

Department of Human Services
Bureau of Human Service Licensing

October 20, 2022

[REDACTED]
HALCYON SENIOR LIVING LLC
528 DEWEY AVENUE
BRIDGEVILLE, PA, 15017

RE: HALCYON SENIOR LIVING
528 DEWEY AVENUE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45109

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2022, 09/20/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

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: *HALCYON SENIOR LIVING* License #: *45109* License Expiration: *08/31/2022*
Address: *528 DEWEY AVENUE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *412-677-0800* Email: [REDACTED]

Legal Entity

Name: *HALCYON SENIOR LIVING LLC*
Address: *528 DEWEY AVENUE, BRIDGEVILLE, PA, 15017*
Phone: *7404918721* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/23/2014* Issued By: *Bridgeville Municipality*
Type: *C-2 LP* Date: *09/03/1998* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Indicator* Exit Conference Date: *09/20/2022*

Inspection Dates and Department Representative

09/13/2022 - On-Site: [REDACTED]
09/20/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *88* Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd Floor* Capacity: *44* Residents Served: *23*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *27* Have Physical Disability: *2*

Inspections / Reviews

09/13/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/05/2022*

Inspections / Reviews (*continued*)

10/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/07/2022*

10/06/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/20/2022*

10/20/2022 - Document Submission

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

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 8/20/22 at approximately 6:45 pm, resident #1 pushed resident #2 to the ground. Staff persons A and B responded to resident #1's bedroom, due to hearing a "loud bang". Staff persons A and B found resident #2 lying on the floor, complaining of hip pain. Resident #1 reported to both staff persons that resident #1 pushed resident #2 to the ground, because resident #2 had entered resident #1's bedroom, and resident #1 did not want resident #2 in [redacted] bedroom. Staff person A left resident #1's bedroom to call 911, leaving staff person B to stay with both residents. Staff person B indicated while they were waiting for emergency services to arrive, resident #1 then kicked resident #2 in the stomach 3 times while resident #2 was still on the floor. Resident #2 was sent to the hospital and admitted with a hip fracture.

Resident #1 was admitted to the home on [redacted] from a previous personal care home owned by the same legal entity. Resident #1's progress notes from the previous home, which were present in the home, indicate numerous occurrences of physical abuse by resident #1 towards numerous residents, including punching another resident in the mouth, grabbing another resident's arm, causing a skin tear and punching another resident in the chin. According to the home's description of services, "Residents will be admitted to facility as long as the care needs can be safely met by the facility, the resident exhibits no behaviors or infection that would be detrimental to the staff or other residents..." Resident #1's preadmission screening form, dated [redacted], indicates that the resident has a history of problematic behavior in the form of physical violence towards others.

REPEAT VIOLATION; 4/4/2022, et. al.

Plan of Correction

Accept

1. Resident #1 was transported to [redacted] immediately following incident for psych eval and subsequent admission in order to ensure facility residents' safety.
2. Resident was issued a 30-day notice and did not return to facility. (Per administrator on 10/6/22, resident #1 was issued a 30-day notice of discharge on 8/22/22. LM 10/6/22).
3. There are no other residents at Halcyon that are exhibiting aggressive behaviors.
4. Halcyon Senior Living will not admit residents that are identified as having problematic or aggressive behaviors as indicated by a comprehensive prescreen.
5. Education to be provided 10/5/2022 to all staff regarding 2600.42.b and the expected procedures to be followed during the admission/prescreen process to identify residents whose needs cannot be met at Halcyon Senior Living.
6. Education provided to all staff regarding the identification of aggressive or problematic behaviors.
7. Clinical Staff will begin using Briggs Form 3667P Behavior Monitoring to track behaviors. Director of Wellness and/or the Administrator are to review tracking forms daily and bring to morning meeting for discussion and interventions as appropriate.

Completion Date: 10/07/2022

Document Submission

Implemented

1. Resident #1 was transported to Heritage Valley Hospital immediately following incident for psych eval and

42b - Abuse (continued)

subsequent admission in order to ensure facility residents' safety.

2. Resident was issued a 30-day notice and did not return to facility. (Per administrator on 10/6/22, resident #1 was issued a 30-day notice of discharge on 8/22/22. LM 10/6/22).

3. There are no other residents at Halcyon that are exhibiting aggressive behaviors.

4. Halcyon Senior Living will not admit residents that are identified as having problematic or aggressive behaviors as indicated by a comprehensive prescreen.

5. Education to be provided 10/5/2022 to all staff regarding 2600.42.b and the expected procedures to be followed during the admission/prescreen process to identify residents whose needs cannot be met at Halcyon Senior Living.

6. Education provided to all staff regarding the identification of aggressive or problematic behaviors.

7. Clinical Staff will begin using Briggs Form 3667P Behavior Monitoring to track behaviors. Director of Wellness and/or the Administrator are to review tracking forms daily and bring to morning meeting for discussion and interventions as appropriate.

224b - Assessment Referral

1. Requirements

2600.

224.b. An applicant whose personal care service needs cannot be met by the home shall be referred to a local appropriate assessment agency.

