



July 10, 2019

Mr. Travis Martin
Executive Director
Care HSL Belle Reve OPCO LLC
404 East Harford Street
Milford, Pennsylvania 18337

RE: Belle Reve Senior Living Center
License #: 225130

Dear Mr. Martin:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 30, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

BELLE REVE SENIOR LIVING CENTER

225130

60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Per staff interviews, it was determined that resident # 1 required a 3-4 person assist between the dates of 04/01/19-04/26/19 due to declining health. The home did not have the appropriate amount of staff during the overnight shift between 04/14-04/15/19, 04/17-04/22/19, and 04/24/19. There were only two staff persons scheduled during the overnight shift. Per resident interviews, there are residents who require additional assistance in case of an emergency evacuation.

Staffing was not provided to meet the needs of the residents of the home.

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: Not enough staff on the overnight shift to meet the resident needs specified in the Resident Assessment Support Plan (RASP).

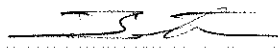
Who: The Executive Director or designee will train the management team on Plan of Correction-Staffing to meet resident needs (Attachment A) and Audit (Attachment B) and complete Sign-in Sheet (Attachment C).

When: Training to be completed by 6/7/2019

How: Executive Director or Designee will assure adequate staffing levels are maintained overnight to meet the needs of the residents. 3 or more team members will be scheduled at all times on the 11-7 shift.

Ongoing: The Executive Director or Designee will conduct monthly Quality Assurance audits of staffing patterns on 11-7 shift. Findings and trends will be reviewed at the QA meetings.

Legal Entity Representative



Signature

Travis McArthur, Executive Director 5/31/19

Printed Name and Title

Date

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

The above plan of correction is approved as of 6-3-19 (Date)

Plan of correction implementation status as of 6-3-19 (Date)

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

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

04/30/2019

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BELLE REVE SENIOR LIVING CENTER

225130

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed NovoLog 100 u/ml flexpen per sliding scale. On 04/28/19 at 7:00 am, resident had a blood glucose reading of 161. Per resident's sliding scale instructions, 4 units are to be administered when the reading is between 151-200. The resident was not administered any units on this date and time.

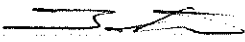
Resident # 3 receives blood glucose checks before meals with insulin administered on a sliding scale. On 4/22/2019 the 4pm reading in the resident's glucometer was 210 requiring 6 units of insulin; only 5 units of insulin were administered.

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.)

See Attached

Legal Entity Representative


Signature

Trevor's Mountain, Executive Director 5/31/2019
Printed Name and Title Date

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04/30/2019

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187 d

What: Sliding scale instructions for a resident were not followed. A second resident had a physician's order for 6 units of insulin but received 5 units of insulin.

Who: The Executive Director or designee will train the management team on Plan of Correction-Sliding Scale Coverage Plan (Attachment D) and Audit (Attachment E) and complete Sign-in Sheet (Attachment F).

When: Training to be completed by 6/7/2019

How: Medication Technicians/LPN will administer insulin per physician's orders following the 6 rights of medication

administration. The Six Rights of Medication Administration are a set of guidelines that medical professionals adhere to when administering medication, to ensure the highest level of safety for patients. They are:

1. Identify the right patient.

Before a CHOP staff member gives your child medication, make sure the person checks your child's ID band, verifying his full name and medical record number.

2. Verify the right medication

Ask questions if the medication looks different than usual.

3. Verify the indication for use

When a CHOP staff member gives your child medication, don't be afraid to ask what it is and why your child is receiving it.

4. Calculate the right dose

Learn about what medications your child will be taking during treatment, including what they do, what dose is needed, and any possible side effects.

5. Make sure it's the right time


Ask questions if the medication is being given at a different time than usual.

6. Check the right route

Ongoing: The Executive Director or Designee will conduct monthly Quality Assurance audits to assure insulin orders are followed properly. Findings and trends will be reviewed at the QA meetings.

6-3-19

MM

 5/21/2019

BELLE REVE SENIOR LIVING CENTER

225130

226a - Mobility Assessment

Regulations

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident # 4 resides in the home's memory care unit and, according to staff interviews, requires extensive cuing from staff to evacuate in an emergency. The resident's Resident Assessment and Support Plan (RASP) dated 10/15/2018 indicates the resident can ambulate independently and the plan to meet the resident's mobility need indicates staff will monitor and supervise her gait. The RASP does not accurately describe what the resident's mobility needs are for evacuating during emergencies.

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: On 10/15/18, the RASP indicates the resident can ambulate independently and the plan to meet the resident's mobility need indicates staff will monitor and supervise her gait. The RASP does not accurately describe what the resident's mobility needs are for evacuating during emergencies.

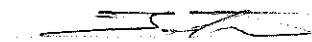
Who: The Executive Director or designee will train the management team on Plan of Correction-Mobility Assessment Plan (Attachment G) and Audit (Attachment H) and complete Sign-in Sheet (Attachment I).

When: Training to be completed by 6/7/2019

How: Resident Care Director or Designee will identify the correct mobility needs of the residents in the secured dementia unit and properly document the mobility needs in the Resident Assessment Support Plan (RASP).

Ongoing: The Executive Director or Designee will conduct monthly Quality Assurance audits to assure the correct mobility needs are identified and properly documented in the Resident Assessment Support Plan (RASP). Findings and trends will be reviewed at the QA meetings.

Legal Entity Representative


Signature

Travis Martin, Executive Director 5/31/19
Printed Name and Title Date

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