



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 16 2019

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 annual inspection on October 2, 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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: GARDEN WAY PLACE		License Number: 44492
Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		County: Mercer
Administrator: Ron Duez		Region: WEST
Legal Entity Name: BENTLEY AID OPCO LLC		
Legal Entity Address: 2400 GARDEN WAY, HERMITAGE, PA 16148		
Certificate(s) of Occupancy Other C-2 LP 03/06/1998 12/24/1997 City of Hermitage L&I		RECEIVED MAR 26 2019 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Incident		
On-Site Inspection Dates and Department Representatives On-Site		
10/02/2018: Hoover, Josh; Mulick, Cindy		
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: 47 ✓ Number of Residents Served: 4 ✓ 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: 4 ✓ Number of Hospice Residents in past year: 9 ✓	Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 60 Years of Age or Older: 41 ✓ Have Mental Illness: 2 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 11 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 44492 - 10/02/2018 - Hoover, Josh
 PCH Name: GARDEN WAY PLACE

1. REGULATION 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home did not have the 2017 annual training records for staff persons A and B.

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.

PLEASE SEE NEXT PAGE - PAGE 2A OF 4

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald G. Dage*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RONALD G. DAGE** Date **12/19/18**
Executive Director

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

The above plan of correction is approved as of 3/26/19
 (Date)

Plan of correction implementation status as of 3/26/19
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Date of Violation Report-10/2/18

Regulation 55 PA Code 2600

2600.65(i) a report of training including the staff person trained, date, source, length of each course copies of any certificates received, shall be kept.

-The home did not have training records for staff person A and B.

This requirement is not met as evidenced by:

Plan of Corrections-submission of this response an 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 corrections does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged on the corrections of conclusion set forth in allegation by the survey agency.

1. Direct Care Staff person's A training hours and training topics cannot be corrected for calendar year 2017.
2. Direct Care Staff person's B training hours and training topics cannot be corrected for 2017 Direct Care Staff B is no longer employed at the facility.
3. The Concierge and/ or designee will audit current employee files by end of January 2019 and then every 3 months until January 2020
4. Audit results will be discussed for the next 3 months in monthly QI meetings.
5. The Executive Director is responsible for ongoing compliance. Monitoring will be ongoing.

~~3/26/19~~

Richard G. Uly
Executive Director

Ronald C. White
12/19/18

Page 2A of 4

Violation Report: 44492 - 10/02/2018 - Hoover, Josh
 PCH Name: GARDEN WAY PLACE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Nitroglycerine 0.4mg tablets, take 1 tablet sublingually every 5 minutes, up to 3 doses as needed for chest pain; however, the label for this medication indicated "take 1 tablet sublingually every day as needed for chest pain."


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.


PLEASE SEE NEXT PAGE. PAGE 3A OF 4

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
 Fernando Q. Gomez EXECUTIVE DIRECTOR	12/19/18

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

The above plan of correction is approved as of <u>3/26/19</u> (Date)	Plan of correction Implementation status as of <u>3/26/19</u> (Date)
The above plan of correction was approved by  (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

Date of Violation Report-10/2/18

Regulation 55 PA Code 2600

1.2600.184(a)- The original container for prescription medications shall be labeled with a pharmacy label that includes the following.

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Nitroglycerine 0.4mg tablets, take 1 tablet sublingually every 5 minutes, up to 3 doses are needed as needed for chest pain; however, the label for this medication indicated " take sublingually every day as needed for chest pain.

This requirement is not met as evidenced by:

Plan of corrections-submission of this response and plan of corrections is not legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and 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 corrections does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged on the corrections of conclusion set forth in allegation by the survey agency.

- 1. CSM will provide education to med -techs by December 31, 2018 regarding the proper labeling of medication as well as label to match the MAR. Nitroglycerine 0.4mg label was corrected immediately.
- 2. CSM and /or designee will check new medication orders to the prescription label and MAR weekly.
- 3. CSM and /or designee will complete weekly MAR to cart audits for 3 months. Audits will be discussed in monthly QI meetings then monitoring will be ongoing.

3/26/19

Ronald E. Uher
Executive Director

Ronald E. Uher
12/19/18
Page 3A of 4

Violation Report: 44492 - 10/02/2016 - Hoover, Josh
 PCH Name: GARDEN WAY PLACE

1. REGULATION 65 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
 The glucometer for resident #2 was not correctly calibrated to 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.

PLEASE SEE NEXT PAGE. PAGE 4A OF 4

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) Ronald C. Jones Executive Director Date 2/19/18

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The above plan of correction is approved as of <u>3/26/19</u> (Date)	Plan of correction implementation status as of <u>3/26/19</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

Date of Violation Report- 10/2/18

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

The glucometer for resident #2 was not correctly calibrated to date and time.

This requirement is not met as evidenced by:

Plan of Correction-Submission of this response and plan of corrections 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 the plan of corrections does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged on the corrections of conclusion set forth in allegation by the survey agency

1. CSM Immediately corrected the glucometer calibration. This concern will be discussed monthly in QI meetings for the next 3 months. Monitoring will be ongoing.
2. CSM and/or designee will monitor glucometer calibration weekly X 4 weeks then monthly.
3. CSM will provide an in-service to Med Techs regarding glucometer calibration by December 31,2018

3/26/19



Richard G. Uly
Executive Director

Ronald G. Umez
12/19/18

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