



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: September 16, 2020

Mr. Kevin McCollum
Manager
GAHC3 York PA ALF TRS SUB, LLC
765 Skippack Pike, Suite 300
Blue Bel, Pennsylvania 19422

RE: Senior Commons at Powder Mill
1775 Powder Mill Road
York, Pennsylvania 17403
License #: 332100

Dear Mr. McCollum:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on May 6, 2020, May 8, 2020, May 13, 2020, and May 18, 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 "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: SENIOR COMMONS AT POWDER MILL

License Number: 33210

Address: 1775 POWDER MILL ROAD, YORK, PA 17403

County: YORK

Region: CENTRAL

Administrator

Name: Doug Fouche

Phone:

Email:

Legal Entity

Name: GAHC3 YORK PA ALF TRS SUB LLC

Address: 765 SKIPPACK PIKE, SUITE 300, BLUE BELL, PA, 19422

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 106

Waking Staff: 80

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

05/06/2020 - Off-Site: Laura Heemer

05/08/2020 - Off-Site: Laura Heemer

05/13/2020 - Off-Site: Laura Heemer

05/18/2020 - Off-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 166

Residents Served: 73

Secured Dementia Care Unit

In Home: Yes

Area:

Capacity: 28

Residents Served: 24

Arlington and Rosewood
neighborhoods

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 73

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 33

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 2/27/2020, the home called the York County Agency on Aging to report inappropriate actions by a staff person but did not provide detailed description of the incidents and specific comments or observations regarding allegations of Staff Person A roughly handling Resident #1 during care provision, including Staff Person A telling Resident #1 "If you hit me in my face I will punch you in yours".

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 following page ————— 2A and 2B

Legal Entity Representative



Anthony Fucito Executive Dir. 6/5/2020
Printed Name and Title Date

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The above plan of correction is approved as of 6/12/2020 Plan of correction implementation status as of 9/16/2020
(Date) (Date)

Implemented
 Not Implemented

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

Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

2600.15(a)

Immediate Action:

1. The community reported the incident to York County Area on Aging Protective Services and BHSL on 2/27/2020.
2. The community immediately began their investigation into the allegations surrounding the incident.
3. The community immediately suspended staff person A pending the outcome of the investigation.

Ongoing Action:

1. The current Executive Director will complete an Abuse and Reporting training by June 30, 2020 (source to be determined and approved by the BHSL supervisor). Using this information, the Executive Director will develop a training specific to these processes for presentation to all senior management at Senior Commons by July 15, 2020. This training will be conducted with all Senior Commons senior management by August 15, 2020.
2. According to the Older Adult Protective Services Act 6 Pa. Code Section 15.153-Contents of Reports § 15.151 and 15.152 (relating to general requirements; and additional reporting requirements) shall be made on forms supplied or approved by the Department (Aging).**(b)** The report shall include, at a minimum, the following information:**(1)** Name, age and address of recipient.**(2)** Name, address of recipient's guardian or next-of-kin.**(3)** Facility name and address.**(4)** Description of the incident.**(5)** Specific comments or observations.
 - i. In order to ensure compliance with this section of the Older Adult Protective Services Act, the Executive Director, or designee, will follow up any verbal Older Adult Protective Services Act reports to an Adult Protective Services Representative with the corresponding Area Agency on Aging with a written report recapping the discussion and its contents using the above noted items as soon as possible following the verbal report . This recap(s) will include any pertinent documentation as the investigation progresses. At a minimum, any new documentation obtained or developed during the investigation will be provided as outlined daily during regular business hours Monday to Friday.
 - ii. This follow up can be part of an Act 13 report, if requested by the Adult Protective Services Representative, otherwise, it will be sent via trackable, electronic means allowing for feedback to ensure both parties concur and that all available information has been communicated. Any such communications will be added to the resident record specific to any such incident.
 - iii. Any such incidents will continue to be part of the community Quality Management Reviews conducted quarterly.

Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

Demonstration of Compliance:

Training records will be provided for both the Executive Director and senior management personnel, as noted above, within 5 business days following completion of the training to BHSL supervisor.

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/27/2020, the home sent an incident report to the Department that only stated "Allegations were made by staff regarding the physical approach of the staff person noted with the resident. It is alleged the approach may have constituted abuse."

