

Department of Human Services
Bureau of Human Service Licensing

August 26, 2022

[REDACTED]
NORTH WALES 1091 PCH BG OPCO LLC
[REDACTED]
[REDACTED]

RE: PARK CREEK PLACE - PERSONAL
CARE
1091 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 14257

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2022, 07/20/2022, 07/22/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews (*continued*)

08/25/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/29/2022*

08/26/2022 - Document Submission

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

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 5/13/22, Resident #1 made an allegation of abuse and named Staff Person A as the perpetrator. The home brought Staff Person A back to work on 7/16/22 without a plan of supervision.

Plan of Correction

Accept

Submission of this response and Plan of Correction 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 or 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 any conclusions set forth in this allegation by the survey agency.

- *No residents were negatively affected related to this finding.*
- *On 07/19/2022, Staff Person A was again placed on suspension, pending the outcome of the Departments investigation involving the allegation of abuse involving Staff Person A.*
- *On 07/21, at the direction of the Department Staff Person A was returned to work without a plan of supervision, as the allegation was unsubstantiated.*
- *On 08/10/2022, the Regional Executive Director (RED) educated the Regional Director of Care Services (RDCCS), Executive Director (ED), Care Services Manager (CSM), and Assistant Care Services Manager (ACSM) as to the requirements set within regulation 2600.15b (Exhibit A1 – in-service)*
- *On 08/15/2022, the CSM audited the homes staffing roster for the preceding 30-days to validate that staff suspensions or plans of supervisions were not prematurely discontinued. No additional instances were identified as a result of this audit. (Exhibit A2 – audit tool)*
- *Beginning 08/15/2022, the CSM or designee will audit the homes staffing roster twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate that staff suspensions or plan of supervisions are not discontinued prematurely. (Exhibit A3 – audit tool)*
- *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 __8/15/2022__.*

Completion Date: 08/15/2022

Document Submission

Implemented

Submission of this response and Plan of Correction 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 or 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 any conclusions set forth in this allegation by the survey agency.

- *No residents were negatively affected related to this finding.*
- *On 07/19/2022, Staff Person A was again placed on suspension, pending the outcome of the Departments*

15b - Supervisor Plan (continued)

investigation involving the allegation of abuse involving Staff Person A.

- On 07/21, at the direction of the Department Staff Person A was returned to work without a plan of supervision, as the allegation was unsubstantiated.
- On 08/10/2022, the Regional Executive Director (RED) educated the Regional Director of Care Services (RDCS), Executive Director (ED), Care Services Manager (CSM), and Assistant Care Services Manager (ACSM) as to the requirements set within regulation 2600.15b (Exhibit A1 – in-service)
- On 08/15/2022, the CSM audited the homes staffing roster for the preceding 30-days to validate that staff suspensions or plans of supervisions were not prematurely discontinued. No additional instances were identified as a result of this audit. (Exhibit A2 – audit tool)
- Beginning 08/15/2022, the CSM or designee will audit the homes staffing roster twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate that staff suspensions or plan of supervisions are not discontinued prematurely. (Exhibit A3 – audit tool)
- 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 8/15/2022.

23a - Activities of Daily Living Assistance**1. Requirements**

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for Resident #1 indicates the resident requires assistance with toileting and is to use the pendant for assistance. On 7/14/22 at 7:00 pm, Resident 1 pressed the call bell for assistance to use the toilet. The call bell was answered 21 minutes later. By the time assistance arrived, the was resident soiled.

Plan of Correction**Accept**

- On 7/14/22, at approximately 7:21pm Resident #1 was assisted with incontinence care by resident care staff.
- On 08/10/2022, the RED educated the CSM and ACSM on Enlivant policy #02-1.5, titled, "Activities of Daily Living". (Exhibit B1 – in-service)
- On 08/15/2022, the CSM queried current residents to ensure assistance with ADL's was being provided by community staff as necessary and as indicated in the residents assessment and support plan. No additional instances were identified. (Exhibit B2/C3 – audit tool/report)
- On 07/20/2022, the CSM and ACSM in-serviced direct care staff on Enlivant Policy #02-1.5, "Activities of Daily Living", and providing ADL assistance timely to residents as indicated in residents assessments and support plans. Remediation directives and support to decrease wait times to promptly meet resident's needs reviewed and initiated. (Exhibit B3 – in-service)
- Beginning, 08/16/2022 the CSM or designee will review the call bell wait time report twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to ensure residents needs are addressed timely. (Exhibit B4/C6 – audit tool)
- Beginning, 08/16/2022 the CSM or designee will query 5 residents twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to ensure assistance with ADL's was being provided by community staff as necessary and as indicated in the resident's assessment and support plan. (Exhibit B5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued

23a - Activities of Daily Living Assistance (continued)

auditing is necessary based on three consecutive months of compliance.

