



December 12, 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 annual inspection on September 19, 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](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, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

### Violation Report

#### Facility Information

Name: GARDEN WAY PLACE

License Number: 44492

Address: 2400 GARDEN WAY, HERMITAGE, PA 16148

County: MERCER

Region: WESTERN

#### Administrator

Name: Ron Duez

Phone: 7243471964

Email: ALCLICENSE@ENLIVANT.COM

#### Legal Entity

Name: BENTLEY AID OPCO LLC

Address: 2400 GARDEN WAY, HERMITAGE, PA, 16148

#### Certificate(s) of Occupancy

Type: Other

Date: 03/06/1998

Issued By: City of Hermitage

Type: C-2 LP

Date: 12/24/1997

Issued By: Labor and Industry

#### Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 41

Waking Staff: 31

#### Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

#### Inspection Dates and Department Representative

09/19/2019 - On-Site: Laurie Garrigan, Karen Georgoulis

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 47

Residents Served: 36

##### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

##### Hospice

Current Residents: 5

##### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 36

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 0

Ron Duez ED  
10/21/2019

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:20 a.m., there was a black binder labeled elopement binder in the lobby area near the resident mailboxes that contained a "DNR LIST" with the names and bedroom numbers of 27 residents. The binder also contained individual sheets with pictures and identifying information for residents indicated as elopement risks to include residents #1, #2 and #3.

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 attachments 2a and 2b *[Signature]* 11/19/19

*PLEASE refer to next page*

Legal Entity Representative

*[Signature]*

Signature

*Donald G. Uetz*

Printed Name and Title

*10/21/19*

Date

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

The above plan of correction is approved as of 11/19/19  
(Date)

Plan of correction implementation status as of 11/19/19  
(Date)

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

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

*Don Uetz ED  
10/21/2019*

- Regulation 2600.17.

Resident records shall be confidential, and except in emergencies, may not be accessible to anyone other than the resident, the residents designated person if any, staff persons for the purpose of providing services to the resident , agents of the department and the long-term care ombudsman without the written consent of the resident, an individual holding the residents power of attorney for health care or care proxy or a resident's designated person, or if a court order disclosure.

- Description of violation

At approximately 10:20 am, there was a black binder labeled elopement binder in the lobby area near the resident mailboxes that contained a "DNR LIST" with the names and room numbers of 27 residents. The binder also contained individual sheets with pictures and identifying information for residents indicated as elopement risks to include residents #1, #2 and #3.

- Plan of correction.

1. The elopement binder containing the DNR list and identifying elopement risk residents was immediately removed from the lobby area and placed in a locked cupboard to maintain confidentiality of resident's records.
2. ED and CSM were trained on confidentiality of resident's records by RDCS on 10/21/19. Current staff training will be conducted at a staff meeting on 10/24/19 to include resident rights to confidentiality of records, location designated for the elopement binder to ensure resident records remain secured and confidentiality is maintained.
3. Executive Director or designee will audit the elopement binder location weekly x 4 weeks the monthly x 3 months to ensure 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 #1)

Plan Done ED  
10/21/19

4. Results of audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing.

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Alan Duetz ED  
10/21/19

42s - Privacy

Regulations

2600.  
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At 1:10 p.m., there was no lock on the pocket door of the shared bathroom in bedroom #109.

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 attachment 3a *[Signature]* 11/19/19

*Please refer to next page*

Legal Entity Representative

*[Signature]*

Signature

*Don Vitez ED*

Printed Name and Title

*10/21/2019*

Date

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(Date)

Plan of correction implementation status as of 11/19/19  
(Date)

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

*Don Vitez ED*

*10/21/2019*

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

- Regulation 2600.42.s.

A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

- Description of violation

At 1:10pm, there was no lock on the pocket door of a shared bathroom in bedroom #109.

- Plan of correction.

1. Pocket door locks were ordered and installed to current companion bathroom pocket doors on 10/17/19 to provide residents right to privacy. Current companion room in the facility were audited on 10/21/19 .
2. ED and CSM were trained on resident right to privacy of self and possessions on 10/21/19 by RDCS.
3. Executive Director or designee will audit companion apartments at move in x 6 months to ensure pocket door locks are present for residents privacy.
4. Results of audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing. (See attachment #2)

Alan Vitez ED  
10/21/19

81b - Resident Personal Equipment

Regulations

2600.  
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #4's enabler on her bed was missing bottom screws and was loose, it moved approximately 9 inches when grasped, posing a safety hazard.

