Department of Human Services
Bureau of Human Service Licensing

June 25, 2021

[redacted] CEO
HALCYON SENIOR LIVING LLC
105 REBECCA DRIVE
VENETIA, PA 15367

RE: HALCYON SENIOR LIVING
528 DEWEY AVENUE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45109

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

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: *HALCYON SENIOR LIVING* **Licen e #**: *45109* **Licen e Expiration Date**: *08/31/2021*
Addre : *528 DEWEY AVENUE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: *740.491.8721* **Email**: [redacted]

Legal Entity

Name: *HALCYON SENIOR LIVING LLC*
Address: *105 REBECCA DRIVE, VENETIA, PA, 15367*
Phone: *7404918721* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I 1* **Date**: *10/23/2014* **I ued By**: *Bridgeville*
Type: *C 2 LP* **Date**: *09/03/1998* **I ued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *33* **Waking Staff**: *25*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *05/03/2021*

Inspection Dates and Department Representative

04/23/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *88* **Re ident Served**: *24*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *second floor* **Capacity**: *44* **Residents Served**: *0*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *23*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *9* **Have Physical Disability**: *0*

Inspections / Reviews

04/23/2021 - Partial

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *06/12/2021*

6/9/2021 POC Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/15/2021*

6/17/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/23/2021*

6/25/2021 - 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

At approximately 11:30 PM on 4/10/21, resident #1 rang the call bell to request staff assistance in changing [redacted] incontinence brief. Staff person A responded to the call bell and told resident #1 [redacted] would return to assist [redacted]; however, no staff person provided incontinence care to the resident until approximately 7:30 AM on 4/11/21. Resident #1 reported the incident to staff person B at approximately 7:30 AM on 4/11/21; however, the incident was not reported to the local Area Agency on Aging.

Plan of Correction **Directed**

On 4/12/2021 Staff Person A was suspended pending investigation regarding timely call bell response time as reported by Resident #1 and then termed at conclusion of investigation.

All staff was in-serviced including Staff Person B on PA Department of Aging OAPSA on 2/25/2021 for annual in-service and again on 6/3/2021. The home will in-service staff on OAPSA quarterly moving forward. All new hires will be in-serviced as part of New Hire Orientation. DON will be responsible for in-servicing and auditing of training staff to ensure compliance. See attached training materials of documents A and B.

Home will discuss in Monthly Resident Council meetings with resident's if there are any pending issues or concerns that need addressed in co-ordinance with OAPSA.

As part of morning stand-up meeting call bell report will be reviewed by DON to ensure timely response of resident's needs.

n addition all staff will be in-serviced on timely reporting of all reportable incidents to AAA and DHS. When ncidents occur we will report to AAA immediately and to DHS immediately.

DIRECTED: Within 5 days of receipt of the plan of correction: The incident involving resident #1 shall be reported to the local Area Agency on Aging. Documentation shall be kept in the resident's record. LM 6/15/21

Completion Date: *06/14/2021*

Document Submission **Implemented**

The incident involving resident #1 was reported to Adult Protective Services. Please see attached APS reportable form.

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

15b - Supervisor Plan *(continued)*

Description of Violation

At approximately 11:30 PM on 4/10/21, resident #1 rang the call bell to request staff assistance in changing [redacted] incontinence brief. Staff person A responded to the call bell and told resident #1 [redacted] would return to assist [redacted]; however, no staff person provided incontinence care to the resident until approximately 7:30 AM on 4/11/21. Resident #1 reported the incident to staff person B at approximately 7:30 AM on 4/11/21; however, staff person A continued to work unsupervised in the home, including from approximately 11:00 PM on 4/11/21 through approximately 7:00 AM on 4/12/21.

Plan of Correction **Accept**

On 4/12/2021 Staff Person A was suspended pending investigation regarding timely call bell response time as reported by Resident #1 to DON on 4/12/2021 by resident and then Staff Person A termed at conclusion of nvestigation. Moving forward all allegations brought to the Administrator or DON's attention from a resident, staff member, family member or visitor will result in an immediate suspension of the persons involved pending an nvestigation in addition to the reporting process.

All staff was in-serviced including Staff Person B on PA Department of Aging OAPSA on 2/25/2021 for annual in-service and again on 6/3/2021. The home will in-service staff on OAPSA quarterly moving forward. All new hires will be in-serviced as part of New Hire Orientation. DON will be responsible for in-servicing and auditing of training staff to ensure compliance. See attached training materials of documents A and B.

As part of morning stand-up meeting call bell report will be reviewed by DON to ensure timely response of resident's needs.

