

Department of Human Services
Bureau of Human Service Licensing

April 2, 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 12/21/2020, 01/26/2021 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

Inspections / Reviews

12/21/2020 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/26/2021*

3/25/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/02/2021*

4/2/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 [REDACTED], resident #1 had a fall and was sent to the hospital with a stroke. The home did not report this incident to the department.

Staff person A stated [REDACTED] saw resident #1 fall in the dining room. [REDACTED] stated the residents had just finished eating lunch and resident #1 stood up, then fell to the side. Staff person A stated [REDACTED] asked resident #1 if [REDACTED] was ok. [REDACTED] said resident #1's face was droopy. Staff person A stated [REDACTED] called staff person B and [REDACTED] assessed resident #1 then called the ambulance. Staff person A stated they got resident #1 off the floor and placed [REDACTED] in a chair and then took [REDACTED] to [REDACTED] room. Staff person A stated [REDACTED] stayed with resident #1 until the ambulance came.

Plan of Correction

Accept

Staff has been re-trained to insure that all incidents are communicated to the DON or ADON in a timely manner. DON/ADON will determine if the incident is a reportable incident. ED or DON will submit the reportable incident in a timely manner. Both ED and DON have necessary forms at home to submit from home if need be.

Completion Date: 04/02/2021

Document Submission

Implemented

See attachment, Supervisor Training

42b - Abuse

1. Requirements

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 11/12/20, at approximately 7:20pm, resident #2 could not be found in [REDACTED] room or the common area. Staff persons C, D and E searched the building for resident #2. Staff person E drove around the building in search of resident #2. The police were called and they found the resident on the main road in front of the home at 8:30pm. (The home is located on a busy, narrow and dark main road).

The police stated resident #2 had abrasions and was being taken to the hospital to be checked. Resident #2 was discharged from the hospital on [REDACTED] with a diagnosis of head injury with concussion and unknown loss of consciousness.

Resident #2 was admitted to the secured dementia unit on [REDACTED]. His assessment and support plan dated 11/11/20, documents the resident needs "Extensive supervision in and out of the home and adjust the type of supervision required to ensure the residents safety." Resident #2's assessment and support plan also documents the resident has "severe long and short-term memory" complications.

42b - Abuse (continued)

Plan of Correction**Accept**

Each new resident to Memory Care will be assessed upon admission for elopement risk. If determined that the resident is an elopement risk then the aide assigned to the resident will be instructed to check the resident every 15 minutes, until resident has adjusted to being in the community.

If the resident develops the potential for an elopement risk, subsequent to admission, the same procedure will be followed.

Completion Date: 04/02/2021

Document Submission**Implemented**

See Attachment, Supervisor Training

90a - Landline Telephone

1. Requirements

2600.

90.a. The home shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

Description of Violation

The home does not have a telephone where all residents can access it on the secured unit. The telephone is kept in the doctor's office.

Plan of Correction**Accept**

Phone line is being installed in the smaller room, which is off of the common area. This will afford access and privacy for residents to use as desired. Company installed phone, and it is available for use.

Completion Date: 03/24/2021

Document Submission**Implemented**

Phone has been installed and is accessible to MC residents as needed.

See attached Phone receipt and phone picture

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's medical evaluation was on 9/16/19, but the form was not signed and documented complete until 6/22/20.

Plan of Correction**Accept**

A new position was developed, Medical Receptionist. The incumbent in this position will have as the primary responsibility to insure that all necessary documentation in the chart is completed on a timely basis, and that all required input is there.

Completion Date 04/30/2021

141b1 - Annual Medical Evaluation *(continued)***Document Submission****Implemented***See Medical Receptionist Job Description*

227g Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's support plan was finalized on 7/22/20. The form was not signed and dated by the assessor, nor was the form signed by the resident or documentation showing that resident #1 refused to sign the form or was unable to sign the form.

Plan of Correction**Accept**

A new position was developed, Medical Receptionist. The incumbent in that position will have as the primary responsibility to insure that all necessary documentation in the chart is completed on a timely basis, and that all required input is there.

Completion Date *04/30/2021***Document Submission****Implemented***See Medical Receptionist Job Description*