pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [redacted]
MAILING DATE: December 24, 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 inspection on July 17, 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,

Bob Bisignani
Bob Bisignani
Human Services Licensing Director

Enclosure
Licensing 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
07/17/2018
PA L&I

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 79 **Waking Staff:** 59

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

07/17/2018: OHaire, Anne; Harvey, Jason

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: 56

Secured Dementia Care Unit in Home: Yes

Area: Third Floor

Secured Dementia Unit Capacity, If Applicable: 19

Number of Residents Served in Secured Dementia Care Unit, if applicable: 16

Number of Current Hospice Residents: 2

Number of Hospice Residents in past year: 13

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 56

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 23

Have a Physical Disability: 0

8/29/2018

Violation Report: 22513 - 07/17/2018 - OHaire, Anne
PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

2a. DESCRIPTION OF VIOLATION
On 7/10/2018 staff person A witnessed staff person B taking resident #1's food from the resident lunch tray from the resident's room without the resident's permission.

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 2600.20 (b) (4)) and Respect to Residents Rights.
Immediate Plan of Correction:

- Staff member in question was placed immediately on suspension as of 07/09/2018 and followed through to terminated by the Executive Director on 07/13/2018 due to facility policy, procedures and Resident Rights
- Staff were educated on July 13, 2018 by Resident Services Director on Residents Rights, Abuse and emphasis on Resident funds and Property which shall only be used for the resident's benefit.
- Nursing and Dietary Department staff were educated on July 13, 2018 by Resident Services Director on the importance of each resident receiving a full meal and that no item will be removed from plate or tray before serving in room service or dining experience.
- On July 13, 2018 Business Office Manager posted a memo for staff regarding the affordable staff meal program.

Ongoing Plan:

- Resident Services Director observed each room service for 5 days for one week from July 16th to July 20th for compliance. A random audit will continue for 4 weeks and then monthly. All new staff will be trained and monitored on going for five days to reassure compliance with regulation. Executive Director will be made aware of the progress and or any concerns. Trends will be reviewed at the QA meeting quarterly.

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) Travis Martin Executive Director

Date 8/29/2018

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

The above plan of correction is approved as of 10/9/18 (Date)

The above plan of correction was approved by B.B. (Initials)

Plan of correction implementation status as of 10/31/18 (Date)

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

Violation Report: 22513 - 07/17/2018 - OHaire, Anne
PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
On 4/19/2018, at approximately 6:00am, resident #2 was put into the shower by staff person C, who then left the resident unsupervised to answer the home's call bells. While unsupervised, resident #2 fell in the shower causing closed head injury, facial lacerations, skin tear of right and left hand, closed fracture of the nasal bone and pulmonary nodule. The Resident Assessment and Support Plan for resident #2, dated 12/29/17, states that the resident requires supervision for personal hygiene and is unsteady at times. The home failed to provide resident #2 supervision while showering, resulting in physical harm to the resident.

Resident #3 eloped from the building on 06/02/18 during the overnight hours and the home was not aware that they were missing from the facility until the local ambulance company arrived on-site after a neighbor called 911 at approximately 4:00am. The resident denied having fallen but had contusions and a skin tear to the left arm. The resident was sent out to the hospital and returned to the home but was sent back out after being unable to ambulate and complaining of pain. The resident was diagnosed with a fractured hip. The home did not have alarms on the exterior doors or staff stationed at all time on the first floor to monitor for residents potentially leaving the facility during overnight hours.

Resident #4 had an unwitnessed fall in their room on 06/22/18 at approximately 11:30pm. The resident was initially assessed for injury after the fall by staff person D with no apparent injuries and returned to bed as per Tabula Pro progress notes. The resident's daughter found the resident still in bed at 9:30am the following morning, complaining of extreme back pain. The resident was still dressed in the clothes they had on the day before and was lying on top of their bed, which was still made. The resident was diagnosed with an acute L1 Fx after being sent out to the hospital. The home should have discovered the resident's injury prior to the daughter coming in the next morning if the resident was being monitored after the fall as reported by the home.

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 Plan Of Correction

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) Travis Martin Executive Director

Date 8/29/2018

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

The above plan of correction is approved as of 10/9/18 (Date)

The above plan of correction was approved by B.B. (Initials)

Plan of correction implementation status as of 10/31/18 (Date)

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

With respect to Regulation 2600.42 (b) and Respect to Residents Right.

Plan of Correction for residents are as followed:

- Staff person C was suspended pending investigation and terminated due to the result of the investigation as it relates to Resident 2.
- Residents requiring supervision with care were reviewed with staff to ensure staff understand residents plan of care in relation to supervision.
- In-Service with Area Agency on Aging was conducted at Belle Reve community on September 5, 2018 by ([redacted] Rep.) and Executive Director with emphasis on regulation 42B Residents' Rights, Abuse and Mandatory Reporting. All staff are mandated to attend.
- Resident Care Director or Designee will complete random audits of staff weekly to ensure staff are following the plans of care appropriately. Executive Director will ensure compliance. Trends will be reviewed at QA meeting quarterly.
- Date of compliance: 9/5/2018

- Resident 3 was sent to the Emergency Department for eval and treat and returned to Personal Care on 8/22/2018. RASP was updated.
- Airphone system (doorbell with video and audio communication) was installed at the side entrance to alert staff when the side door is locked for reentry for security purposes. A posting has been placed by the exit alerting residents that the side door is locked for reentry and to utilize the Airphone system or telephone system to gain entry back into the facility after hours. 1st alarm will be in by 10/10/18 to begin the process for installation an alarm system for the side door that will sound to each floor when the door is opened. A temporary alarm system was installed on the door alerting staff if the door is opened. Staff will make frequent check to ensure no one has exited the facility.
- A memo was sent to residents and families explaining the reentry process to the facility after hours.
- Maintenance Director will audit the Airphone system monthly to ensure the system is functioning correctly. Executive Director will ensure proper function of the Airphone system and alarm system. Trends will be reviewed at QA meeting quarterly.
- Date of compliance: 10/10/2018

- Resident 4 was sent out to the Emergency Department for eval and treat.
- After an incident, a licensed nurse will assess the resident. If no licensed nurse if available, the resident will be sent to the ED for evaluation. The resident will be observed periodically for 24 hours to ensure no change in condition unless the resident was sent to the ED for evaluation. If change in condition noted, MD will be notified.

10/4/18

- Resident Care Director or Designee will audit residents with incidents for proper assessments were completed to ensure residents with change in condition are communicated with MD and responsible person timely with appropriate follow through.
- Date of compliance: 9/5/2018

8/29/2018