

Department of Human Services
Bureau of Human Service Licensing

July 22, 2022

[REDACTED], ADMINISTRATOR

RE: BETHANY VILLAGE
150 NOBLE LANE
BETHANY, PA, 18431
LICENSE/COC#: 20357

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/26/2022, 04/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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: *BETHANY VILLAGE* License #: *20357* License Expiration: *06/17/2023*
Address: *150 NOBLE LANE, BETHANY, PA 18431*
County: *WAYNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/21/1999* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/27/2022*

Inspection Dates and Department Representative

04/26/2022 - On-Site: [REDACTED]
04/27/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *48*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *5* Have Physical Disability: *1*

Inspections / Reviews

04/26/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/22/2022*

07/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/26/2022*

07/22/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff Member A was hired [redacted] as Direct Care Staff. They have been performing Direct Care with residents since 4/11/2022 but the home does not have verification of their high school diploma, GED diploma,, or active status with the Pennsylvania nurse's aide registry.

Plan of Correction

Accept

Staff member A was hired on [redacted] as a Direct Care Staff with a signed and notarized document stating that [redacted] had started the process of getting [redacted] GED. Under the Direct Care Staff Educational Guidelines-If there is documentation that a person is enrolled in and will receive his or her GED within 6 months after hire date, the person may be hired upon condition that he or she will complete the GED within the next 6 months.

Staff Member A has successfully completed the Direct Care Staff Training Course and Competency on 03/27/2022 and successfully passed the Med Tech Training course on 04/25/2022.

An audit was conducted on 05/03/2022 for all Direct Care Staff to ensure they met the educational guidelines of regulation 54.a.

A letter was received on 07/18/2022 from the Educational Opportunity Centers Program, recognized by the PA Department of Education, stating that Staff Member A is enrolled with EOC to obtain [redacted] GED.

If Staff member A is unable to obtain [redacted] GED within the 6 months of [redacted] hire date, a waiver will be requested 30 days prior to the end date of staff members 6 month hire date.

All new Direst Care Staff that are hired will be reviewed by the Administrator to ensure documentation for educational requirements are met.

Completion Date: 07/18/2022

Update: 07/20/2022

Please send proof of GED enrollment for staff person A.

Document Submission

Implemented

Staff member A was hired on [redacted] as a Direct Care Staff with a signed and notarized document stating that [redacted] had started the process of getting [redacted] GED. Under the Direct Care Staff Educational Guidelines-If there is documentation that a person is enrolled in and will receive his or her GED within 6 months after hire date, the person may be hired upon condition that he or she will complete the GED within the next 6 months.

Staff Member A has successfully completed the Direct Care Staff Training Course and Competency on 03/27/2022 and successfully passed the Med Tech Training course on 04/25/2022.

An audit was conducted on 05/03/2022 for all Direct Care Staff to ensure they met the educational guidelines of regulation 54.a.

A letter was received on 07/18/2022 from the Educational Opportunity Centers Program, recognized by the PA Department of Education, stating that Staff Member A is enrolled with EOC to obtain her GED.

If Staff member A is unable to obtain [redacted] GED within the 6 months of [redacted] hire date, a waiver will be requested 30 days prior to the end date of staff members 6 month hire date.

All new Direst Care Staff that are hired will be reviewed by the Administrator to ensure documentation for educational requirements are met.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the home's transportation bus had a fire extinguisher that was last inspected in June 2014.

Plan of Correction

Accept

The fire extinguisher that was on the bus came with it when the bus was purchased in 2018. The fire extinguisher, which was still fully charged, was removed from the bus on 04/27/2022 by the Maintenance Director. A new one was ordered and placed on the bus on 05/01/2022.

An audit was conducted on 04/27/2022 by the Maintenance department to ensure all fire extinguishers have been inspected timely.

Maintenance staff was educated on importance of Regulation 131.f. to ensure all fire extinguishers are inspected timely.

The monthly maintenance audit form was updated to include the extinguisher on the bus.

Audits will be reviewed at the monthly Q.A. meeting x 3 months and periodically thereafter.

Completion Date: 05/02/2022

Update: 07/20/2022

Please send proof of inspected fire extinguisher (picture) located in the transportation vehicle.

