

Department of Human Services  
Bureau of Human Service Licensing

February 1, 2021

[REDACTED], ADMINISTRATOR  
BENSALEM PCH LLC  
6400 HULMEVILLE ROAD  
BENSALEM, PA 19020

RE: ALLEGRIA AT THE OAKS  
6400 HULMEVILLE ROAD  
BENSALEM, PA, 19020  
LICENSE/COC#: 14367

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

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: ALLEGRIA AT THE OAKS License #: 14367 License Expiration Date: 05/29/2021  
Address: 6400 HULMEVILLE ROAD, BENSALEM, PA 19020  
County: BUCKS Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: 2157529140 Email: [REDACTED]

**Legal Entity**

Name: BENSALEM PCH LLC  
Address: 6400 HULMEVILLE ROAD, BENSALEM, PA, 19020  
Phone: 2157529140 Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 110 Waking Staff: 83

**Inspection**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident Exit Conference Date: 09/28/2020

**Inspection Dates and Department Representative**

09/28/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 95 Residents Served: 62

**Secured Dementia Care Unit**

In Home: Yes Area: 0 Capacity: 36 Residents Served: 31

**Hospice**

Current Residents: 9

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61  
Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 48 Have Physical Disability: 0

**Inspections / Reviews**

**09/28/2020 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/25/2021

Inspections / Reviews *(continued)*

1/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/03/2021*

2/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On 9/23/20, Resident #1 approached staff member A to get a PRN medication. Staff member A dismissed the resident waving [redacted] hand by resident #1's face and telling [redacted] that it is not time for that medication yet. In an interview with Staff member A, [redacted] stated that resident #1 is demanding of [redacted] medications. Staff member A stated [redacted] will walk away from resident #1 even though [redacted] takes that as being disrespectful. Acknowledging that the resident finds the acts disrespectful and continuing to do it, is in violation of treating residents with dignity and respect.

Plan of Correction

Accept

Staff member A was suspended pending the outcome of investigation. The investigation yielded no indication that Staff member A abused or neglected the resident in question. While Resident 1 "takes walking away as disrespectful," Staff member A was not aware of it. [redacted] indicated that walking away was to avoid any confrontation with the resident. When [redacted] walked away, Staff member A went to get the Director of Residential Services, and explained the situation to [redacted]. [redacted] actions were to de-escalate the situation, and had nothing to do with showing disrespect.

Therefore, I RESPECTFULLY REQUEST THAT THIS VIOLATION BE RESCINDED.

Staff member A was immediately instructed regarding an alternate approach, rather than walking away, in which to interact with resident 1 when [redacted] is seeking medication prior to the appointed time.

Annually staff members are trained in Abuse and Neglect. During this session the residents' Rights, and Older Adult Protective Services Act are also reviewed. It is the responsibility of the Resident Services Director to insure that this training is given each year.

Please see attached to indicate that Staff Member A did have his annual training in 2019. (5/1/19 and 5/2/19)

SP - 01-25-2021 - Home will ensure all staff are educated on residents rights, and residents are treated with dignity and respect in accordance with regulation 2600.42c.

Completion Date:

Document Submission

Implemented

See attached documents

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics (*continued*)**Description of Violation**

*Staff member A did not receive training in medication self-administration training, instructions on meeting the needs of the resident, personal care service needs, safe management techniques during training year 2019.*

**Plan of Correction****Accept**

*Staff member A did receive the requisite training. See attached. Therefore, IT IS RESPECTFULLY REQUESTED THAT THIS VIOLATION BE RESCINDED.*

*Staff members will continue to be trained in the topics listed in 2600.65f on an annual basis. It is the responsibility of the department directors to insure staff completes the training as assigned through the Relias Training, together with in person training provided by Directors.*

*SP - 01-25-2021 - Home will ensure all direct care staff persons receive annual training which include topics covered in 2600.65f. Trainings will be made available to Department representatives upon request.*

**Completion Date:** 12/31/2021

**Document Submission****Implemented**

*See attached documents, which indicate that Staff member A did complete his training in 2019. We will continue to provide the requisite training, which will be completed by the end of 2021*

## 65g - Annual Training Content

**1. Requirements**

2600.

