



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: November 12, 2019

Mr. Robert W. Chapin, Jr.
Manager
Creek Senior Care, LLC
ATTN: BILL SNOW
1000 Legion Place, Suite 1600
Orlando, Florida 32801

RE: The Bridges at Bent Creek
2100 Bent Creek Boulevard
Mechanicsburg, Pennsylvania 17050
License #:333550

Dear Mr. Chapin:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 30, 2019 and October 1, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: THE BRIDGES AT BENT CREEK

License Number: 33355

Address: 2100 BENT CREEK BOULEVARD,, MECHANICSBURG, PA 17050

County: CUMBERLAND

Region: CENTRAL

Administrator

Name: Bobbi Olson

Phone: 7177951100

Email:

Legal Entity

Name: CREEK SENIOR CARE LLC

Address: 1000 LEGION PLACE, SUITE 1600, ATTN BILL SNOW, ORLANDO, FL, 32801

Certificate(s) of Occupancy

Type: I-2

Date: 09/16/2011

Issued By: Silver Spring Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 137

Waking Staff: 103

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

09/30/2019 - On-Site: Hope O'Pake, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130

Residents Served: 102

Secured Dementia Care Unit

In Home: Yes

Area: SDCU

Capacity: 31

Residents Served: 29

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 102

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 35

Have Physical Disability: 0

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
- 5. Falls and accident prevention.

Description of Violation

Staff Person A did not receive training in resident rights, the Older Adult Protective Services Act, and falls and accident prevention during training year 2018.

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 annual trainings were completed by the dining services vendor staff on October 21 and October 22, 2019. The attendance signature form and content are attached to this plan of correction.

Training for our dining services vendor team members will be completed and documented annually.

Documentation will be in a training binder managed by the Dining Services Director and reviewed by the Executive Director biannually to confirm completed training by new hires and to schedule annual training not yet completed.

Legal Entity Representative

Bobbi Olson
Signature

Bobbi Olson Executive Director 10-25-19
Printed Name and Title Date

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The above plan of correction is approved as of 10/28/2019 Plan of correction implementation status as of 11/12/19
(Date) (Date)

Fully Implemented

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

Not Implemented

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature in Room 105 measured 125 degrees Fahrenheit and the hot water temperature in the room next to the Secured Dementia Care Unit activities measured 129 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.)

The mixing valve has been adjusted and temperatures have been being monitored daily during the week following the inspection and adjusted as needed to maintain temperatures below 120 degrees Fahrenheit. A 2 week sample (10/25/19 to 11/8/19) of the water temperatures will be documented and sent to BHSL by 11/10/19.

Water Temperatures will be checked and documented 2 times weekly ongoing by a maintenance team member to ensure compliance and safety of the residents and team.

Executive Director will verify compliance bi-annually at the quality meeting.

Legal Entity Representative

Bobbi Olson

Signature

Bobbi Olson Executive Director

Printed Name and Title

10-25-19

Date

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Resident #1 was not evacuated during the fire drill performed on February 28, 2019. There was no documentation confirming this resident was exempt from drill participation in relation to the hospice care needs of someone actively dying or verifying the home completed all the required and related tasks (as described in SOP 2600.29a) for a resident receiving hospice 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.)

On February 28, 2019 a fire drill was held and signed documentation was provided by the physician prior to the drill to not move this resident during a fire drill. POA verbally agreed but did not sign the form indicating their consent. The fire drill was held and the team simulated moving this resident as documented on our fire drill log.

Future Hospice residents actively passing will have both the physician and resident, POA for Healthcare, Healthcare representative or guardian sign a document indicating not to evacuate the resident prior to the drill. The required documentation form has been updated with language required by the regulation. The form is attached to the POC.

Documentation will be kept in the resident file and with the fire drill log monitored by the Executive Director.

Leadership and Nursing team will receive re-training on the requirements included 2600.29(a)SOP,2600.29a(b)(3)SOP, 29a(b)(4)SOP, and 29(a)(5i)SOP on 10/31/19 at their weekly review meeting as per the Department's suggestion. Documentation of this training will be provided to BHSL by 11/10/19.

Legal Entity Representative

Bobbi Olson
Signature

Bobbi Olson Executive Director 10-25-19
Printed Name and Title Date

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

A four ounce tube of Calmoseptine Ointment was found unlocked, unattended, and accessible in Room 174.

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 cream was removed from the nightstand immediately and secured by a medication technician. The team was reminded verbally immediately that all medications must be secured in the locked cabinet after care is complete. The staff member responsible for the medication being unlocked and unattended is no longer employed at the community.

The team will be required to review this regulation, sign that this was reviewed and that they understand the requirement by 10/31/19.

Daily checks for a period of one week initiating on 10/25/19 through 10/31/19 will be completed and documented by the Garden Coordinator or Director of Resident Health Services.

Documentation of training and checks for the above time period will be sent to the BHSL by 11/10/19.

The Garden Coordinator and Director of Resident Health Services will be regularly checking rooms for compliance. This regulation will be reviewed at the December 2019 quality meeting for continued compliance.

Legal Entity Representative

Bobbi Olson
Signature

Bobbi Olson Executive Director 10-25-19
Printed Name and Title Date

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