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 attachment 4a *JS* 11/19/19

Please refer to next page

Legal Entity Representative

*Alan D...*

Signature

*Alan D...*

Printed Name and Title

*10/21/2019*

Date

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(Date)

Plan of correction implementation status as of 11/19/19  
(Date)

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

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

*Alan D... ED*

*10/21/2019*

- Regulation 2600.81.b

Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazard.

- Description of violation

Resident #4's enabler on her bed was missing bottom screws and was loose, it moved approximately 9 inches when grasped, posing a safety hazard.

- Plan of correction.

1. Both bottom screws were immediately replaced to resident #4's bed enabler upon notice during the inspection date of 9/19/19. An audit of current residents bed enabler's was done on 9/19/19.
2. ED and CSM were trained on medical equipment safety, in good repair and free of hazard on 10/21/19 by RDCS. Current staff training will be provided at a staff meeting on 10/24/19 related to safety of resident's devices.
3. Maintenance Tech or designee will perform weekly audit x 4 weeks then monthly x 3 of residents bed enabler's as long as the apparatus is present in the home to ensure that it is clean, in good repair and free from hazard.
4. Results of audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing. (See attachment #3)

Ron Unerz ED  
10/21/19

96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At 11:15 a.m., the first aid kit at the front desk did not include a thermometer, scissors, breathing shield, eye coverings, and tweezers.

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 attachment 5a *[initials]* 11/19/19

Please refer to next page

Legal Entity Representative

*[Signature]*

Alan Vance

10/21/2019

Signature

Printed Name and Title

Date

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(Date)

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(Date)

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

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

Alan Vance SD  
10/21/2019

- Regulation 2600.96.a.

The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

- Description of violation.

At 11:15 am, the first aid kit at the front desk did not include a thermometer, scissors, breathing shield, eye coverings and tweezers.

- Plan of correction

1. Missing items including a thermometer, scissors, breathing shield, eye coverings and tweezers were obtained and added to the first aid kit immediately upon notice during the inspection visit date of 9/19/19.
2. An audit was done on current first aid kits on on 9/20/19. CSM or designee is to do audit of first aid kits weekly x 4 the monthly to ensure proper items are maintained within the first aid kits.
3. ED and CSM were trained on requirements of a first aid kit on 10/21/19 by RDCS.
4. Results of audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing (See attachment #4)

Don Metz ED  
10/21/19

101j2 - Bedroom Chairs

Regulations

2600.  
101j. Each resident shall have the following in the bedroom:

Description of Violation

Bedroom #109 is occupied by 2 residents; however, at 1:10 p.m., there were no chairs in this bedroom.

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 attachment 6a *[Signature]* 11/19/19

Please refer to next page

Legal Entity Representative

*[Signature]*

Don Vnez

10/21/2019

Signature

Printed Name and Title

Date

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Don Vnez ED  
10/21/2019

- Regulation 2600.101.j.2

Each resident shall have the following items in the bedroom:

- Description of violation

Bedroom #109 is occupied by 2 residents; however at 1:10pm, there were no chairs in this bedroom.

- Plan of correction.

1. 2 chairs were placed in resident apartment #109 following notice on 9/19/19. Chair audit was done on 9/20/19 of current companion apartments.
2. ED and CSM were trained on furniture requirements for a companion apartment on 10/21/19 by RDCS.
3. House Keeping or designee will audit companion rooms weekly x 4 weeks, monthly x 3 months to ensure regulation compliance for companion living.
4. Results of audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing (See attachment #5)

Alon Vitez ED  
10/21/19

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #5 does not have access to a source of light that can be turned on/off at bedside.

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 attachment 7a *JS* 11/19/19

Please refer to next page

Legal Entity Representative

*RLH*

Signature

*Don Untz*

Printed Name and Title

*10/21/2019*

Date

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(Date)

Plan of correction implementation status as of 11/19/19  
(Date)

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(Initials)

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

*Don Untz ED*

- Regulation 2600.101.j.7

Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

- Description of violation

Resident #5 does not have access to a source of light that can be turned on/off at bedside.