- Completion date 08/15/2022.

Completion Date: 08/15/2022

Document Submission

Implemented

- On 7/14/22, at approximately 7:21pm Resident #1 was assisted with incontinence care by resident care staff.
- On 08/10/2022, the RED educated the CSM and ACSM on Enlivant policy #02-1.5, titled, "Activities of Daily Living". (Exhibit B1 – in-service)
- On 08/15/2022, the CSM queried current residents to ensure assistance with ADL's was being provided by community staff as necessary and as indicated in the residents assessment and support plan. No additional instances were identified. (Exhibit B2/C3 – audit tool/report)
- On 07/20/2022, the CSM and ACSM in-serviced direct care staff on Enlivant Policy #02-1.5, "Activities of Daily Living", and providing ADL assistance timely to residents as indicated in residents assessments and support plans. Remediation directives and support to decrease wait times to promptly meet resident's needs reviewed and initiated. (Exhibit B3 – in-service)
- Beginning, 08/16/2022 the CSM or designee will review the call bell wait time report twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to ensure residents needs are addressed timely. (Exhibit B4/C6 – audit tool)
- Beginning, 08/16/2022 the CSM or designee will query 5 residents twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to ensure assistance with ADL's was being provided by community staff as necessary and as indicated in the resident's assessment and support plan. (Exhibit B5)
- 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 08/15/2022.

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 7/12/22 at 5:41 am, Resident #1 pressed the call bell for assistance after a fall. Staff person B was assigned to care for the resident, and left the resident on the floor. The resident was helped up by staff on the following shift.

On 7/13/22 at 5:01 am, Resident #1 pressed call bell for assistance after a fall. Staff person A was assigned to care for [redacted] and responded 15 minutes after the call bell. The resident is a 2 person assist and additional help did not arrive until the resident had been on the floor for 35 minutes. Staff person B and Staff person C were the staff members that arrived to assist. Staff person B was rough with Resident 1 while trying to get [redacted] up from the floor by pulling the resident's arm and causing pain. During this exchange, the resident's head was hit.

Plan of Correction

Accept

- On 7/12/22, at approximately 7:45a resident #1 was assisted off the floor by direct care staff. Resident #1 did not sustain an injury related to this finding.

42b - Abuse (continued)

- On 7/13/22, Resident #1 was evaluated by care staff. No injuries were sustained as a result of this fall.
- On 7/19/2022, Staff Person B was suspended upon receipt of the allegation of being rough with Resident #1.
- On 7/25/2022, at the direction of DHS, Staff Person B completed abuse and resident rights training, then was permitted to return to work on 7/25/2022. (Exhibit C1– in-service)
- On 7/20/2022, the CSM and ACSM in-serviced direct care staff on Enlivant Policies titled, “Abuse, Neglect, and Exploitation Policy – Pennsylvania Communities” and “Non-Emergency Resident Fall Response Policy”, in addition to requirements set within regulation 2600.42b. (Exhibit C2 – in-service)
- On 08/16/2022, the CSM generated a call bell wait time report for the preceding 30-days to identify and trend abnormal wait times. (Exhibit C3 – audit tool/report)
- On 7/20/2022, the CSM and ACSM in-serviced direct care staff on Enlivant Policy #02-1.5, “Activities of Daily Living”, and the call bell wait time report audit. Findings from the audit were shared along with interventions to decrease wait times to the facility averages.(Exhibit C4 – in-service)
- On 08/15/2022, the CSM and ACSM queried current residents that had required physical assistance to rise from the floor over the preceding 30-days, asking them if they experienced mishandling or instances of staff being rough with them as they rendered assistance with rising. The audit determined that there were no additional reported instances. (Exhibit C5 – audit tool)
- Beginning, 08/16/2022 the CSM or designee will review the call bell wait time report twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to ensure residents needs are addressed timely. (Exhibit B4/C6 – audit tool)
- Beginning, 8/15/2022 the CSM or designee will query current residents that required physical assistance to rise from the floor weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate residents are not mishandled or treated roughly when assisted with rising from the floor. (Exhibit C7- audit tool)
- 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 08/15/2022.

