



SENT VIA EMAIL: [rduetz@enlivant.com](mailto:rduetz@enlivant.com)

MAILING DATE: March 30, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 14, 2020, 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 "Jon B Kimberland". The signature is written in a cursive, flowing style.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

3/26/2020

## 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: *RDUEZ@ENLIVANT.COM*

## Legal Entity

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

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Type: *Other*Date: *03/06/1998*Issued By: *City of Hermitage*

## Staffing Hours

Resident Support Staff:

Total Daily Staff: *53*Waking Staff: *40*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*Reason: *Incident*

## Inspection Dates and Department Representative

*02/14/2020 - On-Site: Karen Georgoulis**02/20/2020 - Off-Site: Karen Georgoulis**02/21/2020 - Off-Site: Karen Georgoulis*

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *47*Residents Served: *38*

## Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

## Hospice

Current Residents: *7*

## Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *38*Diagnosed with Mental Illness: *4*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *15*Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701--10225.707) and 6 Pa. Code § 15.21--15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 2/14/2020, the agent of the department was conducting an on-site investigation of sexual abuse reported by the home on 2/4/2020. In the course of interviews, the agent became aware of another incident of alleged sexual abuse. Interviews indicated, approximately mid-November, resident #1 alleged while sleeping resident care aid A had put his hand down the resident's shirt and fondled her. Resident #1 awoke startled and scared and reported being very mad about the incident. Interviews indicated the resident stated, "no one should have to deal with that!!" The home had been made aware of the incident; however, did not report the incident to protective services in accordance to the Older Adult Protective Services Act, (CAPSA, Act 13).

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 Page 2A of 3

PLEASE review the next page (POC) for 2600.15A

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Bernard C. Vanez*  
Printed Name and Title

*ED 3-24-20*  
Date

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

The above plan of correction is approved as of 3/26/2020 (Date)

Plan of correction implementation status as of 3/26/2020 (Date)

- Implemented
- Not Implemented

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

2600.15 A

1. The Executive Director (ED) received information from the Enlivant Corporate office of an alleged sexual abuse claim on 2/4/2020. The Department of Human Services and Agency on Aging were notified on 2/5/2020. Staff member A was immediately put on suspension during the internal investigation. Staff member A terminated his employment on 2/4/2020.
2. Current staff received training on (see attachment 1) during this training staff were instructed the various types of abuse and they were told to immediately report suspected abuse to the Executive Director (ED) or designee immediately.
3. Executive Director (ED) and designee are aware to report any alleged abuse claims immediately to Department of Human Services and the Agency on Aging. The Executive Director (ED) or designee will immediately conduct an internal investigation.
4. An audit of suspected abuse claims will be on going weekly for three months. The results of the audit will be reviewed by the Executive Director (ED) and Care Service Manager (CSM) monthly. The results of the audit will be document in the monthly QI meeting. Continued auditing will be based on sustained compliance for three months. Staff education will continue in monthly staff meetings and will be online training.

3/26/2020

Plan of correction- Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employers, agents or other individuals who drafted or may be discussed in the response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.

Ronano C Dy CD Almy ED  
 3-24-20

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 § 2500.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/14/2020, interviews indicated, approximately mid-November, resident #1 alleged while sleeping resident care aid A had put his hand down the resident's shirt and fondled her. The home had been made aware of the incident; however, did not report the incident to the Department.

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 Page 3A of 3

PLEASE review the next page (POC) for 260016.c

Legal Entity Representative

*[Handwritten Signature]*

Signature

*Annex G. Unerz CD*

Printed Name and Title

*3-24-20*

Date

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

The above plan of correction is approved as of 3/26/2020 (Date)

Plan of correction implementation status as of 3/26/2020 (Date)

Implemented

Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
Initials)

2600.16 C

1. The Executive Director (ED) received information from the Enlivant Corporate office of an alleged sexual abuse claim on 2/4/2020. The Department of Human Services and Agency on Aging were notified on 2/5/2020. Staff member A was immediately put on suspension during the internal investigation. Staff member A terminated his employment on 2/4/2020.
2. Current staff received training on (see attachment 2) during this training staff were instructed the various types of abuse and they were told to immediately report suspected abuse to the Executive Director (ED) or designee immediately.
3. Executive Director (ED) and designee are aware to report any alleged abuse claims immediately to Department of Human Services and the Agency on Aging. The Executive Director (ED) or designee will immediately conduct an internal investigation.
4. An Audit of suspected abuse claims will be on going weekly for three months. The results of the audit will be reviewed by the Executive Director (ED) and Care Service Manager (CSM) monthly. The results of the audit will be document in the monthly QJ meeting. Continued auditing will be based on sustained compliance for three months. Staff education will continue in monthly staff meetings and will be online training.

3/26/2020



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Ronald C. Vinez GO Jedd C. Oj ED  
3/24/20