pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [redacted]
Mailing Date: September 20, 2018

Ms. Shawn Barndt
Executive Director
GAHC3 Boyertown PA ALF TRS SUB LLC
18191 Von Karman Avenue, Suite 300
Irvine, California 92612

RE: Chestnut Knoll
120 West Fifth Street
Boyertown, Pennsylvania 19512
License # 226130

Dear Ms. Barndt:

As a result of the Department's Bureau of Human Services Licensing inspection on August 15, 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,

M. Moskalczyk

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: CHESTNUT KNOLL	License Number: 22613
Address: 120 WEST FIFTH STREET, BOYERTOWN, PA 19512	County: Berks
Administrator: Shawn Barndt	Region: NORTHEAST
Legal Entity Name: GAHC3 BOYERTOWN PA ALF TRS SUB LLC	
Legal Entity Address: 18191 VON KARMAN AVE SUITE 300, IRVINE, CA 92612	

Certificate(s) of Occupancy

C-2 LP
08/21/2000
L&I

Staffing Hours

Resident Support: 0 | Total Daily Staff: 165 | Waking Staff: 124

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

08/15/2018: 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: 119

Number of Residents Served: 109

Secured Dementia Care Unit in Home: Yes

Area: na

Secured Dementia Unit Capacity, if Applicable: 52

Number of Residents Served in Secured Dementia Care Unit, if applicable: 51

Number of Current Hospice Residents: 13

Number of Hospice Residents in past year: 52

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 109

Have Mental Illness: 0

Have an Intellectual Disabliity: 0

Have a Mobility Need: 56

Have a Physical Disability: 0

Violation Report: 22613 - 08/15/2018 - Deluca, Amy
PCH Name: CHESTNUT KNOLL

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 5/16/2018 the Area Agency on Aging (AAA) was notified of an incident in which resident #1 suffered a fractured humerus as a result of being transferred to bed by staff person A. The home failed to place staff person A on a plan of supervision following the report to AAA.

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.

A Plan of supervision was immediately put into place by the Executive Director on 5/15/18. It was reported on the Act 13 Mandatory Abuse form that was submitted to the Berks County office of Aging and BHSL. (report attached). The plan stated that the aid was re-educated on proper transfer / lifting techniques as well as removed from the care of this particular resident. The aid ended up leaving Chestnut Knoll for personal reasons prior to the plan of supervision being lifted.

Going forward, the Executive Director or Assistant Executive Director will ensure that the plan of supervision is more clearly specified on its own document and sent along with the reportable incident form to BHSL following the attached guidelines titled "Suspending or Supervising Staff"

MM
9/18/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Shawn Barndt, BSW Exec. Dir.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shawn Barndt, BSW Exec. Dir. **Date** 9/10/18

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

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

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

Plan of correction implementation status as of 9/18/18 (Date)

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

Violation Report: 22613 - 08/15/2018 - Deluca, Amy
PCH Name: CHESTNUT KNOLL

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 5/13/2018 resident #1 complained of pain in the arm immediately after being transferred from a recliner to bed. On 5/14/2018 at approximately 7:00am resident #1 told a hospice aide that his/her arm had been injured while being transferred to bed the previous night. On 5/14/2018 at approximately 11:00am bruising on resident #1's arm was noted by a staff person and again the resident told the staff person that his/her arm had been injured the night before while being put to bed. At approximately 8:00pm on 5/14/2018 resident #1 expressed anxiety about being transferred to bed due to pain in his/her arm and at this time the resident's arm was noted to be red and swollen. It wasn't until 5/15/2018 at approximately 8:30am that a mobile x-ray was ordered after the resident's arm and shoulder showed signs of being badly bruised. The x-ray showed the resident's right humerus was fractured. The home failed to obtain medical treatment for the resident's injury timely.

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

The resident was / is on hospice and receives a regular plan of ordered pain management medications in order to ensure ongoing comfort. Her historic pattern prior to the accident was to offer complaints of pain daily followed by periods of relief after she has had her ordered pain medications. In this instance because the resident had periods of being pain free, her injury was not raised to the immediate level of awareness that it should have been per facility protocal. Hospice staff, facility staff, and the residents family member who visits regularly incorrectly made the assumption that her pain and relief from pain was normal for her and therefore did not report it and some thought that someone already did report it.
In response to the errors / assumptions made, the hospice aids were immediately re educated about the importance of reporting resident issues such as this (complaints of pain, bruising, reports of an accident / injury, etc) immediately to the Chestnut Knoll staff so that a facility incident report can be completed and addressed immediately.

Chestnut Knoll caregivers were coached immediately and reminded of facility protocal to complete an incidenet report and notify nursing of any complaints of pain, bruising, reports of an accident / injury, etc..). (employee sign in sheet attached).

The specific aid involved in the intial accident is no longer employed at Chestnut Knoll.

The importance of reporting brusing, complaints of pain, reports of an accident / injury, etc.. was again reviewed at the routine nursing staff / care staff meeting held on June 14th, 2018 (see staff meeting agenda attached)

In order to prevent further instances in delay of care, staff are being educated about the importance of incident reporting upon hire, at annual inservice(during the abuse portion of the training by the Executive Director as well as clinical portion), and this topic has also been added to the care staff training plan to be reviewed with the staff on a quarterly basis. Incident reporting procedures will be reviewed at the September and December staff meetings (see attached training plan for 2018) and will be added on a quarterly basis to the 2019 staff training plan.

The Executive Director will monitor and QI this process to ensure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) Shawn Barndt, BSW Exec. Dir.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shawn Barndt, BSW Exec. Dir **Date** 9/10/18

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