Department of Human Services
Bureau of Human Service Licensing

March 15, 2022

[redacted], PRESIDENT/COO
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2021, 10/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

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* **License #:** *44492* **License Expiration:** *01/11/2022*

Address: *2400 GARDEN WAY, HERMITAGE, PA 16148*

County: *MERCER* **Region:** *WESTERN*

Administrator

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

Legal Entity

[redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *35* **Waking Staff:** *26*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *10/06/2021*

Inspection Dates and Department Representative

10/05/2021 - On-Site: [redacted]
10/06/2021 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* **Residents Served:** *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *27*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *8* **Have Physical Disability:** *0*

Inspections / Reviews

10/05/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/29/2021*

Inspections / Reviews *(continued)*

12/14/2021 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/24/2021*

03/15/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 10/5/21 the home had no licensing inspection summary posted in a conspicuous and public place in the home.

Plan of Correction ***Accept***

• Immediate action was taken on 10/05/2021 by Executive Director to post the violation report of the personal care home on the home bulletin board located in a conspicuous and public space. (See Attachment B)
• A designated area of the bulletin board unimpeded by other documentation has been dedicated to this information
• Staff educated on 11/22/2021 on regulation Executive Director. (See Attachment AA)
• An audit of this information and its relevance to take place once weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for 1 month. (See Attachment A)
• Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going

Submission of this response and Plan of Corrections 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 of 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 an conclusions set forth in the allegation by the survey agency.

Document Submission ***Implemented***

All POC Attachments

91 - Telephone Numbers

1. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the private dining room.

Plan of Correction ***Accept***

• Immediate action was taken on 10/05/2021 by Executive Director to remove phone line from private dining room.
• On 10/5/2021, Executor Director checked outbound phone lines in building for posted emergency contact information. No additional concerns identified.
• Staff educated on 11/22/2021 on regulation by executive director. (See Attachment AA)
• An audit of all outbound phone lines within the building to occur 2 time weekly for 4 weeks, once weekly for 4 weeks, then once Bi-weekly for 4 weeks by ED or designee in ED absence to ensure emergency telephone numbers and nearest hospital and fire department information is posted. (See attachment C)
• Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing

91 - Telephone Numbers (continued)

is necessary based on 3 consecutive months of compliance. Monitoring will be on going

Submission of this response and Plan of Corrections 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 of 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 an conclusions set forth in the allegation by the survey agency.

Document Submission ***Implemented***

103e - Left Overs

1. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated opened plastic bag of chopped pita and an unlabeled, undated opened bag of cornbread buns in freezer #3.

There was an unlabeled, undated opened container of sorbet and 2 unlabeled, undated opened bags of egg rolls in freezer #5.

There was an unlabeled, undated opened plastic bag of cinnamon rolls and an unlabeled, undated opened plastic bag of waffles and an unlabeled, undated bag of waffles out of the original container in the freezer #6.

Plan of Correction ***Accept***

• Immediate action was taken on 10/05/2021 by Executive Director to discard all open, undated, and unlabeled, food items in freezers #3, #5, and #6
• An in-service training on regulation 2600.103.e was given on 10/07/2021 by Executive Director to discuss proper storage, labeling, and dating of all opened food items within the community. (See attachment D)
• On 10/05/2021, Executive Director conducted an audit of food storage to ensure leftover food was labeled and dated as required with no additional findings noted.
• An audit of the freezers to occur 3 times weekly for 4 weeks followed by twice weekly for 4 weeks followed by once weekly for 4 weeks by ED or designee in ED absence. (See Attachment E)
• Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going

Submission of this response and Plan of Corrections 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 of Plan

103e - Left Overs (continued)

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 an conclusions set forth in the allegation by the survey agency.

Document Submission ***Implemented***

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The 10 pound bag of pasta on the shelf in the pantry was opened and unsealed.

The container of sorbet and 2 bags of egg rolls in freezer #5 was opened and unsealed.

