



MAILING DATE: September 17, 2019

Mr. Daniel Guill
Authorized Representative
Bentley AID OPCO, LLC
2400 Garden Way
Hermitage, Pennsylvania 16148

RE: Garden Way Place
Certificate #: 444920

Dear Mr. Guill:

As a result of the Department's Bureau of Human Services Licensing inspection on July 9, 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 that reads "Jody Garvey". The signature is written in a cursive style.

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Violation Report

SEP 10 2019

Violation Report

Facility Information

Name: GARDEN WAY PLACE
Address: 2400 GARDEN WAY, HERMITAGE, PA 16148
County: MERCER Region: WESTERN

Human Services Licensing License Number: 44492

Administrators

Name: Ron Duez Phone: 7243471964 Email: Rduetz@enlivant.com

Legal Entity

Name: BENTLEY AID OPCO LLC
Address: 2400 GARDEN WAY, HERMITAGE, PA, 16148

Certification of Occupancy

Type: Other Date: 03/06/1998 Issued By: City of Hermitage
Type: C-2 LP Date: 12/24/1997 Issued By: Dept. of L & I

Staffing Hours

Resident Support Staff: Total Daily Staff: 45 Waking Staff: 34

Inspection

Type: Partial Reason: Complaint BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representatives

07/09/2019 - On-Site: Desmond Grace

Resident Demographic Data as of Inspection Date

General Information

License Capacity: 47 Residents Served: 37

Severely Disabled or Public

In Home: No Area: Capacity: Residents Served:

Residents

Current Residents: 37

Number of Residents Who

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37
Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 8 Have Physical Disability: 0

141.a.10 Medical Evaluation Information

Regulations

- 2600.
- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's initial medical evaluation, dated 7/25/18, did not indicate the resident's health status. This section of the form was blank.

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.)

PLEASE Refer to next page

See attachment 2a and 2b

9/16/19

Legal Entity Representative

Richard G. W...
Signature

Ronald G. Quez EO
Printed Name and Title

9/9/2019
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 9/16/19 (Date)

Plan of correction implementation status as of 9/16/19 (Date)

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

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

SEP 10 2019

WEST REGION FIELD OFFICE
Human Services Licensing

Date of Violation Report 7/9/19

Regulation 55 PA Code 2600

141. a. A Resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history
7. Medication regimen, contraindicated medications, medication side effects and ability and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident # 1's initial medical evaluation, dated 7/25/18, did not indicate the resident's health status. This section of the form was blank.

Plan of Correction

1. Resident #1 had moved out prior to 7/9/19 on site visit.
2. ED and/or designee completed audit of current residents to ensure they had a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner document on a form specified by the department, within 60 days prior to admission or within 30 days after admission. Residents identified as needing an updated medical evaluation will have this on completed by 7-18-19 by physician's assistant or certified registered nurse practitioner. See attachment #1
3. ED and CRM was re-educated on 9/4/2019 by Regional Director of Care Services on the need for residents to have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner document on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. See attachment #2
4. Executive Director of designee is to audit new admissions Medical evaluations for the completion of support plans within 30 days of admission. 5 charts a week x 4 weeks, 3 charts a week for 4 weeks and 1 chart per week for 4 weeks to assure compliance. Audit results will be

discussed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. See attachment #3

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WEST REGION FIELD OFFICE
Human Services Licensing

141.b. Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation, dated 10/18/18, did not include an evaluation of the resident's ability to self-administer medications. This section of the form was blank.

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.)

Please refer to next page

See attachment 3a

9/16/19

Legal Entity Representative

Signature: [Handwritten Signature]

Printed Name and Title: ARNOLD G. QUEZ ED

Date: 9/9/2019

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The above plan of correction is approved as of 9/16/19 (Date)

Plan of correction implementation status as of 9/16/19 (Date)

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

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Date of Violation Report 7/9/19

Regulations 55 PA Code 2600

WEST REGION FIELD OFFICE
Human Services Licensing

141.b.1 A resident shall have a medical evaluation: At least annually.

Resident # 2's most recent medical evaluation, dated 10/18/18, did not include an evaluation of the resident's ability to self-administer medications. This section of the form was blank.

1. Resident # 2 medical evaluation was corrected on 9/4/19 to reflect the resident inability to self-administer medications. See attachment #4
2. RDCS re-educated ED and CSM on 9/4/19 re: Annual completion of DME. See attachment #5
3. Executive Director or designee audit current resident files to ensure medical evaluation forms are properly completed on 7/18/19. See attachment #6
4. Executive Director and designee will audit Annual medical evaluations to ensure proper completion of the form weekly for 8 weeks and then monthly for 2 months. Audit results will be discussed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

4a Labeling OTC/OTC

Regulations

2600. 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following: 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3 was prescribed Roxanol 10mg (20mg/ml)- give 10mg/0.5ml sublingually every 4 hours as needed for pain and shortness of breath. The medication cart contained two bottles of the medication for resident #3. The medication label on one of the bottles indicated give every 2 hours and the medication label on the other bottle indicated give every 6 hours as needed.

