



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: February 4, 2019

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 December 3, 2018 of the above facility, the citations 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 black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22513 - 12/03/2018 - Deluca, Amy
PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 11/19/2018 the home reported an incident of an unwitnessed fall of resident #1 and that the resident was sent to the hospital. On 11/30/2018 the home submitted a final incident report indicating that staff members A and B had been suspended pending an investigation of the incident and that both staff members had been returned to duty with education. The home allowed staff to return to duty prior to the department completing an investigation of the incident.

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.

What:

Suspended team members, during abuse investigations, who return to work prior to the Department of Human Services approval will return on an approved supervisory plan.

Who:

The Executive Director or designee will train the management team on Plan of Correction-Suspended Team Members Return to Work Plan (Attachment A) and Return to Work Audit (Attachment B) and complete Sign-in Sheet (Attachment C).

When: Training to be completed by 1/21/19

How:

Executive Director or Designee will not permit suspended team members to return to work unless: The Department has completed their investigation and approves the team members return to work, or The Department hasn't completed their investigation, but an approved supervisory plan is in place.

Ongoing:

The Executive Director or Designee will conduct monthly Quality Assurance audits of team members suspended due to an abuse investigation. Findings and trends will be reviewed at the QA meetings.

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) <u>Travis Norton</u>	Date <u>1-18-19</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-23-19
(Date)

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

Plan of correction implementation status as of 1-23-19
(Date)

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

Plan of Correction Training

Suspended Team Members Return to Work Plan

(Attachment A)

Regulation 2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Discussion:

It's important to remember that the home must respond to allegations of abuse as though the allegation were true, even if the report seems far-fetched or unlikely. Many homes have been cited for regulatory noncompliance for failure to take appropriate action in response to an abuse report even if the abuse did not occur.

Upon receiving a report of abuse, homes must:

1. Immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.101 – 10225.5102) and 6 Pa. Code Sections 15.21 – 15.27. The "Abuse Reporting Flowchart" on the following page illustrates these requirements.
2. If the report involves a staff person, the home must immediately suspend the staff person involved in the alleged abuse ("Suspend" means restrict access to the home, residents, and records) or place the staff person on a plan of supervision that is developed in conjunction with the Department.
3. Report the abuse allegation to the Department in accordance with § 2600.16, including the plan to supervise or suspend the alleged perpetrator. If the plan is not acceptable, the Department will notify the home.
4. Immediately report the allegation of abuse to the resident and the resident's designated person.
5. Begin an internal investigation of the abuse as required by the procedures at § 2600.41, unless otherwise directed by the Department.

In the event that abuse is reported, the home should send a supervision plan for approval in accordance with 15.156 as well as the home's plan to investigate the situation along with the reportable incident form. If the Department does not approve the supervision plan, the home will be contacted and directed to modify the plan. Upon conclusion of the home's investigation, the home should send a final report that describes the investigation methods and findings. Following review of the final report, the Department will inform the home whether the supervision plan may be lifted.

Primary Benefit: Assure resident safety

Action Plan: On 11/30/18, the home allowed staff to return to duty prior to the department completing an investigation of the incident. The Executive Director and Management team will ensure suspended staff do not return to their position until one of the following has occurred: The Department has completed their investigation and approves the team members return, or The Department hasn't completed their investigation, but an approved supervisory plan is in place.

1-23-19

MM

 1-18-19

Violation Report: 22513 - 12/03/2018 - Deluca, Amy
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
 Resident #1 had fallen out of bed on 11/18/18 at approximately 4:45am and refused to allow staff to assist him/her back to bed. Staff placed a pillow under the resident's head and allowed the resident to continue sleeping on the floor. Staff did not wake the resident and/or assist the resident with changing and dressing and eating meals until approximately 1:30pm on 11/18/18. During the morning and afternoon staff expressed concern to the med tech in charge, staff person C, who instructed concerned staff that it was ok to allow the resident to continue sleeping on the floor. The home was neglectful in providing proper care to the resident after the resident had been found on the floor next to the bed twice previously in the early morning of 11/18/18.

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.

What:

When caregivers communicate resident changes or concerns to the Med Tech they will document them in the communication log. If no action is taken by the Med Tech, the caregiver will communicate the changes or concern to the Resident Care Director or designee. An incident report for abuse/neglect will be timely submitted if it meets the criteria.

Who:

The Resident Care Director or designee will train the nursing department on Plan of Correction- Communicating Resident Changes/Concerns (Attachment D) and Monthly Audit: Communication log for no Follow up (Attachment E) and complete Sign-in Sheet (Attachment F).

When:

Training to be completed by 1/31/19

How:

The communication log will be reviewed at change of shift. Any resident concerns not addressed will be communicated to the Resident Care Director or Designee to assure residents are free of neglect, intimidation, physical or verbal abuse, mistreatment, corporal punishment, and/or discipline.

Ongoing: The Resident Care Director or Designee will conduct monthly Quality Assurance audits of the communication log for documentation by the nursing department that resulted in no follow up action. Findings and trends will be reviewed at the QA meetings.