Description of Violation

Resident #1 was admitted to the home on [redacted] from a previous personal care home owned by the same legal entity. Resident #1's progress notes from the previous home, which were present in the home, indicate numerous occurrences of physical abuse by resident #1 towards numerous residents. Resident #1's preadmission screening form, dated [redacted] indicates the home can meet resident #1's needs; however, resident #1's preadmission screening indicates resident #1 has a history of problematic behavior in the form of physical violence towards others. According to the home's description of services, "Residents will be admitted to facility as long as the care needs can be safely met by the facility, the resident exhibits no behaviors or infection that would be detrimental to the staff or other residents..."

Based on the home's description of services and resident #1's history of problematic behaviors, resident #1's needs could not be met by the home; however, the home did not refer the resident to a local appropriate assessment agency.

Plan of Correction

Accept

1. Education to be provided to staff 10/5/2022 regarding the prescreen procedures.

2. All prescreens will be completed in person by Director of Wellness or Administrator.

3. A comprehensive assessment will be completed as well as interviews with available staff and family as indicated to get a clear picture of resident status.

4. The prescreen will be brought back to the facility and the Resident Admission Decision Tree will be completed and discussed during daily clinical meeting to decide if the needs of the resident can be met at the facility.

5. If the needs of the resident cannot be met at Halcyon Senior Living, a referral will be made to a local appropriate assessment agency.

Per administrator on 10/6/22, resident #1 was issued a 30-day notice of discharge on 8/22/22. LM 10/6/22.

Completion Date: 10/07/2022

224b - Assessment Referral (continued)

Document Submission

Implemented

1. Education to be provided to staff 10/5/2022 regarding the prescreen procedures.
2. All prescreens will be completed in person by Director of Wellness or Administrator.
3. A comprehensive assessment will be completed as well as interviews with available staff and family as indicated to get a clear picture of resident status.
4. The prescreen will be brought back to the facility and the Resident Admission Decision Tree will be completed and discussed during daily clinical meeting to decide if the needs of the resident can be met at the facility.
5. If the needs of the resident cannot be met at Halcyon Senior Living, a referral will be made to a local appropriate assessment agency.

Per administrator on 10/6/22, resident #1 was issued a 30-day notice of discharge on 8/22/22. LM 10/6/22.

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 was admitted to the home on [REDACTED] from a previous personal care home owned by the same legal entity. Resident #1's progress notes from the previous home, which were present in the home, indicate numerous occurrences of physical abuse by resident #1 towards numerous residents. Resident #1's preadmission screening, dated [REDACTED], indicates that the resident has a history of problematic behavior in the form of physical violence towards others. Also, on 8/20/22, resident #1 pushed resident #2 to the ground, causing injuries to resident #2. However, resident #1's assessment, dated [REDACTED] indicates the resident has no problems with aggression and minimal problem with agitation.

REPEAT VIOLATION: 4/4/2022, et. al.

Plan of Correction

Accept

1. Resident was discharged [REDACTED] so the RASP could not be updated.
2. Education will be provided 10/5/2022 to staff regarding accurate review of clinical history and documentation for verification that needs can be met.
3. 100% of RASPS will be audited for accuracy as compared to medical record, Prescreen and DME by 10/20/2022. Residents that are determined to not have their needs met at Halcyon Senior Living will be referred to appropriate agencies.
4. Prescreen to be completed in person by Director of Wellness or Administrator. Full assessment of resident will be completed and medical records and staff /family interviews will be reviewed to ensure an detailed history of the resident. The Department Prescreen form and the Admission Decision Tree will be discussed with the management Team to ensure that facility can meet resident needs before a resident is admitted.
5. Clinical staff to complete a full assessment of resident and utilize ALL documentation to include Prescreen, DME current progress notes and the Behavior Tracker to complete the RASP within 15 days of admission.
6. At any time that the team feels the resident needs cannot be met, the Administrator or designee will make the proper referral to a local assessment agency.

Completion Date: 10/20/2022

225a - Assessment 15 Days (continued)

Document Submission**Implemented**

1. Resident was discharged [REDACTED] so the RASP could not be updated.
2. Education will be provided 10/5/2022 to staff regarding accurate review of clinical history and documentation for verification that needs can be met.
3. 100% of RASPS will be audited for accuracy as compared to medical record, Prescreen and DME by 10/20/2022. Residents that are determined to not have their needs met at Halcyon Senior Living will be referred to appropriate agencies.
4. Prescreen to be completed in person by Director of Wellness or Administrator. Full assessment of resident will be completed and medical records and staff /family interviews will be reviewed to ensure an detailed history of the resident. The Department Prescreen form and the Admission Decision Tree will be discussed with the management Team to ensure that facility can meet resident needs before a resident is admitted.
5. Clinical staff to complete a full assessment of resident and utilize ALL documentation to include Prescreen, DME current progress notes and the Behavior Tracker to complete the RASP within 15 days of admission.
6. At any time that the team feels the resident needs cannot be met, the Administrator or designee will make the proper referral to a local assessment agency.