

Department of Human Services  
Bureau of Human Service Licensing

March 10, 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 02/12/2021, 02/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

March 5, 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 licensing inspections on 02/12/2021, 02/16/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing



## Inspections / Reviews

02/12/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/04/2021*

3/5/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/09/2021*

3/10/2021 - Document Submission

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

## 15a - Resident Abuse Report

### 1. Requirements

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 2/2/21, at approximately 1:00 p.m., resident #1 and resident #1's family informed staff persons A, the administrator, and staff person B, of an allegation that during the morning a staff person grabbed the resident by the arm and dragged the resident down the hall. This allegation of abuse was not reported the local Area Agency on Aging until 2/9/21.*

### 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. Resident #1 was assessed immediately on 2/2/21 by Care Service Manager (CSM) with no abnormal findings noted. Allegation was reported to the local Area Agency on Aging on 2/9/21 by the Executive Director (ED).*
- 2. The ED and/or designee will conduct audit by 3/15/21 of allegations of abuse in past 90 days to ensure allegation was reported in accordance with the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27.*
- 3. The Regional Director of Care Services (RDCS) will provide education to ED and CSM by 3/5/21 regarding the requirement for immediate reporting of alleged or suspected abuse of a resident serviced in the home in accordance to the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27*
- 4. The ED and/or designee will perform audits of allegations of suspected abuse weekly for four weeks, biweekly for one month, and then monthly for one month beginning the week of 3/22/21 to ensure allegation was reported in accordance with the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27. (See attachment A)*
- 5. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.*

**Completion Date:** 03/22/2021

### Document Submission

Implemented

*See attachment "POC training" for verification of correction.*

## 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).

16c - Written Incident Report *(continued)***Description of Violation**

On 2/2/21, at approximately 1:00 p.m., resident #1 and resident #1's family informed staff persons A, the administrator, and staff person B, of an allegation that during the morning a staff person grabbed the resident by the arm and dragged the resident down the hall. The home did not report this allegation of abuse to the Department until 2/9/21.

**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. Resident #1 was assessed immediately on 2/2/21 by CSM with no abnormal findings noted. Allegation was reported to the Department's personal care home regional office on 2/9/21 by the ED.
2. The Executive Director (ED) and/or designee will conduct audit by 3/15/21 of allegations of abuse in past 90 days to ensure allegation was reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours.
3. The Regional Director of Care Services (RD/CS) will provide education to ED and CSM by 3/5/21 regarding the reporting of suspected abuse to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours.
4. The ED and/or designee will perform audits of allegations of suspected abuse weekly for four weeks, biweekly for one month, and then monthly for one month beginning the week of 3/22/21 to ensure allegation was reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours. (See attachment A)
5. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.

**Completion Date:** 03/22/2021

**Document Submission****Implemented**

See attachment "POC training" for verification of correction.