Completion Date: 08/15/2022

Document Submission

Implemented

- On 7/12/22, at approximately 7:45a resident #1 was assisted off the floor by direct care staff. Resident #1 did not sustain an injury related to this finding.
- On 7/13/22, Resident #1 was evaluated by care staff. No injuries were sustained as a result of this fall.
- On 7/19/2022, Staff Person B was suspended upon receipt of the allegation of being rough with Resident #1.
- On 7/25/2022, at the direction of DHS, Staff Person B completed abuse and resident rights training, then was permitted to return to work on 7/25/2022. (Exhibit C1– in-service)
- On 7/20/2022, the CSM and ACSM in-serviced direct care staff on Enlivant Policies titled, “Abuse, Neglect, and Exploitation Policy – Pennsylvania Communities” and “Non-Emergency Resident Fall Response Policy”, in addition to requirements set within regulation 2600.42b. (Exhibit C2 – in-service)
- On 08/16/2022, the CSM generated a call bell wait time report for the preceding 30-days to identify and trend abnormal wait times. (Exhibit C3 – audit tool/report)
- On 7/20/2022, the CSM and ACSM in-serviced direct care staff on Enlivant Policy #02-1.5, “Activities of Daily Living”, and the call bell wait time report audit. Findings from the audit were shared along with interventions to decrease wait times to the facility averages.(Exhibit C4 – in-service)
- On 08/15/2022, the CSM and ACSM queried current residents that had required physical assistance to rise from the floor over the preceding 30-days, asking them if they experienced mishandling or instances of staff being rough with them as they rendered assistance with rising. The audit determined that there were no additional reported

42b - Abuse (continued)

instances. (Exhibit C5 – audit tool)

- Beginning, 08/16/2022 the CSM or designee will review the call bell wait time report twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly to ensure residents needs are addressed timely. (Exhibit B4/C6 – audit tool)
- Beginning, 8/15/2022 the CSM or designee will query current residents that required physical assistance to rise from the floor weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate residents are not mishandled or treated roughly when assisted with rising from the floor. (Exhibit C7- audit tool)
- 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 08/15/2022.

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On 7/13/22 at 5:01 am, Resident #1 pressed call bell for assistance after a fall. Staff person A was assigned to care for [redacted] and responded 15 minutes after the call bell. The resident is a 2 person assist and additional help did not arrive until the resident had been on the floor for 35 minutes. While the resident was on the floor Staff person A argued with the resident about the resident's degrees and state laws. According to Staff person C, the exchange caused Resident #1 to request that Staff person A not touch the resident. Resident #1 was helped off the floor by Staff person B and Staff person C.

Plan of Correction

Accept

- On 07/14/2022, Staff Person A was placed on suspension, pending the outcome of the Departments investigation of the allegation of abuse involving Staff Person A.
- On 07/21/2022, at the direction of the Department, Staff Person A was returned to work without a plan of supervision, as the allegation was unsubstantiated.
- On 7/20/2022, the CSM and ACSM in-serviced direct care staff on Enlivant Policy titled, "Resident Rights", and the requirements set within regulation 2600.42.c. (Exhibit D1 – in-service)
- On 8/22/2022, the CSM and ACSM queried current residents, asking them if they are treated with dignity and respect by the homes staff. The audit determined that there were no additional reported instances. (Exhibit D2 – audit)
- Beginning 08/16/2022, the CSM or designee will audit 3 residents weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1, asking if they are treated with dignity and respect by the homes staff, to validate those residents are treated in accordance with 2600.42.c. (Exhibit D3- audit tool)
- 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 __08/15/2022__.

Completion Date: 08/15/2022

Document Submission

Implemented

- On 07/14/2022, Staff Person A was placed on suspension, pending the outcome of the Departments investigation of the allegation of abuse involving Staff Person A.
- On 07/21/2022, at the direction of the Department, Staff Person A was returned to work without a plan of supervision, as the allegation was unsubstantiated.

