pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CAMBRIDGE VILLAGE ASSOCIATES**
LEGAL ENTITY

To operate **CAMBRIDGE VILLAGE PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **100**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 2, 2019** until **January 2, 2020**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **401621**

Robert E. Robinson
ISSUING OFFICER

Carolyn K Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 2/18cse

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 0 2 2019

Ms. Cindy Hopkins
Administrator
Cambridge Village Associates
1600 Darlington Road
Beaver Falls, Pennsylvania 15010

RE: Cambridge Village Personal Care Home
Certificate #: 401621

Dear Ms. Hopkins:

As a result of the Department's Bureau of Human Services Licensing inspection on April 16, 2019, of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 401620 dated June 5, 2019 to June 5, 2020, is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 5, 2019 to June 5, 2020, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	= Calculated Fine Per day	Mandated Correction Date (to avoid Fine)
15a	II	81	$5	$405	5 calendar days from mailing date of this letter
16c	II	81	$5	$405	5 calendar days from mailing date of this letter

Ms. Cindy Hopkins

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report

RECEIVED
JUN 18 2019
Western Region

Facility Information

Name: *CAMBRIDGE VILLAGE PERSONAL CARE HOME* License Number: *401620*
Address: *1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010*
County: *BEAVER* Region: *WESTERN*

Administrator

Name: *Cindy Hopkins* Phone: *7248461400* Email: *INFO@CAMBRIDGE VILLAGE COM*

Legal Entity

Name: *CAMBRIDGE VILLAGE ASSOCIATES*
Address: *1600 DARLINGTON ROAD, BEAVER FALLS, PA, 15010*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *106* Waking Staff: *80*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

04/16/2019 - On-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *81*

Secured Dementia Care Unit

In Home: *Yes* Area: *Warrick Unit* Capacity: *24* Residents Served: *22*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *80*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25*
Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/6/19 at approximately 6:30 p.m., staff person A and staff person B were assisting resident #1 with a shower in her private bathroom. Resident #1 attempted to step into the shower over the 3.5" shower stall step; however, was having difficulty, because the resident's legs were swollen and painful. Staff person A became impatient with resident #1, and began showering the resident, from a standing position, in the middle of the resident's bathroom. Resident #1 repeatedly told staff person A to stop; however, staff person A continued showering the resident. Resident #1 then slipped and fell on the soapy water, which covered the bathroom floor, and hit the floor in front of the toilet. Staff person A laughed, refused to assist in picking up the resident and said, "I am not going to pick up your big fat ass". As the resident was naked and lying on the floor, staff person A threw a wet towel at the resident and said, "Do it yourself". Staff person A continued to laugh, throwing the resident's nightgown and socks on the wet floor, telling the resident, "I hope you die". Resident #1 laid naked on the bathroom floor for approximately ½ hour while staff person B went to get assistance. The resident stated the incident made her feel, "embarrassed and angry". Resident #1 sustained a bruise to her left buttock, as well as a bruise and abrasion to her left flank area.

This incident was not reported to the Area Agency on Aging until 4/8/19 at 10:00 a.m.

Repeat violation 2/7/2019, et.al.

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.)

1) The incident was reported to Administrator on 4/8/19 at 8 am.
2) Administrator and designee immediately reported incident to Older Adult Protective Services/AAA/Department of Human Services Licensing (Documentation to be kept).
3) Administrator completed Act 13 (Documentation to be kept).
4) Staff person A was immediately terminated.
5) Staff person B was re-educated to report abuse immediately.
6) All staff persons were educated (5/16/19) on the prevention of abuse and abuse reporting with the Older Adult Protective Service Act (Documentation to be kept).
7) Administrator and/or designee to monitor quarterly at quality assurance to maintain compliance.

See Page 3A of 9

Legal Entity Representative

Cindy Hopkins ADM — Signature

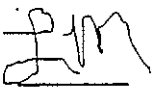
CINDY HOPKINS ADM — Printed Name and Title

6-17-19 — Date

15a - Resident Abuse Report *(continued)*

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

The above plan of correction is approved as of 6/20/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 6/20/19 (Date)

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

RECEIVED

15a Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/6/19 at approximately 6:30 p.m., staff person A and staff person B were assisting resident #1 with a shower in her private bathroom. Resident #1 attempted to step into the shower over the 3.5" shower stall step; however, was having difficulty, because the resident's legs were swollen and painful. Staff person A became impatient with resident #1, and began showering the resident, from a standing position, in the middle of the resident's bathroom. Resident #1 repeatedly told staff person A to stop; however, staff person A continued showering the resident. Resident #1 then slipped and fell on the soapy water, which covered the bathroom floor, and hit the floor in front of the toilet. Staff person A laughed, refused to assist in picking up the resident and said, "I am not going to pick up your big fat ass". As the resident was naked and lying on the floor, staff person A threw a wet towel at the resident and said, "Do it yourself". Staff person A continued to laugh, throwing the resident's nightgown and socks on the wet floor, telling the resident, "I hope you die". Resident #1 laid naked on the bathroom floor for approximately ½ hour while staff person B went to get assistance. The resident stated the incident made her feel, "embarrassed and angry". Resident #1 sustained a bruise to her left buttock, as well as a bruise and abrasion to her left flank area.

