

Department of Human Services
Bureau of Human Service Licensing

February 3, 2022

[REDACTED]
CARE HSL BELLE REVE OPCO LLC
660 SENTRY PARKWAY, SUITE 220
BLUE BELL, PA, 19422

RE: BELLE REVE SENIOR LIVING CENTER
404 EAST HARFORD STREET
MILFORD, PA, 18337
LICENSE/COC#: 22513

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

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: *BELLE REVE SENIOR LIVING CENTER* License #: *22513* License Expiration: *06/25/2022*
Address: *404 EAST HARFORD STREET, MILFORD, PA 18337*
County: *PIKE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5704099191* Email: [REDACTED]

Legal Entity

Name: *CARE HSL BELLE REVE OPCO LLC*
Address: *660 SENTRY PARKWAY, SUITE 220, BLUE BELL, PA, 19422*
Phone: *5704099191* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/21/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/07/2021*

Inspection Dates and Department Representative

10/07/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *35*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd floor* Capacity: *19* Residents Served: *12*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

10/07/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/22/2022*

Inspections / Reviews *(continued)*

01/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/28/2022*

02/03/2022 - Document Submission

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 9/16/21 at approximately 06:45am staff person A witnessed staff person B treating resident #1 roughly during care by grabbing the resident by the arms and forcing the resident onto the toilet. Staff person B also used profanity, calling resident #1 several vulgar expletives. Staff person A told staff person C about the incident on 9/16/21 shortly after it occurred and staff person C advised staff person A to report the incident. Staff person C did not report the alleged abuse to anyone. Staff person A waited until 11:30 am to return to the home and report the incident.

Plan of Correction

Accept

2600.15(a)

What: On 9/16/21 at approximately 06:45am staff person A witnessed staff person B treating resident #1 roughly during care by grabbing the resident by the arms and forcing the resident onto the toilet. Staff person B also used profanity, calling resident #1 several vulgar expletives. Staff person A told staff person C about the incident on 9/16/21 shortly after it occurred and staff person C advised staff person A to report the incident. Staff person C did not report the alleged abuse to anyone. Staff person A waited until 11:30 am to return to the home and report the incident.

Who: The Executive Director or designee will reeducate all staff on Plan of Correction (Attachment A) regarding mandatory and immediate reporting of any suspected abuse. Participants will complete Sign-in Sheet (Attachment B).

When: Executive Director will complete plan of correction by March 1, 2022.

How: Executive Director or designee will reeducate all staff on identifying abuse, and potential abuse, and immediate abuse reporting. Executive Director or designee will review suspected resident abuse reporting and investigation requirements and employees' role in that process.

Ongoing: The Executive Director and/or designee will continue to review abuse reporting in general orientation for all staff. All employees to continue to complete abuse training course annually.

Document Submission

Implemented

2600.15(a)

What: On 9/16/21 at approximately 06:45am staff person A witnessed staff person B treating resident #1 roughly during care by grabbing the resident by the arms and forcing the resident onto the toilet. Staff person B also used profanity, calling resident #1 several vulgar expletives. Staff person A told staff person C about the incident on 9/16/21 shortly after it occurred and staff person C advised staff person A to report the incident. Staff person C did not report the alleged abuse to anyone. Staff person A waited until 11:30 am to return to the home and report the incident.

Who: The Executive Director or designee will reeducate all staff on Plan of Correction (Attachment A) regarding mandatory and immediate reporting of any suspected abuse. Participants will complete Sign-in Sheet (Attachment B).

When: Executive Director will complete plan of correction by March 1, 2022.

How: Executive Director or designee will reeducate all staff on identifying abuse, and potential abuse, and immediate abuse reporting. Executive Director or designee will review suspected resident abuse reporting and investigation requirements and employees' role in that process.

Ongoing: The Executive Director and/or designee will continue to review abuse reporting in general orientation for

15a - Resident Abuse Report (continued)

all staff. All employees to continue to complete abuse training course annually.

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 9/16/21 at approximately 06:45am staff person A witnessed staff person B calling resident #1 several vulgar expletives because resident #1 was being combative during care. Resident #1 resides in the home's memory care unit and has a diagnosis of dementia.

Plan of Correction

Accept

2600.42(c)

What: On 9/16/21 at approximately 06:45am staff person A witnessed staff person B calling resident #1 several vulgar expletives because resident #1 was being combative during care. Resident #1 resides in the home's memory care unit and has a diagnosis of dementia.

Who: The Executive Director or designee will reeducate all staff on Plan of Correction (Attachment C) regarding Resident Rights. Participants will complete Sign-in Sheet (Attachment D).

When: Executive Director will complete plan of correction by March 1, 2022.

How: Executive Director or designee will reeducate all staff on the Residents Rights, specific but not limited to the right to be treated with dignity and respect.

Ongoing: The Executive Director and/or designee will continue to review Resident Rights in general orientation for all staff. All employees to continue to complete resident rights training course annually.

Update: 01/21/2022

Please send/Attach proof of staff training regarding dignity and respect.

Also, please report the current employment status of Staff person "B".

1-21-2022 MM

Document Submission

Implemented

will send training documentation upon completion.

Staff person B has been terminated.