The incident report does not include that Staff Person A was alleged to have told Resident #1 "If you hit me in my face I will punch you in yours.", that Staff Person A was providing direct care in a rough manner that caused Resident #1 to scream, that Staff Person A referred to Resident #1 Resident #2 as "Piss Pots", and that Staff Person A was alleged to yell at Resident #1 "peeing all over their room and that Staff Person A was "Tired of it."

The incident report submitted by the home did not provide sufficient detailed information concerning the allegations that were received 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.)

See following page ————— 3A and 3B

Legal Entity Representative



James Finch Executive Dir. 6/5/2020
Printed Name and Title Date

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The above plan of correction is approved as of 6/12/2020 Plan of correction implementation status as of 9/16/2020
(Date) (Date)
The above plan of correction was approved by BAS Implemented
(Initials) Not Implemented

Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

2600.16(c)

Immediate Action:

1. The community reported the incident to York County Area on Aging Protective Services and BHSL on 2/27/2020.
2. The community immediately began their investigation into the allegations surrounding the incident.
3. The community immediately suspended staff person A pending the outcome of the investigation.

Ongoing Action:

1. The current Executive Director will complete an Abuse and Reporting training by June 30, 2020 (source to be determined and approved by the BHSL supervisor). Using this information, the Executive Director will develop a training specific to these processes for presentation to all senior management at Senior Commons by July 15, 2020. This training will be conducted with all Senior Commons senior management by August 15, 2020.
2. According to the Older Adult Protective Services Act 6 Pa. Code Section 15.153-Contents of Reports § 15.151 and 15.152 (relating to general requirements; and additional reporting requirements) shall be made on forms supplied or approved by the Department (Aging).**(b)** The report shall include, at a minimum, the following information:**(1)** Name, age and address of recipient.**(2)** Name, address of recipient's guardian or next-of-kin.**(3)** Facility name and address.**(4)** Description of the incident.**(5)** Specific comments or observations.
 - I. In order to ensure compliance with this section of the Older Adult Protective Services Act, the Executive Director, or designee, will follow up any verbal Older Adult Protective Services Act reports to the assigned BHSL Representative with a written report recapping the discussion and its contents using the above noted items as soon as possible following the verbal report. This recap(s) will include any pertinent documentation as the investigation progresses. At a minimum, any new documentation obtained or developed during the investigation will be provided as outlined daily during regular business hours Monday to Friday. The Executive Director, or designee, will review and verify that all corresponding documentation is included prior to issuing the corresponding final report.
 - II. This follow up can be part of an Act 13 report, if one was requested by an Area Agency on Aging Adult Protective Services representative, or the incident reporting form pertaining to the event, otherwise, it will be sent via trackable, electronic means allowing for feedback to ensure both parties agree and to confirm that all available information has been communicated. Any such communications will be added to the resident record specific to any such incident.
 - III. Any such incidents will continue to be part of the community Quality Management Reviews conducted quarterly.

Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

Demonstration of Compliance:

Training records will be provided for both the Executive Director and senior management personnel, as noted above, within 5 business days following completion of the training to the BHSL supervisor.

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

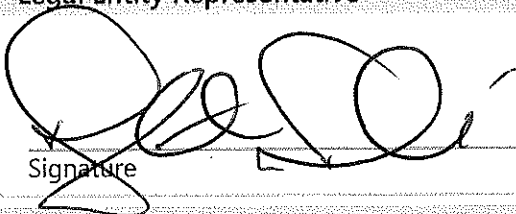
On or about 2/24/2020, while providing care to Resident #1, Staff Person A told Resident #1 "If you hit me in my face, I will punch you in yours."