This incident was not reported to the Area Agency on Aging until 4/8/19 at 10:00 a.m.

Repeat violation 2/7/2019, et.al.

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.)

Immediately: A designated staff person shall review all reportable incidents and conditions daily to ensure all allegations of suspected abuse/neglect are immediately reported to the local Area Agency on Aging in accordance with the Older Adult Protective Services Act. CH 6/19/19

Within 30 days of receipt of the plan of correction: All staff persons shall be educated by a staff member of the Area Agency on Aging on resident rights, the prevention of resident abuse/neglect and proper reporting methods of suspected abuse in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept. CH 6/19/19

Legal Entity Representative

Cindy Hopkins — Signature

CINDY HOPKINS AOM 6/19/19 — Printed Name and Title — Date

15d. - Resident Abuse Notification

Regulations

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 4/6/19 at approximately 6:30 p.m., staff person A and staff person B were assisting resident #1 with a shower in her private bathroom. Resident #1 attempted to step into the shower over the 3.5" shower stall step; however, was having difficulty, because the resident's legs were swollen and painful. Staff person A became impatient with resident #1, and began showering the resident, from a standing position, in the middle of the resident's bathroom. Resident #1 repeatedly told staff person A to stop; however, staff person A continued showering the resident. Resident #1 then slipped and fell on the soapy water, which covered the bathroom floor, and hit the floor in front of the toilet. Staff person A laughed, refused to assist in picking up the resident and said, "I am not going to pick up your big fat ass". As the resident was naked and lying on the floor, staff person A threw a wet towel at the resident and said, "Do it yourself". Staff person A continued to laugh, throwing the resident's nightgown and socks on the wet floor, telling the resident, "I hope you die". Resident #1 laid naked on the bathroom floor for approximately ½ hour while staff person B went to get assistance. The resident stated the incident made her feel, "embarrassed and angry". Resident #1 sustained a bruise to her left buttock, as well as a bruise and abrasion to her left flank area.

This incident was not reported to the resident's designated person until 4/7/19 at 5:15 p.m.

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.)

1) Administrator and/or designee will immediately report allegation of abuse and neglect to resident and resident's designated person and begin and internal investigation.
2) Administrator and/or designee to notify the Department of Human Services Licensing/Older Adult Protective Services/AAA immediately of incident within the guidelines.
3) Administrator and/or designee to monitor quarterly at quality assurance to maintain compliance.

See Page 5A of 9

Legal Entity Representative

Cindy Hopkins ADMN — Signature

Cindy Hopkins ADMIN — Printed Name and Title

6-17-19 — Date

15d – Resident Abuse-Notification *(continued)*

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

The above plan of correction is approved as of 6/20/19 (Date)

The above plan of correction was approved by [signature] (Initials)

Plan of correction implementation status as of 6/20/19 (Date)

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

15d - Resident Abuse Notification

Regulations

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 4/6/19 at approximately 6:30 p.m., staff person A and staff person B were assisting resident #1 with a shower in her private bathroom. Resident #1 attempted to step into the shower over the 3.5" shower stall step; however, was having difficulty, because the resident's legs were swollen and painful. Staff person A became impatient with resident #1, and began showering the resident, from a standing position, in the middle of the resident's bathroom. Resident #1 repeatedly told staff person A to stop; however, staff person A continued showering the resident. Resident #1 then slipped and fell on the soapy water, which covered the bathroom floor, and hit the floor in front of the toilet. Staff person A laughed, refused to assist in picking up the resident and said, "I am not going to pick up your big fat ass". As the resident was naked and lying on the floor, staff person A threw a wet towel at the resident and said, "Do it yourself". Staff person A continued to laugh, throwing the resident's nightgown and socks on the wet floor, telling the resident, "I hope you die". Resident #1 laid naked on the bathroom floor for approximately ½ hour while staff person B went to get assistance. The resident stated the incident made her feel, "embarrassed and angry". Resident #1 sustained a bruise to her left buttock, as well as a bruise and abrasion to her left flank area.

