

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

December 7, 2022

[REDACTED], CEO
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 10/28/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: C 2 LP	Date: 04/13/1998	Issued By: Dept L&I
Type: I 1	Date: 10/23/2014	Issued By: Municipality of Bridgeville
Type: I 2	Date: 08/03/2020	Issued By: Bridgeville Borough

Staffing Hours

Resident Support Staff: 2 Total Daily Staff: 86 Waking Staff: 65

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 10/28/2022

Inspection Dates and Department Representative

10/28/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 88	Residents Served: 56		
Secured Dementia Care Unit			
In Home: Yes	Area: 2nd floor	Capacity: 44	Residents Served: 22
Hospice			
Current Residents: 5			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 55		
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 28	Have Physical Disability: 4		

Inspections / Reviews

10/28/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 11/17/2022

Inspections / Reviews (*continued*)

11/21/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/01/2022

12/06/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/16/2022

12/07/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The license posted on the home's bulletin board near the front desk expired 8/31/22.

Plan of Correction

Accept ([redacted] - 12/06/2022)

Administrator received and posted the updated license on 10-31-2022 @ 12:07pm.

Administrator will check all required postings monthly to assure compliance with 2600.3.c

See Attachment

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented [redacted] - 12/07/2022)

15a - Resident Abuse Report

2. 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 [redacted], at approximately [redacted] staff person A observed a reddish/purplish mark around resident #1's left eye and a small cut below [redacted] left eyebrow. Staff person A asked staff person B, the aide on the night shift, how this might have happened. Staff person B reported that on [redacted], at approximately [redacted] resident #1, who resides in the home's Secure Dementia Care Unit (SDCU), became combative and cut [redacted] eye while waving [redacted] hands in the air when staff person B was trying to change the resident's brief. Staff person A immediately reported the incident to staff person C; however, this allegation of abuse was not reported to the Department until [redacted] at [redacted]

Plan of Correction

Accept [redacted] - 12/06/2022)

DON and/or Designee will educate staff on Allegations of abuse and reporting on 11-29-2022.

Administrator will review all allegations of abuse to assure compliance with 2600.15.a

See Attached Training and Sign in sheet

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented [redacted] - 12/07/2022)

15b - Supervisor Plan

3. 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.

15b Supervisor Plan (continued)

Description of Violation

On [redacted], at approximately [redacted] staff person A observed a reddish/purplish mark around resident #1's left eye and a small cut below his left eyebrow. Staff person A asked staff person B, the aide on the night shift, how this might have happened. Staff person B reported that on [redacted], at approximately [redacted], resident #1, who resides in the home's SDCU, became combative and cut [redacted] eye while waving [redacted] hands in the air when staff person B was trying to change the resident's brief. Staff person A immediately reported the incident to staff person C; however, staff person B continued to work in the home unsupervised on [redacted], [redacted], and [redacted] from [redacted] p.m. to [redacted] p.m. and on [redacted] from [redacted] a.m. to [redacted] p.m.

REPEAT VIOLATION: 4/4/2022 et al.

Plan of Correction

Accept [redacted] - 12/06/2022)

DON and/or Designee will educate all staff on allegations of abuse and reporting on 11 29 2022.

Administrator will monitor all allegations of abuse. Any staff person that there is a suspicion of abuse will not be permitted to continue to work unless a supervision plan has been approved by the department and Area Agency on Aging.

See Attached Training and Sign in sheet

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented [redacted] - 12/07/2022)

23a - Activities of Daily Living Assistance

4. 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

Resident #1's initial assessment, dated [redacted], indicates the resident requires total physical assistance with personal hygiene, and the resident's initial support plan, dated [redacted] indicates direct care staff will provide nail care on [redacted] twice weekly shower days. However, staff interviews indicate the resident is not receiving nail care because [redacted] becomes combative, leaving the resident's nails extended beyond the tips of [redacted] fingers and sharply pointed.

Plan of Correction

Accept [redacted] - 12/06/2022)

DON and /or designee will educated the staff on the use of positive supports and interventions by 11 29 2022.

DON will review all resident support plans for accuracy and completeness.

Administrator educated all direct care staff on resident support plans.

Administrator will continue to monitor and interview 2 residents a week for 2 months to review current care and support plans and document interviews.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented [redacted] - 12/07/2022)

51 - Criminal Background Check

5. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

Description of Violation

Direct care staff person B began working in the home on [REDACTED]; however, the home did not request a criminal history background check.

Plan of Correction

Accept ([REDACTED] - 12/06/2022)

Business Office Manager and or designee will within 30 days of hire do a criminal history /criminal background check to assure we are in compliance with regulation 2600.51 of the Pennsylvania code prior to employee starting work.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented ([REDACTED] - 12/07/2022)

54a - Direct Care Staff

6. 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

Direct care staff person B, hired [REDACTED] did not have documentation of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

REPEAT VIOLATION: 4/4/2022 et al.

Plan of Correction

Accept ([REDACTED] - 12/06/2022)

Review all staff employee files to assure completeness and accuracy of required documents prior to starting work.

Administrator and/or Designee will monitor all files and review monthly to assure all documents are in the employee file.

See attachment

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented ([REDACTED] - 12/07/2022)

65d - Initial Direct Care Training

7. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

65d - Initial Direct Care Training (continued)

Description of Violation

Direct care staff person B, hired on [REDACTED], provides unsupervised ADL services. However, there is no documentation that the staff person completed and passed the Department-approved direct care training course and passed the competency test.

Plan of Correction

Accept [REDACTED] - 12/06/2022)

Administrator and /or designee will monitor to assure that all new hires have the required direct care staff training for personal care homes prior to providing care to any resident.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented [REDACTED] - 12/07/2022)

224a - Preadmission Screen Form

9. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]; however, a preadmission screening was not completed.

Plan of Correction

Accept [REDACTED] - 12/06/2022)

DON and/or Designee will ensure preadmission screen is completed on each resident to ensure compliance with 224A of the Pennsylvania Code Title55 DHS Chapter 2600 and document in resident record.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented [REDACTED] - 12/07/2022)

227d - Support Plan Medical/Dental

10. 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

Resident #1's assessment, dated [REDACTED] indicates the resident requires total physical assistance with bladder management; however, the the resident's support plan, dated [REDACTED] indicates the plan to meet this need is N/A.

Resident #1's assessment, dated [REDACTED] indicates the resident requires total physical assistance with bowel management and staff interviews indicate the resident becomes combative and resistant to care, requiring a 2-person assist; however, this is not indicated on the resident's support plan, dated [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/06/2022)

DON will audit all support plans for accuracy and completeness.

227d - Support Plan Medical/Dental (continued)

Administrator will review all newly created support plans weekly x 3 months to assure that the support plans are completed and are accurate.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented (█) - 12/07/2022)

227g -Support Plan Signatures

11. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan, dated █; however, the resident did not sign the support plan.

Plan of Correction

Accept (█) - 12/06/2022)

DON and /or designee will audit all RASPs for required signatures.

Administrator will monitor weekly any changes to support plans and that signatures have been obtained

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented (█) 12/07/2022)