



**Sent via e-mail reginat@allegriaatoaks.com**  
**Sent via e-mail avi@sagehcp.com**  
**February 4, 2020**

Ms. Mary Regina Heilman-Toth  
Executive Director  
Bensalem PCH, LLC  
6400 Hulmeville Road  
Bensalem, Pennsylvania 19020

RE: Allegria at the Oaks  
License #: 143670

Dear Ms. Heilman-Toth:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 22, 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 "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: ALLEGRIA AT THE OAKS

License Number: 14367

Address: 6400 HULMEVILLE ROAD,, BENSALEM, PA 19020

County: BUCKS

Region: SOUTHEAST

## Administrator

Name: REGINA HELLMAN- TOTH

Phone: 2157529140

Email: AVI@SAGEHCP.COM

## Legal Entity

Name: BENSALEM PCH LLC

Address: 6400 HULMEVILLE ROAD, BENSALEM, PA, 19020

## Certificate(s) of Occupancy

Type: I-1

Date:

Issued By:

Type: I-1

Date: 04/21/2015

Issued By: BENSALEM TOWNSHIP

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 114

Waking Staff: 86

## Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

## Inspection Dates and Department Representative

10/22/2019 - On-Site: Natasha Braswell, MICHELLE SWISHER

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 95

Residents Served: 74

### Secured Dementia Care Unit

In Home: Yes

Area: MEMORY CARE

Capacity: 36

Residents Served: 29

### Hospice

Current Residents: 8

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 72

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 40

Have Physical Disability: 0

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] 19 resident #1 cried out, "Help Me, Help Me!" Staff Person A, verbally inquired by saying, "Are you okay? What is wrong?" resident said "I don't know". Staff person held residents hand and it felt warm so she asked "would you like your jacket off" resident said "yes". Staff person removed residents jacket and asked if she "needed a drink of water" she said "yes". The resident continued to cry out for help. Staff person B asked resident was she okay and if her chest and stomach hurt resident answered yes. Staff person B went to tell the nurse, staff person A about the resident. Staff person A asked the same questions and she answered yes again. While not pointing at any body parts or touching the resident, staff person A asked does this hurt and resident answered yes again. Staff person A asked resident does anything hurt and the resident said no. Then staff person asked was she okay and she said "I think so". Resident was not assessed physically by the nurse, staff person A. Staff person A then returned to her office. The resident continued to cry out for help. The resident began to turn pale and started shaking, jerking and convulsing while still confined to her wheelchair. A staff person contacted staff person A about the residents condition. Staff person A, directed other staff to wheel the resident to her room and then proceeded to call 911. Resident was wheeled to her room where she expired prior to EMT's arriving. Resident was crying out for help for over an hour before before being assessed and any vitals were taken.

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)

Maintain documentation of training for Department review. 2/4/20 *MJ*

Legal Entity Representative

*Regina Heilman-Toth*  
Signature

REGINA HEILMAN-TOTH, EXECUTIVE DIR.  
Printed Name and Title

Date 11/22/19

42b - Abuse (continued)

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

The above plan of correction is approved as of 2/4/20  
(Date)

Plan of correction implementation status as of 2/4/20  
(Date)

Implemented

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

Not Implemented

RE: 2600.42 b

Nursing will continue to assess each resident upon learning that a resident is in distress or has a complaint. Taking vital signs is to be done as part of the assessment. If indicated, calling 911 is to be done in a timely manner, and clearly assigned to a particular person.

Staff person A was given a memo, regarding Performance and Expectations. (see attached)

Nursing staff members will be re-trained on how to respond to resident's distress/discomfort/pain to include the following elements:

- 1) The nature of and the need for effective communication between the nurses and the PCA's regarding any change in condition of a resident and/or any expression of distress/discomfort/pain.
- 2) The necessity of obtaining vital signs for all such residents.
- 3) The necessity of activating 911 in a timely manner, when indicated.

This training will be offered by the Director of Residential Services and will take place no later than December 20, 2019.

The attached Current Resident Status form will be used going forward after the above indicated training is completed. Each PCA will receive a Current Resident Status form for each resident that they are assigned. At the conclusion of each shift, the PCA will complete the Shift to Shift Assignment Sheet. After completing and signing the Assignment Sheet, the PCA submits it to the Med Tech, who reviews for significant changes, and if necessary alerts the Director of Residential Services or the Assistant Director of Residential Services. 2/4/20 MJ

*Regina Heilman Toth* REGINA HEILMAN-TOTH  
EXECUTIVE DIR  
11/22/19

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 #1 was immobile and not able to self propel in her wheelchair. The resident was in a wheelchair without proper foot rest equipment.

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 will be in-serviced by the Director of Residential Services on the attached policy regarding Medical Equipment by Nov. 21, 2019.

Going forward, each new staff member will receive this policy as part of their initial orientation. The Assistant Director/designee will monitor for on-going compliance, reviewing weekly for 4 weeks, and then monthly for 3 months. She will maintain audits in the event of further infractions.

Legal Entity Representative

*Regina Heilmann Toth* REGINA HEILMAN-TOTH, EXECUTIVE DIRECTOR  
 Signature Printed Name and Title Date 11/22/19

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The above plan of correction is approved as of 2/4/20 Plan of correction implementation status as of 2/4/20  
 (Date) (Date)

Implemented

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

Not Implemented

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

The support plan for resident #1 dated 3/4/19 does not effectively communicate how the resident needs are being met for her anxiety. The residents' support plan did not accurately describe what behaviors, triggers, and or what resolutions were helpful in reducing anxiety.

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 Director of Residential Services (DRS)/designee will conduct a review of each resident's RASP to insure it is updated to reflect any changes in the resident's condition. This will be completed by 12/20/19.

The RASP's will be audited monthly for compliance by DRS/designee and ED/designee for 3 months.

Going forward, when a new RASP is completed, s second nurse will review it for completeness and compliance.

Resident #1 unable to correct, resident is deceased.

Legal Entity Representative

*Regina Heilman-Toth*  
Signature

REGINA HEILMAN-TOOTH EXECUTIVE DIRECTOR  
Printed Name and Title

Date 11/22/19

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The above plan of correction is approved as of 2/4/20  
(Date)

Plan of correction implementation status as of 2/4/20  
(Date)

Implemented

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

Not Implemented

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the elevator; that leads down to the Memory Care Unit. The elevator was located by the North Summit hallway on the 2nd floor 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.)

The missing directions were re-posted immediately.

Going forward, the receptionist, when delivering the daily census, will be responsible for checking to insure that the signs are still in place.

Legal Entity Representative

*Regina Heilman-Toth*  
Signature

REGINA HEILMAN-TOOTH EXECUTIVE DIRECTOR  
Printed Name and Title

Date 11/22/19

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The above plan of correction is approved as of 2/4/20  
(Date)

Plan of correction implementation status as of 2/4/20  
(Date)

Implemented

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

Not Implemented