the other hours for the TEEPA SNOW Dementia training to add to the 6 extra hours required for memory care community.

**Plan of Correction:** TEEPA SNOW training hours were submitted to Department of Human services for review.

**Ongoing:** TEEPA SNOW training will be added to the Relias training system. Staff will be able to view their annual training to include regulation hours for SCU. Relias sends out alerts if training is missed or completed and Resident Service Director will review the program daily to ensure hours are compliant. ED/Resident Care Director or designee will monitor progress and results will be reviewed in the QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Travis Merten Executive Director</u>	Date <u>5/9/2018</u>
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**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: BELLE REVE SENIOR LIVING CENTER		License Number: 22513
Address: 404 EAST HARFORD STREET, MILFORD, PA 18337		County: Pike
Administrator: Darlene Price		Region: NORTHEAST
Legal Entity Name: CARE HSL BELLE REVE OPCO LLC		
Legal Entity Address: 404 EAST HARFORD STREET, MILFORD, PA 18337		
<b>Certificate(s) of Occupancy</b> C-1 03/27/2001 Dept of Health		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 81	Waking Staff: 61
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/13/2018: Deluca, Amy; Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 65 Number of Residents Served: 60 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 19 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 21 Have a Physical Disability: 0	

① 7/3/18

Violation Report: 22513 - 06/13/2018 - Deluca, Amy  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 has a physician's order for blood glucose monitoring 4 times per day. On 6/10/2018 the blood glucose reading at 11:00am was 119 in the glucometer but was recorded as 114 on the resident's Medication Administration Record (MAR).

**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.*

*In regard to violation cited for 2600.185a, unable to correct the documented blood glucose reading in the MAR. A note was placed in Resident #1 chart indicating the blood glucose reading error with the correct blood glucose reading.*

*Residents requiring blood glucose monitoring will be reviewed by the LPN/designee from June 13th to present to ensure blood glucose readings are accurately documented.*


*Medication Technicians were educated on documentation of blood glucose readings and to verify blood glucose readings against the MAR prior to submitting in EMAR. Medication Technicians will verify readings and documentation during daily shift changes. A log will be kept verifying compliance of shift change task. Diabetic education with emphasis on documentation will be provided to Med Techs by Diabetic Trainer, [redacted] on 7/9/2018.*

*LPN/Designee will audit each blood glucose reading against the MAR weekly to ensure blood glucose readings are documented accurately in the MAR. Trends will be reviewed at QA meeting quarterly.*

*Effective Date: 6/26/18*

*The administrator shall monitor and be responsible for ongoing compliance - M 7/10/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Travis McClinton</i>	Date <i>7/13/2018</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/10/18</u> (Date)	Plan of correction implementation status as of <u>7/10/18</u> (Date)
The above plan of correction was approved by <u>M</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 - 08/13/2018 - Deluca, Amy  
 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.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 has a physician's order for blood glucose monitoring with a sliding scale for insulin administration. From 6/1/2018 to 6/12/2018 staff has been testing the resident's blood glucose levels at 9:00 pm as per the order but has not been documenting the number of insulin units administered.

**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.*

In regard to violation cited for 2600.187a, Resident #1 had a line added in the MAR to document the units of insulin given per sliding scale ordered by MD.

Residents receiving insulin were reviewed to ensure the number of units are being documented.  
 Medication technicians were educated on appropriate documentation needed for sliding scale insulin orders.  
 Diabetic education with emphasis on documentation will be provided to Med Techs by Diabetic Trainer, [redacted] on 7/9/2018.

New or revised sliding scale insulin orders will be verified by the LPN/designee in the EMAR system to ensure the appropriate areas are selected to document appropriately. ED/designee will audit residents with sliding scale insulin orders weekly. Trends will be reviewed at QA meeting quarterly

*The administrator shall monitor and be responsible for ongoing compliance.*  
 Effective Date: 6/26/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]* 7/10/18

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tavis Martin*      Date *7/3/18*

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

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The above plan of correction was approved by <u><i>m</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 - 06/13/2018 - Deluca, Amy  
 PCH Name: BELLE REVE SENIOR LIVING CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 was admitted to the home's secure dementia unit on 5/7/2018. The Resident Assessment and Support Plan (RASP) was completed on 5/12/2018.  
 Resident #3 was admitted to the home's secure dementia unit on 5/8/2018. The RASP was completed 5/15/2018.  
 The home did not complete the RASPs for new admissions to the secure dementia unit within 72 hours of admission

**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.


In regard to violation cited for 2600.234a, unable to correct the issues cited. Resident #2 RASP was completed on 5/12/18 and Resident #3 RASP was completed on 5/15/18.

Resident RASPs in secured unit were reviewed to ensure timely completion.

LPN and Coordinators were educated on requirements of completing RASPs in 72 hours for secured unit. LPN/Unit Coordinators are responsible to complete resident RASPs.

ED/RCD will audit new admissions 3x per week to ensure RASP are completed in the appropriate time frame. Trends will be reviewed at QA meeting quarterly.

Effective Date: 6/26/18


*The administrator shall monitor and be responsible for ongoing compliance.*  
  
 7/10/18

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)      Date

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The above plan of correction was approved by <u></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