



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: ckline@enlivant.com
MAILING DATE: July 2, 2019

Tri M. Tran
Vice President, Treasurer and Secretary
Douglassville Aid II OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Amity Place
139 Old Swede Road
Douglassville, Pennsylvania 19518
License #: 226560

Dear Provider:

As a result of the Department's Bureau of Human Services Licensing inspection on April 29, 2019 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

Facility Information

Name: *AMITY PLACE* License Number: 226560
 Address: *139 OLD SWEDE ROAD, DOUGLASSVILLE, PA 19518*
 County: *BERKS* Region: *NORTHEAST*

Administrator

Name: *Christine Kline* Phone: 6103857600 Email: *ckline@enlivant.com*

Legal Entity

Name: *DOUGLASSVILLE AID II OPCO LLC*
 Address: *330 N WABASH AVE, SUITE 3700, IL, 60611*

Certificate(s) of Occupancy

Type: *I-1* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *97* Waking Staff: *73*

Inspection

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

Inspection Dates and Department Representative

04/29/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *66*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *1*

AMITY PLACE

226560

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 4/10/2019 Resident #1 suffered a fall in his bedroom and was diagnosed with a hip fracture. The home did not submit an incident report to the department's regional office until 4/16/2019.

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.)

This violation cannot be corrected.

Going forward the Administrator or designee will monitor that all Reportable Incident are completed in the required time frames and sent to BHSL.

Administrator or Designee will monitor for ongoing compliance.

Legal Entity Representative


Signature

Amy Oress, Executive Director 6-12-19
Printed Name and Title Date

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The above plan of correction is approved as of 6-17-19
(Date)

Plan of correction implementation status as of 6-17-19
(Date)

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

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

AMITY PLACE

226560

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #2 currently receives home health care from a registered nurse for treatment of a stage 2 sacral wound. The resident does not ambulate independently; according to staff interviews the resident spends the majority of the day in his recliner and in his wheelchair for meals and is assisted to bed at night. Home health care notes indicate that staff are instructed to assist the resident in transferring from his recliner to bed to relieve pressure from the sacral wound every two hours throughout the day. The resident's support plan dated 3/13/2019 indicates that staff are to assist with repositioning every two hours. Staff interviews indicate that this is not being done.

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.)

Staff were instructed on 4/29/19 to assist with repositioning every two hours with Resident #2 as per home health care notes. Staff task sheets have been updated with every two hour repositing.

Administrator or designee will monitor for ongoing compliance.

Legal Entity Representative


Signature

Amy Bress, Executive Director 6-12-19
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #2 has a current physician's order for a chopped meats diet. The resident's record indicates that the resident has shown evidence of difficulty swallowing since September of 2018. A physician's order for a video swallow study was requested and approved by the resident's physician on 10/4/2018. The resident care notes indicate the study was never conducted because the resident's family member requested that it not be conducted. The home failed to follow the physician's order for a video swallow study to determine the reason for the resident's difficulty with swallowing.

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.)

On 11/8/18 the POA was contacted by Jody Care Services Manager, and POA stated he did not want the swallow study done.

Going forward any test ordered by a PCP will be scheduled regardless of family or Resident wishes or they will sign a refusal form that will be placed in the Resident's record.

Administrator or designee will monitor for ongoing compliance.

Physican was notified that family did not wish to have swallow study completed. Physican dcc'd order. Family and home will assume responsiabilty as swallow study was not completed.

Legal Entity Representative


Signature

Amy Gross, Executive Director 6-12-19
Printed Name and Title Date

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on 3/28/2019. The home did not complete a preadmission screening form for the resident upon admission.

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.)

This violation cannot be corrected.

Going forward the Administrator or designee will monitor that all Prescreens are completed in the required time frames and sent to BHSL.

Administrator or Designee will monitor for ongoing compliance.

Legal Entity Representative


Signature

Amy Gress, Executive Director 6-17-19
Printed Name and Title Date

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2 requires the use of a mechanical lift for all transfers. The resident is also currently receiving home health care for treatment of a sacral wound. The Resident Assessment and Support Plan (RASP) dated 3/13/2019 does not address the need for either of these services.

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.)

The RASP was updated on 5-8-19 due to change in status. Per therapy services, Resident #2 is a 2 person transfer. The use of mechanical lift as PRN. This information was updated on the Resident's RASP.

Administrator or Designee will monitor for ongoing compliance.

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