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
Travis Martin	1-18-19

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 (Date)

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

Plan of correction implementation status as of 1-23-19
 (Date)

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

Plan of Correction Training

Communicating Resident Changes/Concerns

(Attachment D)

Regulation 2600.42.b -

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Discussion: This regulation prohibits the following:

- The infliction of injury on a resident by staff or other residents
- Unreasonable confinement
- Intimidation or punishment with resulting physical harm
- Deliberately causing pain or mental anguish
- Deprivation by the personal care home or its staff persons of goods or services which are necessary to maintain physical or mental health
- Sexual harassment, rape, or abuse, as defined in 23 Pa.C.C. Chapter 61 (relating to protection from abuse)
- Exploitation by an act or course of conduct, including misrepresentation or failure to obtain informed consent which results in monetary, personal or other benefit, gain of profit for the perpetrator, or monetary or personal loss to the resident
- Neglect of the resident, which results in physical harm, pain or mental anguish
- Abandonment or desertion by the personal care home or its staff persons
- Mistreatment or discipline of any kind
- Any sexual contact, regardless of consent, between a resident and a staff person

Primary Benefit: Assures resident receive appropriate care and protects them from abuse and neglect.

Action Plan: On 11/18/18, The home was neglectful in providing proper care to the resident after the resident had been found on the floor next to the bed twice previously in the early morning. A caregiver expressed a resident concern to the Med Tech. The concern was a resident had been sleeping on the floor. The resident wasn't woken or changed during this time. The Med Tech said this was ok and allowed the resident to continue to sleep on the floor with no follow up communication or actions. The caregiver should have documented the resident change/concern in the communication log. Then the caregiver should have contacted the Resident Care Director or Designee to share the situation. The communication log then should have been reviewed at change of shift and the oncoming caregiver and Med Tech should have reported the situation to the Resident Care Director or designee. All staff will ensure residents are not being neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

1-23-19

MM

 1-18-19

Violation Report: 22513 - 12/03/2018 - Deluca, Amy
PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 had suffered a fall on 11/17/18 at approximately 8:30am. During that day the resident was seen slumped over in a wheelchair. The resident was also restrained at the dining room table after the fall by staff person C who told other staff that the resident was in a wheelchair due to being unsteady on his/her feet, but did not report the change in condition to the resident's doctor. On 11/18/18 the resident was left to sleep on the bedroom floor until 1:30pm after falling from bed twice during the night. On 11/19/18 the resident's private duty nurse arrived at the facility at approximately 9am and found the resident in bed, face down, unresponsive, with a large bump on the head and other bruising. The private duty nurse notified the resident's family immediately and the home then contacted EMS to have the resident sent to the hospital. Hospital records indicate injuries were indicative of a recent fall from bed with impact to the resident's head.

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.

What:

When a resident's health status declines we must facilitate more medical attention. The resident's physician should be made aware and/or be sent to the hospital.

Who:

The Resident Care Director or designee will train the management team and nursing department on Plan of Correction- Resident change in Condition (Attachment G) and Change in Condition Audit (Attachment H) and complete Sign-in Sheet (Attachment I).

When:

Training to be completed by 1/31/19

How:

Resident Care Director or Designee will be made aware of any residents who's condition declines. Caregivers and Med Techs must communicate changes in the communication log. The primary care physician will be made aware of changes in resident conditions. If conditions do not improve prior to physician returning communication to the community, then the resident should be sent to the hospital.

Ongoing:

The Resident Care Director or Designee will conduct monthly Quality Assurance audits to assure residents who have a change in condition have an updated RASP and receive appropriate medical attention. Findings and trends will be reviewed at the QA meetings.

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) *Travis Martin* **Date** *1-18-19*

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 (Initials)

Plan of correction implementation status as of 1-23-19
 (Date)

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

Plan of Correction Training
Resident Change in Condition
Attachment G

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Discussion: "Health status" means "a general assessment of the resident's overall physical, behavioral, and mental health". A decline in health status may be determined by observed changes in behavior at the home, or determined by a physician during a medical evaluation (see § 2600.141(a)(2)-(9)).

Assisting the resident to secure resident medical care may include:

- Explaining the need for the medical care to the resident
- Assisting the resident to identify a provider to provide healthcare
- Scheduling an appointment with the provider on behalf of the resident
- Transporting or arranging transportation to the provider
- Documenting new or additional needs on the resident's assessment and support plan
- Implementing the new support plan, OR determining that the decline in health status and additional needs does not allow the home to continue serving the resident.

Assisting the resident to secure resident medical care DOES NOT include:

- Forcing the resident to accept health care (see § 2600.142(b))
- Paying for the healthcare or treatment
- Providing the healthcare or treatment, unless equipped and contractually obligated to do so
- Continuing to care for a resident whose needs can no longer be met at the home.

Primary Benefit: Knowledge of a resident's overall health status allows homes to meet residents' needs, determine whether the resident's needs have advanced or declined such that the home can no longer meet such needs, and ensure that residents receive the best and most appropriate medical care.