This incident was not reported to the resident's designated person until 4/7/19 at 5:15 p.m.

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.)

Immediately: A designated staff person shall review all reportable incidents and conditions daily to ensure all allegations of suspected abuse/neglect are immediately reported to the resident and the resident's designated person. Documentation of notification shall be kept in each resident's record. 6/19/19

Within 30 days of receipt of the plan of correction: All staff persons shall be educated by a staff member of the Area Agency on Aging on resident rights, the prevention of resident abuse/neglect and proper reporting methods of suspected abuse in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept. 6/19/19

Legal Entity Representative

Cindy Hopkins — Signature

CINDY HOPKINS ADM 6-19-19 — Printed Name and Title / Date

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 4/6/19 at approximately 6:30 p.m., staff person A and staff person B were assisting resident #1 with a shower in her private bathroom. Resident #1 attempted to step into the shower over the 3.5" shower stall step; however, was having difficulty, because the resident's legs were swollen and painful. Staff person A became impatient with resident #1, and began showering the resident, from a standing position, in the middle of the resident's bathroom. Resident #1 repeatedly told staff person A to stop; however, staff person A continued showering the resident. Resident #1 then slipped and fell on the soapy water, which covered the bathroom floor, and hit the floor in front of the toilet. Staff person A laughed, refused to assist in picking up the resident and said, "I am not going to pick up your big fat ass". As the resident was naked and lying on the floor, staff person A threw a wet towel at the resident and said, "Do it yourself". Staff person A continued to laugh, throwing the resident's nightgown and socks on the wet floor, telling the resident, "I hope you die". Resident #1 laid naked on the bathroom floor for approximately ½ hour while staff person B went to get assistance. The resident stated the incident made her feel, "embarrassed and angry". Resident #1 sustained a bruise to her left buttock, as well as a bruise and abrasion to her left flank area.

This incident was not reported to the Department until 4/8/19 at 10:00 a.m..

Repeat violation 2/7/2019, et.al.

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.)

1) Administrator and/or designee will immediately notify the department's PCH regional office on allegations of suspected abuse.
2) Administrator and/or designee will complete reportable incident to fax to department.
3) Administrator immediately terminated staff person A on 4/8/19 and notified department.
4) Administrator and/or designee to report allegation to resident and resident's designated person and begin an internal investigation. Notify department with results.
5) All staff persons and supervisors received in-service on 5/16/19 and were re-educated on proper procedures on reporting abuse.
6) Administrator and/or designee to monitor quarterly at quality assurance to maintain compliance. Documentation to be kept.

See Page 7A of 9

Legal Entity Representative

Cindy Hopkins ADM — Signature

Cindy Hopkins ADM — Printed Name and Title

6-17-19 — Date

16c – Written Incident Report *(continued)*

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

The above plan of correction is approved as of 6/20/19 (Date)

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

Plan of correction implementation status as of 6/20/19 (Date)

- ☐ Eully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☑ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

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 4/6/19 at approximately 6:30 p.m., staff person A and staff person B were assisting resident #1 with a shower in her private bathroom. Resident #1 attempted to step into the shower over the 3.5" shower stall step; however, was having difficulty, because the resident's legs were swollen and painful. Staff person A became impatient with resident #1, and began showering the resident, from a standing position, in the middle of the resident's bathroom. Resident #1 repeatedly told staff person A to stop; however, staff person A continued showering the resident. Resident #1 then slipped and fell on the soapy water, which covered the bathroom floor, and hit the floor in front of the toilet. Staff person A laughed, refused to assist in picking up the resident and said, "I am not going to pick up your big fat ass". As the resident was naked and lying on the floor, staff person A threw a wet towel at the resident and said, "Do it yourself". Staff person A continued to laugh, throwing the resident's nightgown and socks on the wet floor, telling the resident, "I hope you die". Resident #1 laid naked on the bathroom floor for approximately ½ hour while staff person B went to get assistance. The resident stated the incident made her feel, "embarrassed and angry". Resident #1 sustained a bruise to her left buttock, as well as a bruise and abrasion to her left flank area.

This incident was not reported to the Department until 4/8/19 at 10:00 a.m..

Repeat violation 2/7/2019, et.al.

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.)

Immediately: A designated staff person shall review all reportable incidents and conditions daily to ensure all reportable incidents and conditions specified in 2600.16a, including allegations of abuse/neglect, are reported to the Department within 24 hours. 6/19/19

Legal Entity Representative

Cindy Hopkins — Signature

CINDY HOPKINS ADM — Printed Name and Title

6-19-19 — Date

42b - Abuse

Regulations

2600.

