

Department of Human Services  
Bureau of Human Service Licensing

November 5, 2020

DANIEL GUILL, AUTHORIZED REPRESENTATIVE  
BENTLEY AID OPCO LLC  
2400 GARDEN WAY  
HERMITAGE, PA 16148

RE: GARDEN WAY PLACE  
2400 GARDEN WAY  
HERMITAGE, PA, 16148  
LICENSE/COC#: 44492

Dear Mr. Guill,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/06/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *GARDEN WAY PLACE* License #: *44492* License Expiration Date: *01/11/2021*  
 Address: *2400 GARDEN WAY, HERMITAGE, PA 16148*  
 County: *MERCER* Region: *WESTERN*

**Administrator**

Name: *Ron Duez* Phone: *7243471964* Email: *rduez@enlivant.com*

**Legal Entity**

Name: *BENTLEY AID OPCO LLC*  
 Address: *2400 GARDEN WAY, HERMITAGE, PA, 16148*  
 Phone: *7243471964* Email: *LEGALHELP@ENLIVANT.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/06/1998* Issued By: *City of Hermitage*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *07/14/2020*

**Inspection Dates and Department Representative**

*07/06/2020 - On-Site: Lori Gillette*

**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: *4*

**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: *13* Have Physical Disability: *0*

**Inspections / Reviews**

**07/06/2020 - Partial**

Lead Inspector: *Lori Gillette* Follow-Up Type: *POC Submission* Follow-Up Date: *08/10/2020*

Inspections / Reviews (*continued*)

## 9/24/2020 - POC Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Document Submission*Follow-Up Date: *10/04/2020*

## 11/5/2020 - Document Submission

Lead Reviewer: *Suzy Quinn*Follow-Up Type: *Not Required*

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 7/6/2020 at approximately 2:00 pm, there were 5 small pieces of what appeared to be feces, each approximately ¾" in size, on the floor under the toilet paper dispenser and by the wall near the toilet in the bathroom of bedroom #133. The bathroom floor was stained with 8 spots of what appeared to be dried feces, approximately ¾" each, and 1 spot of what appeared to be dried blood, approximately ½" in diameter. The underside of the toilet lid had a streak of what appeared to be dried feces, approximately 1 1/2" x 1/2".*

**Plan of Correction**

Accept

*Date of Violation Report: 7/6/2020*

*Regulation 55 PA Code 2600*

*2600.85(a): Sanitary conditions shall be maintained*

*Description of Violation:*

*On 7/6/2020 at approximately 2:00 PM, there were 5 small pieces of what appeared to be feces, each approximately ¾ inch in size, on the floor under the toilet paper dispenser and by the wall near the toilet in the bathroom of bedroom #133. The bathroom floor was stained with 8 spots of what appeared to be dried feces, approximately ¾ inch each, and 1 spot of what appeared to be dried blood, approximately ½ inch in diameter. The underside of the toilet lid had a streak of what appeared to be dried feces, approximately 1 ½ inches by ½ inch.*

*Plan of correction:*

- 1. Immediately, on 7/6/2020 the 5 pieces of feces were removed from the bathroom of 133, and the entire bathroom was cleaned by housekeeping. This included wiping down all surfaces with disinfectant cleaner, including the toilet and the floor was mopped using the appropriate, approved cleaner.*
- 2. On 7/6/2020, a room sweep was conducted by the Care Services Manager to ensure other rooms met the requirement for sanitary conditions. Please see attachment A*
- 3. On 7/8/2020, Care Services Manager and Regional Director of Care Services in-serviced the housekeeper on appropriate use of the housekeeping task sheet to ensure cleaning tasks are performed appropriately.*
- 4. Executive Director or designee will round the facility 3 days weekly for 1 month checking 3 random resident rooms, then 2 days weekly for 1 month checking 3 random resident rooms, then 1 day weekly for 1 month checking 3 random resident rooms. If a room is found to be unsanitary, housekeeping will be notified immediately for cleaning the area. See attachment D.*
- 5. Results of the audits will be kept and incorporated into the monthly QI to review for continued compliance.*

*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.*

**Completion Date:** 09/24/2020

85a - Sanitary Conditions *(continued)*

**Document Submission**

**Implemented**

*Please see attached files for audits pertaining to items 2 and 4*