The bag of cinnamon rolls and waffles in freezer #6 was opened and unsealed.

Plan of Correction ***Accept***

• Immediate action was taken on 10/05/2021 by Executive director to properly contain, and seal Bag of pasta. All other items were discarded immediately on 10/05/2021 by Executive Director
• On 10/05/2021, Executive Director conducted audit of food storage to ensure food stored in closed or sealed containers as required with no additional findings noted.
• 10/06/2021 executive director Purchased proper containers with lids in various sizes to accommodate all open items
• In service completed for kitchen staff on proper labeling, dating, and containment of food products completed on 10/7/2021 Executive Director. (See Attachment D)
• Audit of Kitchen food storage areas will be maintained Three times weekly for 4 weeks, once weekly for 4 weeks, and bi-weekly for 4 weeks by ED or designee in the absence of ED. (See attachment F)
• Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going

Submission of this response and Plan of Corrections 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 of 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 an conclusions set forth in the allegation by the survey agency.

Document Submission ***Implemented***

103i - Outdated Food

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was a dented #10 can of vanilla pudding on the shelf in the pantry.

Plan of Correction ***Accept***

• Immediate action was taken on 10/05/2021 by Executive Director to remove the #10 can from the shelf.
• An audit was conducted on 10/6/2021 by ED of all stock within the kitchen for defects or dents with identified items discarded as necessary.
• An in-service training was given to kitchen staff 10/07/2021 by executive director, staff informed to refuse dented cans from vendors or discard immediately. (See attachment D)
• An audit of can goods to be performed by the ED or designee once weekly for 4 weeks then once bi-weekly for 4 weeks then 1 once monthly for 1 month. (see attachment G)
• Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going

Submission of this response and Plan of Corrections 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 of 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 an conclusions set forth in the allegation by the survey agency.

Document Submission ***Implemented***

109b - Rabies Vaccination

1. Requirements

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 10/5/21, Tiger, the cat was present at the home. The home does not have a current certificate of rabies vaccination for Tiger. The rabies vaccination expired 6/15/21.

Plan of Correction ***Accept***

• Immediate action was taken on 10/05/2021 by executive director to place resident cat with family outside the home until pet vaccinations could be updated.
• Vaccination records for current animals living in the building were reviewed on 10/05/2021 by executive director and updated if needed.
• Staff educated on 11/22/2021 on regulation by Executive Director. (See Attachment AA)
• An audit of Pet vaccination records to be observed weekly for 1 month, bi-weekly for 1 month, and once monthly thereafter by executive director. (See attachment H)
• Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing

109b - Rabies Vaccination (continued)

is necessary based on 3 consecutive months of compliance. Monitoring will be on going

Submission of this response and Plan of Corrections 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 of 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 an conclusions set forth in the allegation by the survey agency.

Document Submission ***Implemented***

144c2 - Smoking Area Distance

1. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is directly on the sidewalk in the center of the enclosed courtyard.

Plan of Correction ***Accept***

• Immediate action was taken on 10/05/2021 by executive director to relocate the smoking area to a less traveled section of the courtyard. (See attachment I)
• A verbal explanation of smoking guidelines was given to residents at community resident council meeting on 11/3/2021 executive director.
• New residents to community will be given a verbal explanation of smoking guidelines upon admissions by Executive Director.
• Staff educated on 11/22/2021 on regulation by Executive Director. (See Attachment AA)
• On 10/5/2021, executive director posted courtyard entrance signs informing potential smokers of smoking area. (see attachment J)
• An audit of designated smoking area to be observed weekly for 1 month, bi-weekly for 1 month, and once monthly thereafter by executive director to ensure area is away from common walking areas. (See attachment H)
• Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going.

Submission of this response and Plan of Corrections 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 of 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 an conclusions set forth in the allegation by the survey agency.

144c2 - Smoking Area Distance (continued)

Document Submission	***Implemented***