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 9/16/21 at approximately 06:45am staff person A witnessed staff person B treating resident #1 roughly during care by grabbing the resident by the arms and forcing the resident onto the toilet. Staff person A reported that staff person B was frustrated with resident #1 because the resident was being combative and resisting care. Staff person B did not use appropriate techniques to manage resident #1's combative behaviors.

201 - Positive Interventions (continued)

Plan of Correction

Accept

2600.201

What: On 9/16/21 at approximately 06:45am staff person A witnessed staff person B treating resident #1 roughly during care by grabbing the resident by the arms and forcing the resident onto the toilet. Staff person A reported that staff person B was frustrated with resident #1 because the resident was being combative and resisting care. Staff person B did not use appropriate techniques to manage resident #1's combative behaviors.

Who: All staff will complete annual training course "Managing Aggressive Behaviors". See course content on Plan of Correction (Attachment E). Business Office will complete Audit (Attachment F) of completion and report findings.

When: All staff will complete training by March 1, 2022.

How: All staff will complete annual training course "Managing Aggressive Behaviors" on Relias learning platform.

Ongoing: Resident Care Director or designee to review training course during monthly staff meetings with direct care staff for the quarter.

Update: 01/21/2022

Please send/Attach proof of staff training. 1-21-2022 MM

Document Submission

Implemented

I will send training documentation upon completion.

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the home's secure dementia unit on [REDACTED]. The Documentation of Medical Evaluation (DME) form dated [REDACTED] does not indicate the need for secure dementia care.

Plan of Correction

Accept

2600.231(b)

What: Resident #1 was admitted to the home's secure dementia unit on [REDACTED]. The Documentation of Medical Evaluation (DME) form dated [REDACTED] does not indicate the need for secure dementia care.

Who: The Executive Director or designee will implement and train Resident Care Director, Memory Care Director, and Care Coordinator on Plan of Correction (Attachment G). Participants will complete Sign-in Sheet (Attachment H).

When: Executive Director will complete plan of correction by March 1, 2022.

How: Resident Care Director, Memory Care Director, and Care Coordinator will be retrained by Executive Director of proper completion of Documentation of Medical Evaluation (DME).

Ongoing: The Resident Care Director will complete 30 Day post admission checklist for all move ins for three months and document on Audit (Attachment I). The 30 Day post admission checklist is completed on a sample of charts as part of the QA quarterly review.

Document Submission

Implemented

2600.231(b)

231b - Medical Evaluation (continued)

What: Resident #1 was admitted to the home's secure dementia unit on [REDACTED]. The Documentation of Medical Evaluation (DME) form dated [REDACTED] does not indicate the need for secure dementia care.

Who: The Executive Director or designee will implement and train Resident Care Director, Memory Care Director, and Care Coordinator on Plan of Correction (Attachment G). Participants will complete Sign-in Sheet (Attachment H).

When: Executive Director will complete plan of correction by March 1, 2022.

How: Resident Care Director, Memory Care Director, and Care Coordinator will be retrained by Executive Director of proper completion of Documentation of Medical Evaluation (DME).

Ongoing: The Resident Care Director will complete 30 Day post admission checklist for all move ins for three months and document on Audit (Attachment I). The 30 Day post admission checklist is completed on a sample of charts as part of the QA quarterly review.

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the home's secure dementia unit on [REDACTED]. The preadmission screening form and cognitive screening were completed [REDACTED] more than 72 hours prior to admission to the secure dementia unit.

Plan of Correction

Accept

2600.231(c)

What: Resident #1 was admitted to the home's secure dementia unit on [REDACTED]. The preadmission screening form and cognitive screening were completed [REDACTED], more than 72 hours prior to admission to the secure dementia unit.

Who: The Executive Director or designee will implement and train Resident Care Director, Memory Care Director, and Care Coordinator on Plan of Correction (Attachment J). Participants will complete Sign-in Sheet (Attachment K).

When: Executive Director will complete plan of correction by March 1, 2022.

How: Resident Care Director, Memory Care Director, and Care Coordinator will be retrained by Executive Director on timely screenings and proper completion of preadmission screening sheet.

Ongoing: The Resident Care Director will complete 30 Day post admission checklist for all move ins for three months and document on Audit (Attachment L). The 30 Day post admission checklist is completed on a sample of charts as part of the QA quarterly review.

Document Submission

Implemented

2600.231(c)

What: Resident #1 was admitted to the home's secure dementia unit on [REDACTED]. The preadmission screening form and cognitive screening were completed [REDACTED], more than 72 hours prior to admission to the secure dementia unit.

Who: The Executive Director or designee will implement and train Resident Care Director, Memory Care Director, and Care Coordinator on Plan of Correction (Attachment J). Participants will complete Sign-in Sheet (Attachment K).

When: Executive Director will complete plan of correction by March 1, 2022.

How: Resident Care Director, Memory Care Director, and Care Coordinator will be retrained by Executive Director on timely screenings and proper completion of preadmission screening sheet.

231c - Preadmission Screening (continued)

Ongoing: The Resident Care Director will complete 30 Day post admission checklist for all move ins for three months and document on Audit (Attachment L). The 30 Day post admission checklist is completed on a sample of charts as part of the QA quarterly review.