



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 04 2019

Ms. Regina Heilman-Toth
Administrator
Bensalem PCH LLC
640 Hulmeville Road
Bensalem, Pennsylvania 19020

RE: Allegria at The Oaks
License #: 143670

Dear Ms. Heilman-Toth:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 5 & 6, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 14367 - 09/05/2018 - Braswell, Natasha
 PCH Name: ALLEGRIA AT THE OAKS

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 home recently had a change of legal entity and the home did not have contractual signatures on an addendum under the new name of Allegria at Oaks Bensalem for the following residents:
 Resident #1
 Resident #2
 Resident #3
 Resident #4
 Resident #5
 Resident #6

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 day prior to the inspection we received the awaited approval to use a one-page addendum for change in ownership since all elements of the contract were remaining the same. We began on the next day to get the forms completed. Forms were completed prior to completion of the inspection.

In the future, should there be a new owner, we will insert a memo to file to be attached with the Master contract to alert those involved to be aware that a one-page addendum is sufficient in that case if all the elements of the contract are remaining identical.

Within 15 days of receiving this POC, the Administrator will review all client's record to ensure that they are dully signed by the Administrator, a designee, the resident and a resident's designee if applicable. 1/25/19

AAA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Regina Heilman - OAH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA HEILMAN - TASH EXECUTIVE DIR	Date 12/21/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/25/19</u> (Date)	Plan of correction implementation status as of <u>1/25/19</u> (Date)
The above plan of correction was approved by <u>AAA</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: 14367 - 09/05/2018 - Braswell, Natasha
 PCH Name: ALLEGRIA AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 Sparkle Fresh toothpaste, with a manufacture's label indicating "call poison control if more than needed for brushing is swallowed", was located in memory care room # 5.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 toothpaste was removed.
 Going forward, aides will be assigned by the med tech, on a weekly basis to inspect the rooms for poisonous materials. The result of this inspection will be documented, and reviewed by the director of residential services.
 The housekeepers will have a check list to complete for the rooms they are cleaning. Among the items to be checked is that the room is free of poisonous materials.
 Additionally, the person who does the laundry for Memory Care will check the rooms at the time of delivering the laundry for the resident. This will be documented.
 Documentation will be reviewed by the Director of Resident Services and the Executive Director.

Within 15 days of receiving this POC, the Administrator will re-train all staff on identifying poisonous materials, and keeping the same locked or inaccessible to residents: 1/25/19

AAA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Regina Heilmann - OATH*

Printed Name and Title of Legal Entity Representative REGINA HEILMANN - OATH
 (Required on EVERY Page) EXECUTIVE DIR Date 12/21/18

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 (Date)

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

Plan of correction implementation status as of 1/25/19
 (Date)

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

Violation Report: 14367 - 09/05/2018 - Braswell, Natasha
 PCH Name: ALLEGRIA AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 9-6-18, at 11:00 am the following conditions were found:

The shower chair, toilet seat, and safety frame stored in the shower of room #57 had a strong urine odor.

The South hallway, near the emergency exit near room 57 had a strong smell of urine

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 shower chair, toilet seat, and safety frame stored in the shower have been cleaned and are free from odor.
 Housekeeping staff is responsible for cleaning equipment in the bathroom. The Director of Maintenance will oversee their work.
 The issues of the resident involved have been addressed through the intervention of the PCP. These interventions have been implemented and the problem is resolved. The Director of Resident Services has initiated corrective measures with the help of the PCP as soon as possible.

Administrator or a designee will develop a checklist or other applicable measures to ensure that the entire facility and the physical properties are in a sanitary condition daily. Administrator or a designee will conduct a walk through of the home daily to ensure compliance with reg. 2600.65a. Such walk through or routine checks will be documented. 1/25/19

AAA

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Regina Heilman-Torj*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) REGINA HEILMAN-TORJ EXECUTIVE DIR

Date 12/31/18

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Violation Report: 14367 - 09/05/2018 - Braswell, Natasha
 PCH Name: ALLEGRIA AT THE OAKS

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

There were three ceiling tiles located in room #5 that had brown stains and one tile appeared to bulge.
 The floor tiles in room #57 were slippery causing a slip hazard.

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 ceiling tiles were replaced.
 A weekly inspection of the ceiling tiles will be conducted by the Assistant to the Maintenance Director. This shall be documented and reviewed by the Maintenance Director.
 In regard to the slippery floor tiles, it shall be the responsibility of the Director of Maintenance to conduct random inspections of the work of the housekeeping staff.
 An inservice will be held with the housekeepers, to provide further instructions on cleaning/disinfecting techniques.