- Plan of correction

1. A bedside lamp was placed on bedside stand for Resident #5 immediately upon notice during inspection date of 9/19/19.
2. Executive Director or designee will perform audit at move in to ensure adequate source of lighting, which may be reached at bedside.
3. Executive Director or designee is to audit current resident rooms weekly x 4 weeks then monthly x 2 months to ensure adequate lighting compliance.
4. Results of audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing (See attachment #6)

ADU 67 CD  
10/21/19

103f - Refrigerator/Freezer Temps

Regulations

2600.  
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 11:00 a.m. the temperature in the small upright freezer at the far end of the kitchen was 26 degrees Fahrenheit and at 3:45 p.m., it was 12 degrees Fahrenheit.

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 attachment 8a *[Signature]* 11/19/19

*PLEASE refer to next page*

Legal Entity Representative

*[Signature]*

Signature

*Alan Vitez ED*

Printed Name and Title

*10/21/2019*

Date

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(Date)

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(Date)

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

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

*Alan Vitez ED  
10/21/2019*

- Regulation 2600.103.f.

Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

- Description of violation

At 11:00 am the temperature in the small upright freezer at the far end of the kitchen was 26 degrees Fahrenheit and at 3:45pm, it was 12 degrees Fahrenheit.

- Plan of correction

1. A new freezer was purchased and installed on 10/2/19.
2. ED and CSM were trained on food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. on 10/21/19 by RDCS
3. Maintenance Tech or designee will monitor and record freezer temp daily, 5 days a week x 30 days and record results to ensure freezer temperature is maintained at or below 0°F.
4. Results of audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing (See attachment #7)

Non Violation ED  
10/21/19

171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

At approximately 11:50 a.m., the first aid kit in the van used to transport residents did not include an operable thermometer.

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 attachment 9a *[Signature]* 11/19/19

*Please refer to next page*

Legal Entity Representative

*[Signature]*

Signature

*Don Vnez ED*

Printed Name and Title

*10/21/2019*

Date

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(Date)

Plan of correction implementation status as of 11/19/19  
(Date)

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

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

*Don Vnez ED  
10/21/2019*

- Regulation 2600.171.b.

The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in 2600.96

- Description of violation

At approximately 11:50 am, the first aid kit in the van used to transport residents did not include an operable thermometer.

- Plan of correction

1. The thermometer in the van first aid kit was replaced with an operable thermometer immediately upon notice during the inspection visit on 9/19/19.
2. ED and CSM were trained on requirements of first aid kit on 10/21/19 by RDCS
3. CSM or designee is to do monthly audit of first aid kits to ensure proper functioning of thermometer within the kit.
4. Results of audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing (See attachment #8)

Alan Vitez ED  
10/21/19

183d - Prescription Current

Regulations

2600.  
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #5 was prescribed Urea 40% cream, which was discontinued on 7/2/19. However, on 9/19/19, the medication was still present in 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.)

See attachment 10a *[Signature]* 11/19/19

*Please refer to next page*

Legal Entity Representative

*[Signature]*

Signature

*Alan Ure 2*

Printed Name and Title

*ED 10/21/2019*

Date

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(Date)

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(Date)

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(Initials)

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

*Alan Ure 2 ED  
10/21/2019*

- Regulation 2600.183.d

Only current prescriptions, OTC, sample and CAM for individuals living in the home may be kept in the home.

- Description of violation

Resident #5 was prescribed Urea 40% cream, which was discontinued on 7/2/19. However, on 9/19/19, the medication was still present in the home.

- Plan of correction

1. Resident #5's discontinued Urea 40% cream was removed and destroyed immediately upon notice following the inspection visit on 9/19/19. Total cart audit was completed on 9/20/19.
2. ED and CSM were trained on regulation 2600.183.d.-only current prescriptions, OTC, sample and CAM for individuals living in the home may be kept in the home, on 10/21/19 by RDCS. Current Med tech training will be completed at a staff meeting on 10/24/19 to include discontinued medication order process.
3. CSM or designee will do weekly cart audit checks on 5 residents per week to ensure discontinued medications are removed and only current prescribed medications are present in the medication cart x 3 months. Results of audit will be reviewed in monthly QI. Continued auditing will be based on Sustained compliance for 3 months. Monitoring will be ongoing. (See attachment #9)

Alan Vitez ED  
10/21/19