42c - Treatment of Residents (continued)

- On 7/20/2022, the CSM and ACSM in-serviced direct care staff on Enlivant Policy titled, "Resident Rights", and the requirements set within regulation 2600.42.c. (Exhibit D1 – in-service)
- On 8/22/2022, the CSM and ACSM queried current residents, asking them if they are treated with dignity and respect by the homes staff. The audit determined that there were no additional reported instances. (Exhibit D2 – audit)
- Beginning 08/16/2022, the CSM or designee will audit 3 residents weekly x 4 weeks, then bi-weekly x 4 weeks, the monthly x 1, asking if they are treated with dignity and respect by the homes staff, to validate those residents are treated in accordance with 2600.42.c. (Exhibit D3- audit tool)
- 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 __08/15/2022__.

52 - Hiring Staff

1. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Staff person A's first day of work was [REDACTED]. The staff person's criminal background check was not completed until 1/24/22.

Plan of Correction

Accept

- On 8/10/2022, the RED in-serviced the Administrative Specialist on the requirements stated within 2600.52. (Exhibit E1 – in-service)
- On 08/15/2022, the Administrative Specialist audited current personnel files of direct care staff to validate each employee has a criminal background check completed in accordance with the Older Adult Protective Services Act. (Exhibit E2 - audit tool)
- Beginning 08/15/2022, for the duration of 60 days, the ED and/or designee will audit newly hired employee personnel files on an employee's first day of employment to validate each employee has a criminal background check completed in accordance with the Older Adult Protective Services Act. (Exhibit E3- audit tool)
- 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. Monitoring will be on-going.
- Completion Date: __08/15/2022__.

Completion Date: 08/15/2022

Document Submission

Implemented

- On 8/10/2022, the RED in-serviced the Administrative Specialist on the requirements stated within 2600.52. (Exhibit E1 – in-service)
- On 08/15/2022, the Administrative Specialist audited current personnel files of direct care staff to validate each employee has a criminal background check completed in accordance with the Older Adult Protective Services Act. (Exhibit E2 - audit tool)
- Beginning 08/15/2022, for the duration of 60 days, the ED and/or designee will audit newly hired employee personnel files on an employee's first day of employment to validate each employee has a criminal background

52 - Hiring Staff (continued)

check completed in accordance with the Older Adult Protective Services Act. (Exhibit E3- audit tool)

- 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. Monitoring will be on-going.
- Completion Date: 08/15/2022.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1’s assessment, dated [REDACTED] does not include an assessment for Short Term Memory.

Plan of Correction

Accept

Plan of Correction:

- Resident #1 did not suffer a negative effect related to this finding.
- On (date), (title) updated Residents #1’s assessment to include assessment for short term memory.
- On 08/10/2022, the RED in-serviced the CSM on the requirements stated within 2600.225.a. (Exhibit F1 – in-service)
- On 8/15/2022, the CSM and ACSM conducted an audit of current Resident Assessment and Support Plans (RASPs), validating that resident’s date of admission and initial assessment dates were completed within 15 days of admission. It looks like the violation was issued because the assessment did not include assessing for short term memory not that it was completed within 15 days. If this is true, audit should be looking for that not the completion date requirement. (Exhibit F2 - audit tool)
- The CSM and/or designee will audit the RASPs of new admissions weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to ensure initial completions are done within 15 days of admission. (Exhibit F3- audit tool) Same as above
- 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. Monitoring will be on-going.
- Completion date: 08/15/2022.

Completion Date: 08/15/2022

Document Submission

Implemented

Plan of Correction:

- Resident #1 did not suffer a negative effect related to this finding.
- On (date), (title) updated Residents #1’s assessment to include assessment for short term memory.
- On 08/10/2022, the RED in-serviced the CSM on the requirements stated within 2600.225.a. (Exhibit F1 – in-service)
- On 8/15/2022, the CSM and ACSM conducted an audit of current Resident Assessment and Support Plans (RASPs), validating that resident’s date of admission and initial assessment dates were completed within 15 days of admission. It looks like the violation was issued because the assessment did not include assessing for short term memory not that it was completed within 15 days. If this is true, audit should be looking for that not the completion date requirement. (Exhibit F2 - audit tool)

225a - Assessment 15 Days (continued)

- The CSM and/or designee will audit the RASPs of new admissions weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to ensure initial completions are done within 15 days of admission. (Exhibit F3- audit tool) Same as above*
- 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. Monitoring will be on-going.*
- Completion date: 08/15/2022.*