



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: December 31, 2018

Mr. Robert W. Chapin, Jr.
Manager
Creek Senior Care, LLC
1000 Legion Place, Suite 1600
Orlando, Florida 32801

RE: The Bridges at Bent Creek
2100 Bent Creek Boulevard
Mechanicsburg, Pennsylvania 17050
License #:333550

Dear Mr. Chapin:

As a result of the Department's Bureau of Human Services Licensing inspection on December 6, 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,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33355 - 12/06/2018 - Comstock, Kellie
PCH Name: The Bridges at Bent Creek

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1's most recent assessment was completed on 3/8/18. On 4/30/18, 5/13/18, 5/23/18, 5/27/18, 7/12/18, 8/16/18, 8/28/18, 10/11/18, 11/8/18, 11/9/18, 11/25/18 and 11/26/18, Resident #1 incurred falls at the home. The home has not completed a new assessment to reflect the changes in the residents ability to transfer and ambulate throughout the facility and identify the services necessary to address these needs.

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.

Resident #1 resides in our secured memory care program. He has experienced multiple falls with one in May resulting in a reportable injury. He was receiving physical therapy from February through May 4, 2018. He has been walking with a walker and using a wheelchair as needed. On 11/26/18 he was admitted to the hospital due to a fall and discharged on 11/29/18 back to The Bridges. He started Physical Therapy on 12/4/18. His RASP did not include his need for assistance with transfer, ambulation and did not include he returned primarily using a wheelchair.

The RASP was updated to include this significant change on December 6, 2018.

Residents experiencing falls are assessed by the Bridges team and Fox Therapy. All changes will be documented in the RASP. Current RASP's will be reviewed to confirm significant changes have been assessed and the Support Plan updated. The interdisciplinary team meets weekly to review all current residents.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Bobbi Olson, Executive Director* **Date** *12/27/18*

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The above plan of correction is approved as of <u>12/31/18</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>12/31/18</u> (Date) <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
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