

Department of Human Services
Bureau of Human Service Licensing

February 25, 2021

██████████ PRESIDENT/COO
BENTLEY AID OPCO LLC
2400 GARDEN WAY
HERMITAGE, PA 16148

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/25/2020 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 - PUBLIC**

Facility Information

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

Administrator

Name: [REDACTED] **Phone:** 7243471964 **Email:** [REDACTED]

Legal Entity

Name: BENTLEY AID OPCO LLC
Address: 2400 GARDEN WAY, HERMITAGE, PA, 16148
Phone: 7243471964 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 34 **Waking Staff:** 26

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint,Incident **Exit Conference Date:** 11/25/2020

Inspection Dates and Department Representative

11/25/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 **Residents Served:** 26

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 26
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 8 **Have Physical Disability:** 0

Inspections / Reviews

11/25/2020 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/10/2021

Inspections / Reviews *(continued)*

1/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *01/26/2021*

1/26/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/23/2021*

2/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

Resident #1’s most recent assessment and support plan, dated 11/17/2020, indicates [redacted] is a recipient of hospice services, has dementia, difficulty communicating, and requires total physical assistance with transfers. To meet [redacted] needs, transfers are done using 2 staff persons for safety and Broda chair positioning due to [redacted] dementia.

On 11/20/2020 at approximately 6:00 AM while performing routine morning care, staff person A forcefully transferred and repositioned resident #1 repeatedly. [redacted] repositioned [redacted] legs over the side of the bed and left [redacted] unattended to move the Broda chair to [redacted] bedside, failing to lock down the wheels. [redacted] aggressively pulled [redacted] by [redacted] wrists to a sitting position and roughly grasped [redacted] under the arms with [redacted] forearms. While attempting to transfer [redacted] to the Broda chair, the chair drifted backwards causing her to use a series of aggressive, heaving movements to place him in the chair. [redacted] roughly repositioned [redacted] upper torso using quick, wrenching motions. Staff person A was aware the resident requires 2 staff persons for transfers, but [redacted] transfers [redacted] alone all the time because [redacted] considers it easier.

Plan of Correction

Accept

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or 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 this allegation by the survey agency.

1. On 11/20/2020 the Executive Director received notification from an Enlivant Regional team member of an alleged physical abuse claim involving a transfer of a resident. Staff member A was noted to be transferring resident #1 by [redacted] although resident #1’s support plan calls for a two person assist during transfers. It is the policy of this facility to provide the care outlined within the RASP.
2. Current staff received training by 11/23/20 on how to properly transfer a resident with the use of two staff members as well as mechanical lift training on 11/23/20 by facility CSM. (See attachment A) Current care staff will be educated on providing each resident with assistance with ADLs as indicated in the resident’s assessment and support plan on 1/12/21 by facility CSM.
3. The Executive Director or Designee will perform four random spot checks weekly for four weeks, biweekly for one month then monthly for one month on resident care assuring that care staff are following the RASP beginning the week of 1/24/21. (See attachment B)
4. Audit results will be reviewed monthly in QI meetings beginning in February 2021 and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 01/22/2021

Document Submission

Implemented

See attached documentation of audits.

42b - Abuse

1. Requirements

42b - Abuse (continued)

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

Resident #1's most recent assessment and support plan, dated 11/17/2020, indicates ■ is a recipient of hospice services, has dementia, difficulty communicating, and requires total physical assistance with transfers. To meet ■ needs, transfers are done using 2 staff persons for safety and Broda chair positioning due to ■ dementia.

On 11/20/2020 at approximately 6:00 AM while performing routine morning care, staff person A forcefully transferred and repositioned resident #1 repeatedly. ■ repositioned ■ legs over the side of the bed and left ■ unattended to move the Broda chair to ■ bedside, failing to lock down the wheels. ■ aggressively pulled ■ by ■ wrists to a sitting position and roughly grasped ■ under the arms with ■ forearms. While attempting to transfer ■ to the Broda chair, the chair drifted backwards causing ■ to use a series of aggressive, heaving movements to place ■ in the chair. ■ roughly repositioned ■ upper torso using quick, wrenching motions. Staff person A was aware the resident requires 2 staff persons for transfers, but ■ transfers ■ alone all the time because ■ considers it easier.

Plan of Correction**Accept**

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or 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 this allegation by the survey agency.

1. On 11/20/2020 the Executive Director received notification from an Enlivant Regional team member of an alleged physical abuse claim involving a transfer of a resident. Staff member A was noted to be transferring resident #1 by ■ although resident #1's support plan calls for a two person assist during transfers. It is the policy of this facility to provide the care outlined within the RASP. It is the policy of this facility that no resident shall be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way.
2. Current staff received training by 11/23/20 on how to properly transfer a resident with the use of two staff members as well as mechanical lift training on 11/23/20 by facility CSM. (See attachment A) Current care staff will be educated on providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan on 1/12/21 by facility CSM. To enhance currently compliant operations and under the direction of the Executive Director current staff will be provided with in-service training on resident rights with a focus on neglect and abuse on 1/12/21
3. The Executive Director or designee will perform four random private resident interviews weekly for one month, bimonthly for one month, then monthly for one month to ensure that residents are being treated with dignity and respect. (see attachment C) These interviews will begin the week of 1/24/21.
4. Audit results will be reviewed monthly in QI meetings beginning February 2021 and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 01/22/2021

Document Submission**Implemented**

See attached documentation of audits.