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

Description of Violation

On 4/6/19 at approximately 6:30 p.m., staff person A and staff person B were assisting resident #1 with a shower in her private bathroom. Resident #1 attempted to step into the shower over the 3.5" shower stall step; however, was having difficulty, because the resident's legs were swollen and painful. Staff person A became impatient with resident #1, and began showering the resident, from a standing position, in the middle of the resident's bathroom. Resident #1 repeatedly told staff person A to stop; however, staff person A continued showering the resident. Resident #1 then slipped and fell on the soapy water, which covered the bathroom floor, and hit the floor in front of the toilet. Staff person A laughed, refused to assist in picking up the resident and said, "I am not going to pick up your big fat ass". As the resident was naked and lying on the floor, staff person A threw a wet towel at the resident and said, "Do it yourself". Staff person A continued to laugh, throwing the resident's nightgown and socks on the wet floor, telling the resident, "I hope you die". Resident #1 laid naked on the bathroom floor for approximately ½ hour while staff person B went to get assistance. The resident stated the incident made her feel, "embarrassed and angry". Resident #1 sustained a bruise to her left buttock, as well as a bruise and abrasion to her left flank area.

Resident #1's most recent assessment, dated 10/6/18, indicates the resident requires some physical assistance with personal hygiene, and the resident's most recent support plan, dated 10/6/18, indicates the resident requires full assistance with personal hygiene due to edema.

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.)

1) Staff person A was immediately terminated.
2) In-service was held on 5/16/19 for all staff and supervisors on prevention of abuse and neglect and reporting such action to Administrator and/or designee immediately (documentation to be kept).
3) Resident #1 is receiving counseling by a Psychologist monthly to assure resident has no emotional distress from incident (documentation to be kept).
4) Administrator and/or designee to ask resident if she is doing ok daily and/or fearful.
5) Administrator and/or designee to monitor quarterly at quality assurance to maintain compliance (documentation to be kept).

See Page 9A of 9

Legal Entity Representative

Cindy Hopkins ADM — Signature

Cindy Hopkins ADM — Printed Name and Title

6/17/19 — Date

42b - Abuse *(continued)*

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

The above plan of correction is approved as of 6/20/19 (Date)

The above plan of correction was approved by [signature] (Initials)

Plan of correction implementation status as of 6/20/19 (Date)

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

42b - Abuse

Regulations

2600.

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

Description of Violation

On 4/6/19 at approximately 6:30 p.m., staff person A and staff person B were assisting resident #1 with a shower in her private bathroom. Resident #1 attempted to step into the shower over the 3.5" shower stall step; however, was having difficulty, because the resident's legs were swollen and painful. Staff person A became impatient with resident #1, and began showering the resident, from a standing position, in the middle of the resident's bathroom. Resident #1 repeatedly told staff person A to stop; however, staff person A continued showering the resident. Resident #1 then slipped and fell on the soapy water, which covered the bathroom floor, and hit the floor in front of the toilet. Staff person A laughed, refused to assist in picking up the resident and said, "I am not going to pick up your big fat ass". As the resident was naked and lying on the floor, staff person A threw a wet towel at the resident and said, "Do it yourself". Staff person A continued to laugh, throwing the resident's nightgown and socks on the wet floor, telling the resident, "I hope you die". Resident #1 laid naked on the bathroom floor for approximately ½ hour while staff person B went to get assistance. The resident stated the incident made her feel, "embarrassed and angry". Resident #1 sustained a bruise to her left buttock, as well as a bruise and abrasion to her left flank area.

Resident #1's most recent assessment, dated 10/6/18, indicates the resident requires some physical assistance with personal hygiene, and the resident's most recent support plan, dated 10/6/18, indicates the resident requires full assistance with personal hygiene due to edema.

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.)

Immediately: A designated staff person shall review all reportable incidents and conditions daily to ensure all allegations of suspected abuse/neglect are immediately reported to the local Area Agency on Aging in accordance with the Older Adult Protective Services Act, as well as ensuring all reportable incidents and conditions specified in 2600.16a, including allegations of abuse/neglect, are reported to the Department within 24 hours IA 6/19/19

Within 30 days of receipt of the plan of correction: All staff persons shall be educated by a staff member of the Area Agency on Aging on resident rights, the prevention of resident abuse/neglect and proper reporting methods of suspected abuse in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept. IA 6/19/19

Immediately: A designated staff person shall interview, in private, at least 3 residents weekly for 2 months then monthly thereafter to ensure resident rights are protected and that residents are free from abuse/neglect. Documentation of the resident interviews shall be kept IA 6/19/19

Legal Entity Representative

Cindy Hopkins — Signature

CINDY HOPKINS ADM — Printed Name and Title

6-19-19 — Date