

Department of Human Services
Bureau of Human Service Licensing

November 10, 2021

[REDACTED]
DOUGLASSVILLE AID II OPCO LL |
[REDACTED]
[REDACTED]

RE: AMITY PLACE
139 OLD SWEDE ROAD
DOUGLASSVILLE, PA, 19518
LICENSE/COC#: 22656

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: *AMITY PLACE* License #: *22656* License Expiration Date: *10/18/2021*
Address: *139 OLD SWEDE ROAD, DOUGLASSVILLE, PA 19518*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *6103857600* Email: [REDACTED]

Legal Entity

Name: *DOUGLASSVILLE AID II OPCO LLC*
Address: *330 N WABASH AVE, SUITE 3700, CHICAGO, IL, 60611*
Phone: *6103857600* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/19/2009* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint,Incident* Exit Conference Date: *08/18/2021*

Inspection Dates and Department Representative

08/18/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *53*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

08/18/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/29/2021*

11/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/10/2021*

11/10/2021 - 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 7/30/21 staff persons A, B, and C were providing evening care to resident #1. Resident #1 was resisting care and staff persons B and C held resident #1's arms in order to provide care. The incident was witnessed by staff person D who instructed staff persons A, B, and C to leave the resident's room and re-approach the resident later. Staff person D did not report the incident to the care services manager until 8/2/21.

On 8/1/21 staff person E was observed by staff person F and G providing care in a rough and aggressive manner to resident #2. Staff persons F and G did not report the incident to the care service manager until 8/2/21.

Plan of Correction**Accept**

On 8/2/21, the Executive Director (ED) submitted verbal and written reports to Area Agency on Aging (AAA) and the Department regarding Resident #1 and #2. (Attachments A and B)

On 8/2/21, Resident #1 was evaluated by the Care Services Manager (CSM). The primary care provider and responsible party were notified of findings.

On 8/2/21, the CSM evaluated Resident #2, no adverse effects noted.

On 8/2/21, staff members A,B,C,D and E were suspended pending the outcome of the investigation.

On 8/10/21, The ED educated staff member F on the requirements set within regulation 2600.15a.

On 8/12/21, The ED educated staff member G on the requirements set within regulation 2600.15a. (Attachment C)

Effective 8/3/21, Staff member B was no longer employed by the community. (Attachment P)

Effective 8/4/21, contracted staff members A,D and E were no longer employed by the community.

Effective 8/12/21, staff member C was no loner employed by the community (Attachment P)

As of 8/26/21, The ED educated current staff on the requirements set within regulation 2600.15a. (Attachment C)

The ED or designee will query 3 direct care staff weekly x4 weeks, the bi-weekly x4 weeks, then monthly x1, to validate that no occurrences of abuse were observed and went unreported. (Attachment D)

By 11/19/21, the ED will query current staff of known instances of abuse that has not yet been reported. (Attachment E)

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 11/19/2021

15a - Resident Abuse Report (continued)**Update - 11/04/2021***Please send/Attach proof of compliance. 11-4-2021 MM***Document Submission****Implemented***See Attached***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 7/30/21 resident #1 was resistant to evening care in the changing of the resident's brief. Resident #1 suffered bruising on the arms as a result of being held down by staff persons B and C while care was provided despite the resident being vocally upset about staff approaching [REDACTED] for care.

On 8/1/21 resident #2 had refused evening care. At approximately 10:15pm staff person E started 3rd shift and began changing and cleaning resident #2 in a rough manner while yelling at resident #2 to "Hush". Staff person E was described as "manhandling" resident #2 into bed by staff persons F and G who had witnessed the incident. Resident #2 reported being beat up by staff to 1st shift staff on 8/2/21.

42b - Abuse (continued)

Plan of Correction**Accept**

On 8/2/21, upon notification of allegation the ED suspended staff members B,C and E immediately pending the outcome of the investigation.

On 8/2/21, resident #1 was evaluated by the CSM. The primary care provider and responsible party were notified of findings.

On 8/2/21, the CSM evaluated resident #2, no adverse effects noted.

Effective 8/3/21, staff member B was no longer employed by the community (Attachment P)

On 8/4/21, the contracted with the staffing agency that employed staff member E was terminated, thereby removing staff member E from Amity Place.

Effective 8/12/21, staff member C was no longer employed by the community. (Attachment P)

As of 8/26/21, the ED educated current staff on the requirements set within regulation 2600.42b. (Attachment C)

By 11/12/21, the ED will query current residents to validate that no occurrences of abuse were observed and/or encountered. (Attachment F)

The ED or designee will query 3 residents weekly x4 weeks, then bi-weekly x4 weeks, then monthly x1, to validate that no occurrences of abuse were observed and/or encountered. (Attachment D)

Results of audit will e discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 11/12/2021

Document Submission**Implemented**

See Attached

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 7/30/21 resident #1 was resistant to evening care in the changing of the resident's brief. Staff persons B and C held resident #1's arms in order to complete care. The resident had visible bruising on the arms as a result of the restraint. The incident was witnessed by staff person D.

202 - Prohibitions (continued)

Plan of Correction

Accept

On 8/2/21, upon notification of allegation the ED suspended staff members B and C pending the outcome of the investigation.

On 8/2/21, resident #1 was evaluated by the CSM. The primary care provider and responsible party were notified of findings.

Effective 8/3/21, staff member B was no longer employed by the community (Attachment P)

Effective 8/12/21, staff member C was no longer employed by the community. (Attachment P)

On 10/27/21, the Regional Executive Director educated the ED and CSM on the requirements set within regulation 2600.202. (Attachment H)

As of 11/1/21, the ED educated current staff on the requirements set within regulation 2600.202. (Attachment I)

By 11/12/21, the ED will query current residents to validate residents are free from restraints. (Attachment J)

The ED or designee will query 3 residents weekly x4 weeks, then bi-weekly x4 weeks, then monthly x1, to validate that no occurrences of manual restraint were observed and/or encountered.

(Attachment K)

Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 11/12/2021

Document Submission

Implemented

See Attached

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental (continued)

Description of Violation

Resident #2 was admitted to the home on [REDACTED]. The RASP completed on [REDACTED] was not updated to reflect that the resident had shown periods of anxiety and needed new orders for medications to address the resident's anxiety. On 8/1/21 there was an incident in which the resident had thrown a TV remote at staff and had resisted evening care. The resident also had been refusing PRN anxiety medications at times. The RASP did not include an update with a plan to address the resident's anxiety during care.

Plan of Correction

Accept

On [REDACTED], the CSM updated resident #2 Resident Assessment and Support Plan (RASP) to reflect the resident's anxiety diagnosis, associated behaviors, and staff interventions.

(Attachment L)

On 10/28/21, the Regional Director of Care Services (RDCS) educated the CSM on the requirements set within regulation 2600.227d (Attachment M)

By 11/12/21, the CSM will audit current resident RASPs to ensure required updates associated with anxiety diagnoses are present. The CSM will update a resident RASP accordingly upon discovery of an omission. (Attachment N)

The CSM will audit 3 resident RASPs weekly x4 weeks, bi-monthly x4 weeks, and monthly x1, to validate compliance. (Attachment O)

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 11/12/2021

Document Submission

Implemented

See Attached