Completion Date: *06/08/2021*

Document Submission **Implemented**

Accepted Plan 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).

Description of Violation

At approximately 11:30 PM on 4/10/21, resident #1 rang the call bell to request staff assistance in changing [redacted] incontinence brief. Staff person A responded to the call bell and told resident #1 [redacted] would return to assist [redacted] however, no staff person provided incontinence care to the resident until approximately 7:30 AM on 4/11/21. Resident #1 reported the incident to staff person B at approximately 7:30 AM on 4/11/21; however, this incident was not reported to the Department until 4/22/21.

16c - Written Incident Report *(continued)*

Plan of Correction **Accept**

On 4/22/2021 home received call from Adult Protective Services regarding incident due to random complaint regarding Resident #1. Adult Protective Services interviewed resident and resident elaborated with more details regarding situation that was already being investigated with Staff Person A.

On 4/12/2021 Staff Person A was suspended pending investigation regarding timely call bell response time as reported by Resident #1 to DON on 4/12/2021 by resident and then Staff Person A termed at conclusion of investigation. Moving forward all allegations brought to the Administrator or DON's attention from a resident, staff member, family member or visitor will result in an immediate suspension of the persons involved pending an investigation in addition to the reporting process.

All staff was in serviced including Staff Person B on PA Department of Aging OAPSA on 2/25/2021 for annual in service and again on 6/3/2021. The home will in service staff on OAPSA quarterly moving forward. All new hires will be in serviced as part of New Hire Orientation. DON will be responsible for in servicing and auditing of training staff to ensure compliance. See attached training materials of documents A and B

DON and Administrator spoke to Adult Protective Services. Adult Protective Services instructed DON and Administrator to report to Department of Human Services after being informed of entirety of situation. Incident was reported to the Department when DON and Administrator made aware of entirety of incident. See attached document C for Reportable Incident Form.

As part of morning stand up meeting call bell report will be reviewed by DON to ensure timely response of resident's needs.

As a part of morning stand up meeting management team will review all reportable incidents to ensure timely reporting if needed daily.

Completion Date *06/14/2021*

Document Submission **Implemented**

Accepted plan of correction.

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.

42b - Abuse *(continued)*

Description of Violation

At approximately 11:30 PM on 4/10/21, resident #1 rang the call bell to request staff assistance in changing [redacted] incontinence brief. Staff person A responded to the call bell and told resident #1 [redacted] would return to assist [redacted] however, no staff person provided incontinence care to the resident until approximately 7:30 AM on 4/11/21. Resident #1's most recent assessment, dated 3/22/21, indicates the resident requires physical assistance with toileting, bowel and bladder management and transferring in/out of bed/chair.

Plan of Correction **Directed**

On 4/12/2021 Staff Person A was suspended pending investigation regarding timely call bell response time as reported by Resident #1 to DON on 4/12/2021 by resident and then Staff Person A termed at conclusion of nvestigation. Moving forward all allegations brought to the Administrator or DON's attention from a resident, staff member, family member or visitor will result in an immediate suspension of the persons involved pending an nvestigation in addition to the reporting process.

As part of morning stand-up meeting call bell report will be reviewed by DON to ensure timely response of resident's needs.

All staff was in-serviced including Staff Person B on PA Department of Aging OAPSA on 2/25/2021 for annual in-service and again on 6/3/2021. The home will in-service staff on OAPSA quarterly moving forward. All new hires will be in-serviced as part of New Hire Orientation. DON will be responsible for in-servicing and auditing of training staff to ensure compliance. See attached training materials of documents A and B

DON to in-service on Meeting the Personal Care needs of Residents by reviewing DME, RASP, documentation, ADL's with all direct care staff. Training will be completed by Friday June 18th, 2021. See attached training agenda document D.

Home will discuss in Monthly Resident Council meetings with resident's if there are any pending issues or concerns that need addressed in co-ordinance with OAPSA.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall interview, in private, at east 5 residents monthly to ensure residents are free from abuse and neglect, and are receiving assistance with ADL's and IADL's as outlined in their assessments and support plans. Documentation of the interviews shall be kept. LM 6/15/21

Completion Date: *06/18/2021*

Document Submission **Implemented**

Director of Nursing is the designated staff person who will perform monthly interviews with resident's in regards to satisfaction of service at Halcyon Senior Living. Please see attached "Monthly Resident Satisfaction Interview" form.

Director of Nursing also held in-service on Meeting the Personal Care needs of Residents by reviewing DME, RASP, documentation, ADL's with all direct care staff. Training was completed by Friday June 18th, 2021 as stated in Plan of Correction.