



**Sent via e-mail [reginat@allegriaatoaks.com](mailto:reginat@allegriaatoaks.com)  
June 6, 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 April 9, 2019 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 black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: ALLEGRIA AT THE OAKS

License Number: 143670

Address: 6400 HULMEVILLE ROAD, BENSALEM, PA 19020

County: BUCKS

Region: SOUTHEAST

### Administrator

Name: Regina Heilman-Toth

Phone: 2157529140

Email: reginat@allegriaatoaks.com

### Legal Entity

Name: BENSALEM PCH LLC

Address: 6400 HULMEVILLE ROAD, PA, 19020

### Certificate(s) of Occupancy

Type: I-1

Date:

Issued By:

### Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 121

Waking Staff: 91

### Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Incident

### Inspection Dates and Department Representative

04/09/2019 - On-Site: Dean Gray

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 95

Residents Served: 79

#### Secured Dementia Care Unit

In Home: Yes

Area: Secure Units

Capacity: 48

Residents Served: 32

#### Hospice

Current Residents: 7

#### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 77

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 42

Have Physical Disability: 1

ALLEGRIA AT THE OAKS

143670

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 03/18/19, the home initiated their emergency procedures while conducting a fire watch. The home did not report this incident to the department until 03/26/19.

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.)

2600.16c: We respectfully request that this violation be rescinded for the following reason: The incident in question was not reported because it was deemed to be a "false alarm." Had it been an actual fire the incident would have been reported.

In fact, there was not a fire. The alarm sounded due to a malfunction of the sprinkler system. The fire personnel responded to the alarm, but since there was no fire, it was a false alarm. Upon consulting the regulations, it was noted that regulation 2600.16 (a) (11) specifically says that false alarms do not need to be reported. That is why the decision was made that an incident report would not be required. When the Department called us about it, and requested an incident report, one was immediately submitted on 3/26/19.

2600.16(a)(11): An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms.

Going forward, Allegria at the Oaks administration will continue to report incidents as required in a timely manner. Should there be a question, The Department will be contacted for advice.

Immediately and ongoing, the administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

*mg*

Legal Entity Representative

*Regina Heilman-Toth*

Signature

REGINA HEILMAN-TOOTH EXEC. DIR. 5/22/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/4/19  
(Date)

Plan of correction implementation status as of 6/4/19  
(Date)

The above plan of correction was approved by *mg*  
(Initials)

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

ALLEGRIA AT THE OAKS

143670

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 04/09/19, a telephone conference was held with Nicholas Altomare, the Fire Inspector for Bensalem Township, who stated the home is not in compliance with the 2015 International Fire Code.

The sprinkler system installed in the home was last inspected on 03/01/18 by SimplexGrinnell. The home's contract with Cintas Fire Protection states a Sprinkler System Inspection was due 03/01/19. The home did not have the Annual Fire Sprinkler Inspection until 04/03/19.

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.)

2600.18:

Subsequent to the telephone conference with Nicholas Altomare, all outstanding items with the Bensalem Township Fire Department have been rectified by 4/12/19.

Going forward:

The Director of Maintenance will be responsible to insure that all required Fire Code regulations are being followed in a timely manner. The Director of Maintenance will remain in regular contact with the Fire Inspector to insure timeliness and compliance. The Executive Director will monitor the work of the Director of Maintenance for compliance.

Legal Entity Representative

*Regina Heilman-Toth*

Signature

REGINA HEILMAN-TOTH EXEC. DIR. 5/22/19

Printed Name and Title

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(Date)

The above plan of correction was approved by

*MAJ*

(Initials)

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Not Implemented

107b - Emergency Procedures

Regulations

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures include a requirement for up to four head counts during an evacuation and documenting this on the census sheet. Documentation of the evacuation time is also a requirement. The staff on duty during the evacuation on 03/18/19 did not follow these procedures and, when questioned, were not aware of these requirements.

Plan of Correction (POC)

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2600.107(b):

The home's written emergency procedures will be reviewed by the Executive Director and the management team, no later than June 28, 2019. Necessary revisions will be made. The staff will be re-educated on this plan by July 19, 2019.

Documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147.

*MJ*

Legal Entity Representative

*Regina Heilman-Toth*  
Signature

REGINA HEILMAN-TOTH EXEC. DIR.

Printed Name and Title

5/22/19

Date

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225c - Additional Assessment

Regulations

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.

Description of Violation

Resident #1's most recent assessment was completed on 02/16/18.

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.)

2600.225c:

The Director of Resident Services is responsible for the timely completion of the residents' support plans. To insure that the plans are updated on time, a rolodex was developed, which indicates by month the date when each plan needs to be completed. At the end of each month, the Executive Director will review the plans that were to be completed for the foregoing month.

Legal Entity Representative

*Regina Heilmann-Toth* REGINA HEILMAN-TOTH EXEC. DIR. 5/22/19  
 Signature Printed Name and Title Date

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 (Initials)  Fully Implemented  Partially Implemented - Inadequate Progress  Not Implemented

ALLEGRIA AT THE OAKS

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226b - Mobility Requirements

Regulations

2600.

226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

Description of Violation

On 02/16/18, resident #1 was assessed to need total physical assistance to evacuate in case of an emergency. On 03/18/19 the home had an emergency but staff did not meet these needs.

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.)

2600.226(b)

We respectfully request that this violation be rescinded for the following reasons:

- 1) Resident 1 was provided with the assistance necessary to safely evacuate the building.
- 2) Resident 1 is cognitively competent, and does not have dementia.
- 3) Resident 1 does not require one to one care.
- 4) resident 1 can operate her wheel chair independently, including releasing the brakes.
- 5) On the night in question, resident 1 fell as she was moving herself to go back into the building, not wanting to wait for assistance.

To insure continued compliance, during the training to be conducted on the Emergency Evacuation procedures noted above as having to occur no later than July 19, 2019, staff will be again updated on our fire evacuation procedurers.

Immediately and ongoing no residents assessed to need total physical assistance, will be left unattended during an emergency. 6/4/19

*Handwritten signature*

Legal Entity Representative

*Handwritten signature*

Signature

REGINA HEILMAN-TOTH EXEC. DIR. 5/22/19

Printed Name and Title

Date

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