

Department of Human Services
Bureau of Human Service Licensing

August 26, 2022

[REDACTED]
CREEK SENIOR CARE LLC
[REDACTED]
[REDACTED]

RE: THE BRIDGES AT BENT CREEK
2100 BENT CREEK BOULEVARD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 33355

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/06/2022, 07/07/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

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: *THE BRIDGES AT BENT CREEK* License #: *33355* License Expiration: *10/31/2022*
Address: *2100 BENT CREEK BOULEVARD, MECHANICSBURG, PA 17050*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7177951100* Email: [REDACTED]

Legal Entity

Name: *CREEK SENIOR CARE LLC*
Address: *1000 LEGION PLACE, SUITE 1600, ATTN BILL SNOW, ORLANDO, FL, 32801*
Phone: *7177951100* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/16/2011* Issued By: *Silver Spring Township*
Type: *C-2 LP* Date: *01/03/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *119* Waking Staff: *89*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/07/2022*

Inspection Dates and Department Representative

07/06/2022 - On-Site: [REDACTED]
07/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* Residents Served: *85*

Secured Dementia Care Unit

In Home: *Yes* Area: *The Gardens* Capacity: *31* Residents Served: *17*

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *85*
Diagnosed with Mental Illness: *31* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *34* Have Physical Disability: *34*

Inspections / Reviews

07/06/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/30/2022*

Inspections / Reviews (*continued*)

08/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/08/2022*

08/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/19/2022*

08/26/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c10 - Advance Notice

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

The home's rates for food, shelter and services increased on May 1, 2022. However, Resident #1 was not provided at least 30 days advanced written notice of the change to the resident-home contract.

Plan of Correction**Accept**

Upon being notified of the issue with billing, the executive director and the regional director of operations examined the account on 7/7/2022, and both computer files and paper files were searched for the letter. This notice was not located within the resident's file. A refund was issued for the amount of the increase charged without notice. This refund was finalized 8/5/2022.

-Education was given to the business office director on 7/7/2022 by the executive director regarding the need to ensure a copy of the letter being sent is kept in the file for future reference.

-An audit of the accounts to receive an increase will be done monthly by the executive director starting with the month of July to ensure that there is a record of the monthly increase notices.

Completion Date: 08/05/2022

Document Submission**Implemented**

Upon being notified of the issue with billing, the executive director and the regional director of operations examined the account on 7/7/2022, and both computer files and paper files were searched for the letter. This notice was not located within the resident's file. A refund was issued for the amount of the increase charged without notice. This refund was finalized 8/5/2022.

-Education was given to the business office director on 7/7/2022 by the executive director regarding the need to ensure a copy of the letter being sent is kept in the file for future reference.

-An audit of the accounts to receive an increase will be done monthly by the executive director starting with the month of July to ensure that there is a record of the monthly increase notices.

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On 7/5/2022 at 4:53 AM, Resident #2 activated a call bell to request staff assistance. Resident #2's body had "locked up" and the resident was unable to reposition on their own. After waiting for some time, Resident #2 placed a call to the front desk for assistance however, there was no answer. Next, Resident #2 placed a call to 911. Staff Member A arrived for their shift around 7:00 AM and received a phone call from EMS. It was stated that 911 had received a phone call from Resident #2 requesting help for repositioning. Staff Member A then went to the resident's bedroom and provided repositioning. Resident #2 waited over 2 hours from the time the call bell was activated to the time staff responded.

Plan of Correction**Accept**

The incident of 7/5/2022 resulted in an overnight staff member being placed on suspension on 7/5/2022 and

42c - Treatment of Residents (continued)

subsequently terminated by the executive director due to a failure to treat Resident #2 with dignity and respect.

- Education was given to associates by the executive director on 7/11/2022 regarding the need for staff to assist residents with needs and requests. See attached in-service materials.
- A checklist tool was implemented for the med techs on 7/11/2022 to ensure that they have a way to document accountability, show that they have reviewed the care delivered by resident assistants, and prompt them to do rounds and hold check in meetings with resident assistants.
- An audit of the checklists will be done on a weekly basis starting no later than 8/26/2022 by the executive director to ensure that checklists are completed accurately.

Completion Date: 08/01/2022

Document Submission**Implemented**

The incident of 7/5/2022 resulted in an overnight staff member being placed on suspension on 7/5/2022 and subsequently terminated by the executive director due to a failure to treat Resident #2 with dignity and respect.

- Education was given to associates by the executive director on 7/11/2022 regarding the need for staff to assist residents with needs and requests. See attached in-service materials.
- A checklist tool was implemented for the med techs on 7/11/2022 to ensure that they have a way to document accountability, show that they have reviewed the care delivered by resident assistants, and prompt them to do rounds and hold check in meetings with resident assistants.
- An audit of the checklists will be done on a weekly basis starting no later than 8/26/2022 by the executive director to ensure that checklists are completed accurately.

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 RASP for Resident # 2 does not reflect the need for body repositioning and movement due to Paralysis Agitans/Parkinson's which results in the resident's body "locking up" and requiring assistance to be repositioned.

Plan of Correction**Accept**

The RASP for this resident did not accurately reflect the diagnoses listed on the DMEs. The RASP was corrected on [REDACTED] by the executive director.

- An audit of all RASPs comparing them with the DME and known condition of the resident will be completed by the executive director/memory care director/lead med tech no later than 8/26/2022.
- Education was given to staff who prepare RASPs by the Bridge regional team on 7/26/2022 to ensure that all RASPs accurately reflect the information on the DME. See attached documentation.
- The initial RASP will be reviewed by the executive director after one month to ensure the RASP accurately reflects the care needs of the resident.

227d - Support Plan Medical/Dental (continued)

-The RASP review will be compiled and reviewed as part of the routine audits conducted weekly by the executive director.

Initial and/or annual RASPs are audited by the executive director.

Completion Date: 08/26/2022

Document Submission**Implemented**

The RASP for this resident did not accurately reflect the diagnoses listed on the DMEs. The RASP was corrected on [REDACTED] by the executive director.

-An audit of all RASPs comparing them with the DME and known condition of the resident will be completed by the executive director/memory care director/lead med tech no later than 8/26/2022.

-Education was given to staff who prepare RASPs by the Bridge regional team on 7/26/2022 to ensure that all RASPs accurately reflect the information on the DME. See attached documentation.

-The initial RASP will be reviewed by the executive director after one month to ensure the RASP accurately reflects the care needs of the resident.

-The RASP review will be compiled and reviewed as part of the routine audits conducted weekly by the executive director.

Initial and/or annual RASPs are audited by the executive director.