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.)

PLEASE refer to next page

See attachment 4a

9/16/19

Local Entity Representative

Signature: [Handwritten Signature]

Printed Name and Title: ARNOLD G. WHEZED 9/9/2019 Date

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[] Not Implemented

Date of Violation Report 7/9/19

Regulation 55 PA Code 2600

184.a. The original container from prescription medications shall be labeled with pharmacy label that includes the following

~~4. The prescribed dosage and instruction for administration.~~

Description of Violation

Resident #3 was prescribed Roxanol 10mg (20mg/ml)-give 10mg/0.5ml sublingually every 4 hours as needed for pain and shortness of breath. The medication cart contained two bottles of the medication for resident #3. The medication label on one of the bottles indicated give every 2 hours and the medication label on the other bottle indicated give every 6 hours as needed.

1. CSM immediately changed direction label with a change in direction sticker.
2. CSM or designee completed medication cart audit on 7/17/2019 to ensure current pharmacy labels and medication administration records match with corrections made.
3. CSM will provide med tech training during a meeting on 9/12/19, regarding proper labeling of medications matching the MARS. As well as change of direction stickers.
4. CSM and/or designee will perform cart audits for 4 weeks then monthly for 2 months to ensure proper labeling and change of direction stickers are correct for any change in orders. Results of these audits will be reviewed monthly via QI process. See attachment #7

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WEST REGION FIELD OFFICE
Human Services Licensing

224a Preadmission Screening 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's preadmission screening, dated 8/24/18, did not include a determination that the needs of the resident could be met by the home. This section of the form was blank.

Resident #2's preadmission screening, dated 3/12/18, did not include the second page and there was no determination that the needs of the resident could be met by 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.)

PLEASE refer to next page

See attachment 5a

9/16/19

Legal Entity Representative

Adel G. Lyg

Adel G. Lyg, ED

9/9/2019

Signature

Printed Name and Title

Date

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Regulation 55 PA Code 2600

WEST REGION FIELD OFFICE
Human Services Licensing

224.a. A determination shall be made within 30 days prior to admission and documents 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's preadmission screening, dated 8/24/18, did not include a determination that needs of the resident could be met by the home. This section of the form was blank.

Resident #2's Preadmission screening, dated 3/12/18, did not include the second page and there was no determination that the needs of resident could be met by the home.

Plan of Correction

Preadmission screen cannot be corrected for R#1 due to move out. R#2 second page of prescreen was completed on 7/10/19 to determine residents needs can be met by the home. R#1 and R#2 did not have any negative effects.

1. CSM completed an audit on 7/18/19 for current residents to determine if pre-admission items were completed and documented.
2. CSM and ED was educated on the regulation 2600.224.a regarding need for complete preadmission screening items with 30 days prior to admission and documented by RDCS 9/4/19. See attachment #8
3. Executive Director or designee to audit pre-screens of new admission for 3 months to assure continued compliance. Audit results will be discussed in monthly QI meetings. The QI committee will determine if continues auditing is necessary based on 3 consecutive months of compliance. See attachment #9
4. Will be completed by 9/18/19

GARDEN WAY PLACE

225a - Assessment (5 Days)
Regulations

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's initial assessment, dated 9/6/18, indicated that the resident required no supervision in the home or when in familiar surroundings. However, the resident had a wander guard and required every 15 minutes checks by the staff to ensure that she did not wander into other residents' bedrooms or outside of the facility unattended.

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.)

PLEASE refer to next page

see attachment 6a

[Signature] 9/16/19

Legal Authority Representative

[Signature]

[Signature]

EO

9/9/2019

Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOME MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 9/16/19
(Date)

Plan of correction implementation status as of 9/16/19
(Date)

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

- Fully Implemented
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- Not Implemented

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Date of Violation Report 7/9/19

Regulation 44 PA Code 2600

WEST REGION FIELD OFFICE
Human Services Licensing

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human agency may complete the initial assessment.


Description of Violation

Residents #1's assessment, dated 9/6/19, indicated that the resident required no supervision in the home or when in familiar surroundings. However, the resident had a wander guards and required 15 minutes checks by the staff to ensure that she did not wander into other residents' bedrooms or outside the facility unattended.

Plan of Correction

1. Resident #1 could not be completed due to the resident moved out.
2. ED/ CSM re-educated on need for written initial assessment that is documented on the departments assessment for within 15 days of admission on 9/4/19 by RDCS. See attachment #10
3. An audit was completed on current residents for completion and documentation of initial assessment on 7/18/19.
4. An audit will be conducted for completion within 15 days of admission and for subsequent assessments to ensure the home can meet the resident care needs: 5 charts weekly for x 4 weeks, 3 charts a week for 4 weeks and 1 chart per week for 4 weeks to assure compliance. Audit results will be discussed in monthly QI meeting. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. See attachment #11

Audits of resident assessments will include, at a minimum, review of supervision needs to ensure that assessments accurately reflect the proper level of supervision required based on the resident's needs.

 9/16/19