Action: A resident suffered a fall on 11/17/18 at approximately 8:30am. During that day the resident was seen slumped over in a wheelchair. The resident was also restrained at the dining room table after the fall by staff person C who told other staff that the resident was in a wheelchair due to being unsteady on his/her feet, but did not report the change in condition to the resident's doctor. On 11/18/18 the resident was left to sleep on the bedroom floor until 1:30pm after falling from bed twice during the night. On 11/19/18 the resident's private duty nurse arrived at the facility at approximately 9am and found the resident in bed, face down, unresponsive, with a large bump on the head and other bruising. All staff will ensure residents medical needs are being met by communicating any changes of condition in the communication log, to the Primary Care Physician, and Responsible Person. If conditions do not improve prior to physician returning communication to the community, then the resident should be sent to the hospital.

1-23-19

MM

 1-18-19

Violation Report: 22513 - 12/03/2018 - Deluca, Amy

PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 11/17/18 resident #1 suffered a fall in the resident's bedroom. Staff then placed the resident in a chair and pushed the chair up to the dining room table so that the resident could not get up from the chair. Staff interviews indicate the resident was angry and cursing when seated at the dining room table in this manner. According to staff interview the resident normally ambulated independently through 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.

What:

When a resident demonstrates behaviors, which are angry and cursing, positive approaches that are restraint free will be utilized to assist the resident.

Who:

The Resident Care Director or designee will train the management team and nursing department on Plan of Correction-Positive Approaches to Restraint Free Care (Attachment J) and Restraint Free Audit (Attachment K) and complete Sign-in Sheet (Attachment L).

When: Training to be completed by 1/31/19

How:

Resident Care Director or Designee will be made aware of any residents demonstrating behaviors outside of a resident's baseline. Any approaches to resident care will be updated in the communication log and the residents RASP. The communication log will be reviewed at change of shift report.

Ongoing: The Resident Care Director or Designee will conduct monthly Quality Assurance audits to assure positive approaches to restraint free care are being utilized. Findings and trends will be reviewed at the QA meetings.

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)

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 1-23-19
(Date)The above plan of correction was approved by MM
(Initials)Plan of correction implementation status as of 1-23-19
(Date)

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

Plan of Correction Training

Positive Approaches to Restraint Free Care

Attachment J

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

Discussion: Restraint use is expressly prohibited in personal care homes.

Seclusion includes but is not limited to locking a resident in a room or area of the home such as a closet or basement from which the resident is physically prevented from leaving.

Aversive conditioning includes but is not limited to:

- Misting or squirting a resident with water
- Subjecting the resident to offensive smells
- Subjecting the resident to loud noises
- Withholding a resident's shoes or clothing to prevent elopement.

Pressure point techniques include but are not limited to applying pressure to a resident's limbs or head to cause pain.

Chemical restraints include but are not limited to the deliberate administration, with or without the resident's knowledge, of drugs or chemicals (prescribed or otherwise) to control a resident's behavior.

Mechanical restraints include but are not limited to:

- Reclining chairs from which the resident cannot exit independently
- Lap belts that residents cannot remove independently
- Blankets tucked so that the resident's movement is limited
- Bedrails that prevent a resident from exiting the bed.
- Handcuffs
- Anklets
- Wristlets
- Camisoles
- A helmet with fasteners
- Muffs and mitts with fasteners
- Waist straps
- Head straps
- Papoose boards
- Chest restraints.

 1-18-19

Manual restraints include but are not limited to:

- Physically blocking a doorway to prevent resident egress
- Holding a resident's hands to prevent movement
- Placing of hands on a resident's shoulders to prevent the resident from standing
- Employing any hold, such as a basket-hold, that restricts resident movement.

The following are not considered to be restraints:

- Secured dementia care units
- Doors used for egress routes from rooms and from the building equipped with electronic card operated systems or other devices which prevent immediate egress of residents from the building, provided that the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority for use of such devices.
 - "Posy vests" or "lap belts" used to prevent injurious falls, if the fall risk is due to a physical lack of trunk support/core strength, and is considered a medical necessity by a physician. The need for such items must be documented in Section 4 of the Department's Documentation of Medical Evaluation form.
 - Any device that a resident can operate independently and without assistance (such as a bedrail or reclining chair).

Primary Benefit: Protects residents' rights to be free from restraints, treated with dignity and respect, and be served in the least-restrictive setting possible.

Action Plan: A resident was in a standard chair and the chair was pushed up to the dining room table so that the resident could not get up from the chair. Resident Care Director or Designee will be made aware of any residents demonstrating behaviors outside of a resident's baseline. Any approaches to resident care will be updated in the communication log and the residents RASP. The communication log will be reviewed at change of shift report. All staff will ensure residents are free from seclusion, aversive conditioning, pressure point technics, chemical restraints, mechanical restraints, and manual restraints.

1-23-19

MM

[Signature] 1-18-19