



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 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's Bureau of Human Services Licensing inspection on April 18, 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 "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600

PCH Name: GARDEN WAY PLACE		License Number: 34492
Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		County: Mercer
Administrator: Melissa McAdams		Region: WEST
Legal Entity Name: BENTLEY AJO OPCO LLC		
Legal Entity Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		
Certificate(s) of Occupancy C-2 LP 12/24/1997 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 50 Working Staff: 38		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/18/2018; Flinner-Alman, Lisa		
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Off-Site Inspection Dates and Inspectors, if Applicable 07/26/2018; Flinner-Alman, Lisa		OCT 05 2018 WEST REGION FIELD OFFICE Human Services Licensing
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 37 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: 6 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0	

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Violation Report: 44982 - 04/16/2018 - Filmer-Alman, Lisa
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa. Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 16 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The home failed to complete an FBI background check for staff person D who did not hold permanent residency in Pennsylvania for two consecutive years prior to his/her date of hire on hire date D.

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.

Criminal history background check for new hire met requirements of regulation 2600.51. MS 10/12/18

POC - NEXT PAGE

See page 2A of 5

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RONALD G. DUFF Executive Director Date: 10/3/2018

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

The above plan of correction is approved as of 10/12/18 (Date)

Plan of correction implementation status as of 10/12/18 (Date)

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

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

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OCT 5 2018

Date of violation report- 4/18/2018

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations 55PA Code 2600

2600.51 criminal history checks and hiring policies shall be in accordance with Older Adult Protection Services Act (OAPSA) (35 P.S. SS 10225.101-10225.5102) AMD 6 Pa. Code Chapter 15(relating to protective services for older adults).

This requirement is not met as evidenced by:

Plan of correction- Submission of this response and plan of correction is not legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility or any employers, agents or other individuals who drafted or may be discussed in the response and plan of corrections. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged on the corrections of any conclusions set forth in the allegation by the survey agency.

1. Staff person D is no longer employed at the community.
2. The Concierge and/ or designee will review potential new employee file to ensure FBI background checks are completed prior to hire within 3 months.
3. Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.
4. The Executive Director is responsible for ongoing compliance.

Signature *Ronald G. Dy* Date 10/3/2018
ms 10/12/18

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Violation Report: 44492 - 04/18/2018 - Pinner-Alman, Lisa
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired on hire date C, received only 9.5 hours of annual training during training year 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.

Staff person C completed 17.5 hours of annual training thus far
in 2018. MS 10/12/18

POC - After page 5 of 5

R. D. DUEZ
Executive Director

See 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) Date 10/3/2018

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(Date)

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(Initials)

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(Date)

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Violation Report: 44492 - 04/18/2018 - Flinger-Alman, Lisa

PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 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

Direct care staff person C, hired on hire date C, did not receive training in medication self-administration, safe management techniques, and care for residents with mental illness during 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.

Staff person C completed trainings as follows:
 medication self-administration in May 2018
 safe management techniques 3/8/18
 care for residents with mental illness 4/4/18 MS 10/12/18

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R. Vintz
Executive Director

see page 4 A 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)		Date
Lisa G. Vintz Executive Director		10/3/2018

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The above plan of correction is approved as of <u>10/12/18</u> (Date)	Plan of correction implementation status as of <u>10/12/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Date of Violation Report- 4/18/2018

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 55 PA Code 2600

2600.65 (E) Direct Care staff person C had less than 12 hours of training in 2017

2600.65 (F) Direct Care Staff person C did not receive training in medication self-administration, safe management techniques and care for residents with mental illness in 2017.

2600.65 (G) Direct Care staff person C did not receive training in falls and accident prevention in 2017.

This requirement is not met as evidenced by:

Plan of correction- submission of this response and plan of correction is not legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility or any employers, agents or other individuals who drafted or may be discussed in the response and plan of corrections. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged on the correction of any conclusion set forth in allegation by the survey agency.

1. Direct care staff person C's training hours and training topics cannot be corrected for the calendar year of 2017.
2. Direct Care staff person C has completed 12 hours of training for calendar year 2018, including the mandatory training requirements for medication self-administration, safe management techniques, and care for residents with mental illness and training in falls and accidents prevention.
3. The concierge and/or designee will audit current employee files monthly x 3 months to ensure mandatory training hours and requirements are being followed and will be completed before end of year 2018.
4. Audit results will be discussed in monthly QI meetings. Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.
5. The Executive Director is responsible for ongoing compliance. Monitoring will be ongoing.

Signature Paul G. Vly Date 10/3/2018

MS 10/12/18

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Violation Report: 44482 - 04/18/2018 - Finner-Aiman, Lisa
PCH Name: GARDEN WAY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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. §§ 10226.101-10225.5102).
- (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

Direct care staff person C, hired on hire date C, did not receive training in falls and accident prevention during 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.

Staff person C completed falls and accident prevention training on 3/4/18 and 4/1/18. MS 10/12/18

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[Signature]
Executive Director

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

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