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
  2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
  3. Resident rights.
  4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
  5. Falls and accident prevention.
  6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff member A did not receive training in the following trainings during the 2019 training year:*

*(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.*

*(3) Resident rights.*

## 65g - Annual Training Content (continued)

**Plan of Correction****Accept**

Staff member A did receive the requisite training. See attached. Therefore, IT IS RESPECTFULLY REQUESTED THAT THIS VIOLATION BE RESCINDED.

Please see the attached documentation, indicating that ■ did the Emergency Preparedness Procedures and Recognition and response to crises and emergency situation. (7/11/19); and, Resident rights are reviewed during the Abuse and Neglect training. (5/1/19 and 5/2/19)

Staff members will continue to be trained in the topics listed in 2600.65g on an annual basis. It is the responsibility of the department directors to insure staff completes the training as assigned through the Relias Training, coupled with in person training provided by Directors.

SP - 01-25-2021 - Home will ensure all direct care staff persons receive annual training which include topics covered in 2600.65g. Trainings will be made available to Department representatives upon request.

**Completion Date:** 12/31/2021

**Document Submission****Implemented**

See attached documents which indicate that Staff member A did receive the requisite training. We will continue to provide the requisite training, which will be completed by the end of 2021.

## 185b - Medication Procedures

**1. Requirements**

2600.

185.b. At a minimum, the procedures must include:

4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

**Description of Violation**

Resident #1's Medication Administration Record (MAR) shows that Butalb-Acetamin Caff 50-325 50-325-40 Take 1 tab by mouth every 4 hours as needed for Migraines was given on 9/19/20 at 8:47am and 9/19/20 at 1:06pm. The staff member did not document these medication administrations on the narcotic inventory sheet.

**Plan of Correction****Accept**

Staff member A was informed right away about the need to document the medication administration on the narcotic inventory sheet.

A review of documentation of medication administration, including the narcotic inventory sheet, will be given to all staff members who administer medications (med techs and nurses). The Assistant Resident Services Director will monitor compliance on a regular basis.

**Completion Date:** 02/26/2021

**Document Submission****Implemented**

A review of the documentation will be held with all who administer medications, to be completed by 2/26/21.

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

## 187d - Follow Prescriber's Orders (continued)

**Description of Violation**

Resident #1 requested Butalb-Acetamin Caff 50-325 50-325-40 Take 1 tab by mouth every 4 hours as needed for Migraine at 6:50pm on 9/23/20. Resident #1 received this medication at 4:18pm on 9/23/20 and therefore could not receive the medication again until 8:18pm on 9/23/20. However, Resident #1 did not receive the medication until 1:00am on 9/24/20.

**Plan of Correction****Accept**

Resident 1 requested this PRN medication at 6:50 pm. Since [REDACTED] had received it at 4:18 pm, [REDACTED] would not be able to receive it again until after 8:18 pm, almost an hour and a half later. The fact that it was not given until 1:00 am does not indicate that the prescriber's orders were not followed. Staff member A went back to the resident, when the hour and a half had elapsed. The resident declined the medication at that time. At 1:00 am [REDACTED] again said that [REDACTED] wanted it and the medication was given. This medication is given IF NEEDED. Also, there is the order for this medication, which specifies to "hold, if sedated."

Therefore, I RESPECTFULLY REQUEST THAT THIS VIOLATION BE RESCINDED.

Staff will continue to be instructed on the mandate to follow the directions of the prescriber. The Assistant Resident Services Director will monitor compliance.

SP - 01-25-2021 - Home will ensure medications are being administered in accordance with directions of the prescriber. Refusals will be recorded by home.

Completion Date: 12/31/2021

**Document Submission****Implemented**

Staff will be instructed to insure compliance with the prescriber's directions. This will take place 2/26/21.