Administrator or a designee will conduct a walk through of the facility daily to ensure that floors, walls, ceilings and other physical properties are free of hazards and in good repair. Any potential safety hazards or non-compliance issue noted, shall be reported to the Administrator who will take a prompt measure to resolve the issue. 1/25/19

AAA

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Regina Heilman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA HEILMAN - TRIH EXECUTIVE DIR	Date 12/21/18
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Violation Report: 14367 - 09/05/2018 - Braswell, Natasha
 PCH Name: ALLEGRIA AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The following equipment were found to be in poor repair during the initial safety inspection:
 The dryer on the main floor inside the laundry room was inoperable and unplugged.
 The faucet in the Memory Care Unit was inoperable with a written sign that read "broken".

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.
 Repairs have been completed.
 Both the dryer and the faucet were in the process of being repaired, during the inspection. Since the issues were being addressed and the hold up was waiting for parts, and/or evaluating the situation to determine if the decision would be to repair or replace, there is really no corrective action needed. Repair issues will continue to be addressed in a timely manner, according to the ranking of the priority of each issue.

Administrator or a designee will monitor the home, at least monthly to ensure that furniture and equipments are in good repair. Documentation of such routine checks shall be kept.

AAA
 1/25/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Regina Heilman - TSPH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA HEILMAN-TSPH
 EXECUTIVE DIR Date 12/21/18

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Violation Report: 14367 - 09/05/2018 - Braswell, Malasha
 PCH Name: ALLEGRIA AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the laundry room on the 2nd floor did not include scissors.

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 maintenance of the first aid kit will be the responsibility of the day nurse, going forward. He/she will insure that all items are in the box. The boxes will be secured with tabs, which when broken will indicate that items have been used. The boxes will be checked daily by the day nurse, to see if the tab is broken, and if so to see what items need to be replaced. A sign off sheet will be provided for the nurse to initial.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RESSINA HEIKMAN, JOSH EXEC. DIR</i>	Date <i>12/21/18</i>
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Violation Report: 14367 - 09/05/2018 - Braswell, Natasha
 PCH Name: ALLEGRIA AT THE OAKS

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
 The two beds in room # 45 did not have a source of light source that can be turned on/off from the 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.

The Maintenance department/housekeeping will be responsible to check each wing once a week to insure all items are in place. This will be documented and the Executive Director will review the documentation, and conduct random checks on a monthly basis.

The housekeeping staff will be in-serviced on a regular basis regarding items to be in each room. They will document having checked each room at the time of the weekly cleaning.

It is to be noted that the room involved is a shared room for a married couple. The wife has a bedside light near her bed. Her husband sleeps in a recliner, and can ask his wife to turn the light on if he needs it, during the night.

The residents involved believe that it is within their rights to have the room furnished the way that they find most helpful for them.

"A resident has the right to furnish his room..."
 "A resident has the right to privacy of self and possessions..."

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Regina Heilmann - JDR*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA HEILMAN-TOOTH EXEC. DIR	Date 12/21/18
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Violation Report: 14387 - 09/05/2018 - Braswell, Natasha
 PCH Name: ALLEGRIA AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
 In the kitchen there was bread on the lower shelf open in a white plastic container.

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.

An in-service was conducted with the dietary staff to reinforce the importance of keeping all food in its proper container.
 The Culinary Director will monitor the kitchen environment by creating a checklist of relevant items to be checked on a daily basis.
 This checklist will be monitored by the cook on duty on a daily basis.
 Regular in-services will be conducted.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA HEILMAN-TRITH EXEC DIR Date 12/21/18

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Violation Report: 14367 - 09/05/2018 - Braswell, Natasha
 PCH Name: ALLEGRIA AT THE OAKS

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
 On 9/5/18, at 11:25 am, resident # 7's, blood sugar test was observed. The glucometer reading after the test read 4/29/00 at 6:49 am. It was not calibrated to the correct date and time.

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 Director of Resident Services will re-calibrate all glucometers. Going forward, the day nurse will check the glucometers weekly on Wednesdays to insure they are functioning properly. A form will be provided for the nurse to initial, indicating that all glucometers have been checked.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Regina Heilman - (DIR)*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REGINA HEILMAN TOOTH EXEC. DIR. Date 12/21/18

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