Document Submission

Implemented

The fire extinguisher that was on the bus came with it when the bus was purchased in 2018. The fire extinguisher, which was still fully charged, was removed from the bus on 04/27/2022 by the Maintenance Director. A new one was ordered and placed on the bus on 05/01/2022.

An audit was conducted on 04/27/2022 by the Maintenance department to ensure all fire extinguishers have been inspected timely.

Maintenance staff was educated on importance of Regulation 131.f. to ensure all fire extinguishers are inspected timely.

The monthly maintenance audit form was updated to include the extinguisher on the bus.

Audits will be reviewed at the monthly Q.A. meeting x 3 months and periodically thereafter.

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

A fire drill was completed by the home on 4/25/2022 at 5:40pm. Documentation of this fire drill did not include the number of residents in the home at the time of the drill, the number of residents evacuated, or the exit route used during the drill.

Plan of Correction

Accept

At the time of our annual inspection, the fire drill record log was fully completed with all required documentation; however, it was documented on another form that was attached to the 2022 fire drill log.

The fire drill record for 2022 was updated for the month of April to include date, time, the amount of time, exit routes used and number of residents at time of drill on 04/26/2022.

132c - Fire Drill Records (continued)

Fire drill logs were reviewed and determined to be recorded timely on 04/26/2022. Maintenance Supervisor and Administrator were educated on importance of regulation 132.c. on 04/26/2022 and the importance of documenting the required information upon completion of the fire drill. Fire Drill logs will be reviewed at monthly Q.A. meeting x 3 months and periodically thereafter to ensure compliance. Completion Date: 04/26/2022

Update: 07/20/2022

Please send proof of fire drill log from 4-2022 to current.

Document Submission

Implemented

At the time of our annual inspection, the fire drill record log was fully completed with all required documentation; however, it was documented on another form that was attached to the 2022 fire drill log. The fire drill record for 2022 was updated for the month of April to include date, time, the amount of time, exit routes used and number of residents at time of drill on 04/26/2022. Fire drill logs were reviewed and determined to be recorded timely on 04/26/2022. Maintenance Supervisor and Administrator were educated on importance of regulation 132.c. on 04/26/2022 and the importance of documenting the required information upon completion of the fire drill. Fire Drill logs will be reviewed at monthly Q.A. meeting x 3 months and periodically thereafter to ensure compliance.

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.

Description of Violation

The Resident Assessment and Support Plan dated [REDACTED] for Resident 1, indicates that Resident 1 has minimal mobility needs and can evacuate with limited physical assistance in the event of an emergency. In another section the RASP indicates that Resident 1 can require assistance from 1-2 staff members to move from a seated or lying position.

Plan of Correction

Accept

The Resident Assessment and Support Plan dated 08/11/2021 for Resident 1, was reviewed and updated to reflect the mobility needs of the resident on 04/28/2022. The R.N. staff person who is responsible to complete the RASP was educated on the importance of regulation 227.d. as it pertains to accuracy of resident mobility needs. An audit by the R.N. staff member was completed on 05/02/2022 on all Resident Assessment and Support Plans to ensure accuracy of mobility needs for all residents. Resident Assessment and Support plans are updated as the needs of the resident's change on an ongoing basis. The R.N. staff person will be responsible to ensure the accuracy of the Resident Assessment and Support Plan on an ongoing basis.

Completion Date: 05/02/2022

227d - Support Plan Medical/Dental (continued)

Update: 07/20/2022

Please send updated RASP for resident 1.

Document Submission

Implemented

The Resident Assessment and Support Plan dated [REDACTED] for Resident 1, was reviewed and updated to reflect the mobility needs of the resident on [REDACTED].

The R.N. staff person who is responsible to complete the RASP was educated on the importance of regulation 227.d. as it pertains to accuracy of resident mobility needs.

An audit by the R.N. staff member was completed on 05/02/2022 on all Resident Assessment and Support Plans to ensure accuracy of mobility needs for all residents.

Resident Assessment and Support plans are updated as the needs of the resident's change on an ongoing basis. The R.N. staff person will be responsible to ensure the accuracy of the Resident Assessment and Support Plan on an ongoing basis.