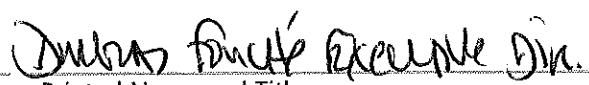
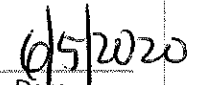
Plan of Correction (POC)

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See following pages ————— 4A, 4B, and 4C

Legal Entity Representative


Signature

 Executive Dir.  6/5/2020
Printed Name and Title Date

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Implemented
 Not Implemented

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Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

2600.42(b)

Immediate Action:

1. The community reported the incident to York County Area on Aging Protective Services and BHSL on 2/27/2020.
2. The community immediately began their investigation into the allegations surrounding the incident.
3. The community immediately suspended staff person A pending the outcome of the investigation.
4. Upon conclusion of the investigation 2/28/2020, during which the community determined that the parameters of 42(b) were unfounded, the community Executive Director consulted with both York County Area Agency on Aging and BHSL regarding the status of suspended employee. It was agreed that staff person A could return to work applying the following remediation:
 - a. Retraining on resident rights by the Executive Director. This training was completed on 2/28/2020 as documented on the final report submitted to BHSL on the same day.
 - b. Training from the community sub-contracted Fox therapy group on best practices related to bed mobility and associated provision of care. This training also included ambulation, transfers and other mobility support measures. Training for staff person A was completed 3/17/2020.

Upcoming and Completed Actions:

As the reasons behind the violation were explored, it became apparent that the training for memory care staff such as staff person A was a contributing factor. Therefore, the following steps are in place to address this need and to provide all team members access to the tools necessary to work with some of our most vulnerable seniors.

Staff person A successfully completed the first day of two days of classwork to gain the corresponding Associate Certification in Validation on 5/8/2020. Not only does this training provide tools and skills when interacting with our residents, it addresses the individual needs of the team members themselves to help them self-identify when they need a break or other assistance when providing care.

Two options for subsequent training are:

-Associate Validation Training Day two, towards completion of this initial training level, or a Positive Approach to Care curriculum, will be completed by staff person A by July 15, 2020. *It should be noted that this training would be taught by Douglas Fouché, Certified Validation Teacher, using materials developed by Mr. Fouché and the George M. Leader Institute, an Authorized Validation Organization.*

-Positive Approach to Care (PAC) materials would be based on the certification program Mr. Fouché completed in 2018 with Teepa Snow. Other sources may include input from the Heritage Senior Living team including our Certified PAC Coach, along with our community PAC Train the Trainer and Memory Care Director ---

Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

1. Staff person A will work with the Executive Director to explore in detail the Older Adult Protective Services Act including types of abuse/neglect, examples of abuse/neglect, mandated reporting and a review of resident's rights as outlined in 2600.42. This exploration will lead to staff person A, in conjunction with the Executive Director, to create a special training on the Act, and other items noted, including how the Act, and the other items noted, overlays with the existing corporate mission and culture which focuses on respect, dignity, transparency and truth. This training regimen will be completed by July 15, 2020.
2. The Executive Director, will train all the senior management team using this training by August 15, 2020.
3. The Executive Director, will lead a special team of staff and senior team members to provide this training to all active community staff by September 15, 2020.
4. The community will invite the York AAA to present on OAPSA, including Abuse and Neglect, on an annual basis with the initial invite to presentation to be as soon as possible following elimination of the current Emergency orders from Gov. Wolf.
5. The training noted in (2 & 3) above will be incorporated into the mission and culture training that is already a fundamental part of the onboarding currently conducted by the Executive Director, or designee. This will begin with the first onboarding cohort after September 15, 2020.
6. It should be noted that there have been no reports of any resident rights violations with staff person A since this incident. Even though staff person A has been and continues to be in good standing since this incident, staff person A will receive special supervisory interaction. This will primarily be the responsibility of the Memory Care Director, combined with the Executive Director and other senior managers. This interaction will include the following:
 - a. At a minimum, once every two week check-ins with staff person A
 - b. At a minimum, once every two week check-ins with other team members who work directly with staff person A to identify possible concerns
 - c. These check-ins will begin June 25, 2020 and continue through September 2020 with the final recap sent October 1, 2020. Documentation of the check-ins will be maintained through October 1, 2020.

Demonstration of Compliance

1. A copy of the training certificate for the Associate Validation/PAC coursework for staff person A will be provided to the BHSL supervisor within 5 business days of completion.
2. Certificate of completion of the Older Adult Protective Services Act study work including the actual training materials for presentation will be provided to the BHSL supervisor by July 15, 2020.
3. Verification of training as noted above in (3) for all senior staff will be provided to the BHSL supervisor by August 15, 2020.
4. Verification of training for all active team members as noted in (4) will be provided to the BHSL supervisor by September 15, 2020.
5. An interaction documentation form will be created by June 22, 2020 and provided to the BHSL supervisor for approval.

Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

6. The approved interaction documentation form will be provided to the BHSL supervisor monthly starting July 1, 2020 and ending October 1, 2020.

42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

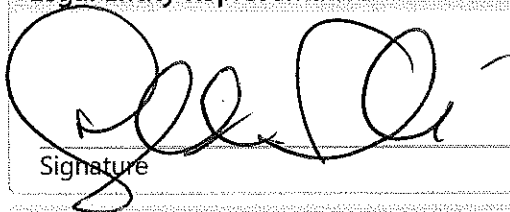
Resident #1 has a diagnosis of dementia and is known to become agitated during care at times. On 2/23/2020, Staff Person A was observed providing incontinence care in a rough manner to Resident #1. The resident was lying in bed at the time and Staff Person A did not explain to Resident 1 what care was going to happen. The staff person lifted Resident #1 up by placing an arm under the knees of the resident, picked the resident's lower body up off the bed, shoved new undergarments underneath the resident. These actions caused the resident to scream. On 2/23/2020 Staff Person A told Resident #1 that the resident is always "Peeing everywhere and I am tired of it". On 2/26/2020 Staff Person A referred to Resident #1 and Resident #2 as "piss pots" and stated that the residents pissed all over the place again. These comments were made in the presence of Residents #1 and #2.

Plan of Correction (POC)

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See following pages _____ 5A, 5B, and 5C

Legal Entity Representative



Monty Dinko Executive Dir. 6/5/2020

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 Implemented
 Not Implemented
The above plan of correction was approved by BAS (Initials)

Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

2600.42(c)

Immediate Action:

1. The community reported the incident to York County Area on Aging Protective Services and BHSL on 2/27/2020.
2. The community immediately began their investigation into the allegations surrounding the incident.
3. The community immediately suspended staff person A pending the outcome of the investigation.
4. Upon conclusion of the investigation 2/28/2020, during which the community determined that the parameters of 42(c) were founded, the community Executive Director consulted with both York County Area Agency on Aging and BHSL regarding the status of suspended employee. It was agreed that staff person A could return to work applying the following remediation:
 - i. Retraining on resident rights by the Executive Director. This training was completed on 2/28/2020 as documented on the final report submitted to BHSL on the same day.
 - ii. Training from the community sub-contracted Fox therapy group on best practices related to bed mobility and associated provision of care. This training also included ambulation, transfers and other mobility support measures. Training for staff person A was completed 3/17/2020.

Upcoming and Completed Actions:

As the reasons behind the violation were explored, it became apparent that the training for memory care staff such as staff person A was a contributing factor. Therefore, the following steps are in place to address this need and to provide all team members access to the tools necessary to work with some of our most vulnerable seniors.

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Two options for subsequent training are:

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-Positive Approach to Care (PAC) materials would be based on the certification program Mr. Fouché completed in 2018 with Teepa Snow. Other sources may include input from the Heritage Senior Living team including our Certified PAC

Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

Coach, along with our community PAC Train the Trainer and Memory Care Director ---

1. Staff person A will work with the Executive Director to explore in detail the Older Adult Protective Services Act including types of abuse/neglect, examples of abuse/neglect, mandated reporting and a review of resident's rights as outlined in 2600.42. This exploration will lead to staff person A, in conjunction with the Executive Director, to create a special training on the Act, and other items noted, including how the Act, and the other items noted, overlays with the existing corporate mission and culture which focuses on respect, dignity, transparency and truth. This training regimen will be completed by July 15, 2020.
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Demonstration of Compliance

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Senior Commons License Inspection Summary: 5/28/2020
Plan of Correction

2. Certificate of completion of the Older Adult Protective Services Act study work including the actual training materials for presentation will be provided to the BHSL supervisor by July 15, 2020.
3. Verification of training as noted above in (3) for all senior staff will be provided to the BHSL supervisor by August 15, 2020.
4. Verification of training for all team members as noted in (4) will be provided to the BHSL supervisor by September 15, 2020.
5. An interaction documentation form will be created by June 26, 2020 and provided to the BHSL supervisor for approval.
6. The approved interaction documentation form will be provided to the BHSL supervisor monthly starting July 1, 2020.