



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

April 11, 2019

Ms. Mary Regina Heilman-Toth  
Executive Director  
Bensalem PCH, LLC  
6400 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 inspection on December 3, 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.

Sincerely,

A handwritten signature in cursive script that reads "Shawn Parker".

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Violation Report



Violation Report: 14367 - 12/03/2018 - Swisher, Michele  
 PCH Name: ALLEGRIA AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION  
 During staff interviews two staff persons described multiple occasions where they came in to work for their 7a-3pm shift to find multiple residents lying in soaked through incontinence products and -urine soaked bed linens indicating that the residents had not be changed or checked for incontinence care during the overnight shift. Staff also report that several unnamed residents, on multiple occasions were found to have been changed into clean, dry incontinence products and clothing but then laid down again in urine soaked bedding, re-soaking their clean clothing, and remaining there until the morning shift.

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.

Page 2, Re: regulation 2600.42©

Rounds for all shifts have been implemented effective immediately by the Resident Services Director. Staff are assigned to specific residents, and they are to check on their residents at the beginning of their shift and at the end of their shift, with the on-coming staff. All halls of the facility have scheduled staff for each individual resident. If any resident is found disheveled and/or has not been changed, the staff member who was responsible for that resident must provide the appropriate care before leaving the building. Staff will report rounds to the Resident Services Director, Charge Nurse, or Shift Supervisor each day, as well as communicate through the communication book located in the nursing office.

3rd shift staff will be retrained on direct care staffing duties. All direct care staff will be retrained on residents' rights. Training to be completed by 04-19-19. Training logs and verification to be kept by home for Department review. SP 04-11-19

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) REGINA HEILMAN-TOTH Date 4/9/19

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

The above plan of correction is approved as of <u>04-11-19</u> (Date)	Plan of correction implementation status as of <u>04-11-19</u> (Date)
The above plan of correction was approved by <u>SP</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 - 12/03/2018 - Swisher, Michele  
 PCH Name: ALLEGRIA AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry documented in the employee file.

**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.*

Page 3, Re: regulation 2600.54(a)

Staff member did not produce high school diploma, and was subsequently let go.

Going forward the attached check list will be utilized to insure that all relevant items are gotten.

Administrator or designee will ensure all direct care staff have proper qualifications as specified in regulation 54 a. SP 04-11-19

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Printed Name and Title of Legal Entity Representative  
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Violation Report: 14367 - 12/03/2018 - Swisher, Michele  
 PCH Name: ALLEGRIA AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**  
 Substitute staff person B, whose first day of work was 12/1/18, did not receiving training in:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**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.

Page 4, Re: regulation 2600.65(a)

This training was carried out. However, it was in the sleeve of the Credential Binder, in which all credentialing information for outside personnel is kept. Inspector apparently assumed it was not there, but upon our searching it was found. See Attached

Parenthetically, Executive Director and Director of Maintenance recall this having been done, since it was the first person that we had from this Agency, the first time we were using temporary help. The person came 45 minutes late, and the ED and Dir. of Maintenance were in touch by phone on that day (Saturday, December 1, 2018) because of the lateness issue. And the person stated they had been traveling by bus since 11:00 am to reach our community. There were also calls made to the Agency, in an attempt to locate the person. Training was provided on that first day of work.  
 Please see attached..... SP 04-11-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Regina Heilman Toth*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) REGINA HEILMAN TOTH Date 4/9/19

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2600.65 a

Administrator or designee will ensure all direct care staff, ancillary staff, substitute personnel workers receive orientation training prior to their first day of work. SP 04-11-19

Violation Report: 14367 - 12/03/2018 - Swisher, Michele  
 PCH Name: ALLEGRIA AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

The record for direct care staff person A, who was hired on 7/19/17 does not include documentation that initial direct care training was completed prior to staff person providing unsupervised ADL services.

**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.*

Page 5, Re: regulation 2600.65(d)

This training was carried out. The training checklist attached was stored in the 2017 Training booklet, and not in the file of the individual. Had we been asked for this we could have supplied it on the inspection date. See Attached.

Administrator or designee will ensure all direct care staff complete the trainings listed in this regulation before providing unsupervised ADL services. SP 04-11-19

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>REGINA HEILMAN-TOTH</i>	Date <i>4/9/19</i>
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Violation Report: 14367 - 12/03/2018 - Swisher, Michele  
 PCH Name: ALLEGRIA AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

On 8/15/18, resident 1's, physician determined that the resident needs a chopped textured diet. The resident's support plan dated 8/21/18 does not address how the home will assist the resident in meeting this dietary need.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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Page 6, Re: regulation 2600.227(d)

All diet changes shall be reviewed by the Director of Residential Services. This nurse will be responsible for updating the resident's diet as well as updating the support plans to coincide with the change.

Once a month, the Director of Residential Services will confer with the Culinary Director, to review residents' diets, and any changes that have been made, to insure that the changes made are documented in the support plan.

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Printed Name and Title of Legal Entity Representative  
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Violation Report: 14367 - 12/03/2018 - Swisher, Michele  
 PCH Name: ALLEGRIA AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

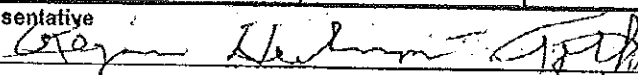
2a. DESCRIPTION OF VIOLATION  
 Resident #1 participated in the development of their support plan on 8/21/18. The resident did not sign the support plan.

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.

Page 7, Re: regulation 2600.227(g)

Once support plans are developed, the nurse that develops the plan will have the plan reviewed by one of the other nurses to insure that it is completed appropriately, and that the required signatures are in place.

Administrator or designee will ensure all residential assessment support plans are signed by all proper parties. SP 04-11-19

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