

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

March 13, 2023

[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 02/09/2023, 02/17/2023, 02/21/2023 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: *THE BRIDGES AT BENT CREEK* License #: 33355 License Expiration: 10/31/2023
 Address: 2100 BENT CREEK BOULEVARD, MECHANICSBURG, PA 17050
 County: CUMBERLAND Region: CENTRAL

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 01/03/2001 Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 102 Waking Staff: 77

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: 02/09/2023

Inspection Dates and Department Representative

02/09/2023 - On-Site: [REDACTED]
 02/17/2023 - Off-Site: [REDACTED]
 02/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 130 Residents Served: 65
 Secured Dementia Care Unit
 In Home: *Yes* Area: *The Gardens* Capacity: 31 Residents Served: 16
 Hospice
 Current Residents: 16
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 37 Have Physical Disability: 0

Inspections / Reviews

02/09/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/10/2023

Inspections / Reviews *(continued)*

03/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/14/2023

03/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A 1.5 oz tube of McKesson antiperspirant and a 1.5 oz tube of McKesson fluoride toothpaste was found unlocked, unattended, and accessible in Resident 1's bathroom.

A 4 oz bottle of Remedy Protectant Zinc Paste, a 6 oz bottle of Colgate Sensitive Toothpaste, and a 7.5 oz bottle of CareOne Lavender Chamomile liquid soap were found unlocked, unattended and accessible in Resident 2's bathroom.

All of these items had labels stating to seek medical attention or contact a poison control center if swallowed or ingested. No residents in the secure dementia care unit, including Residents 1 and 2, are assessed capable of recognizing and using poisons safely.

Repeated Violation-9/12/22, et al.

Plan of Correction

Accept (JM - 03/10/2023)

The residents' personal items were secured in the bathroom locked cabinet on 2/9/23. Director of Health and Wellness in serviced staff on PA code #2600.82c on 2/10/23. See attached training and signature log. Memory Care Director or designees will conduct random daily audits of Residents apartments to ensure poisonous materials are securely locked and inaccessible to the residents. Manager on Duty will conduct apartment audits on the weekends. Daily audits to be reviewed by DHW or Executive Director on a weekly basis until June 30, 2023.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (JM - 03/10/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/9/23 at approximately 9:20 AM, there was a strong odor of urine noted outside of Resident 3's bedroom. The odor was coming from a severely stained light-brown couch on which the resident was sitting.

On 2/9/23 at 9:40 AM, a strong odor of urine was coming from Resident 1's bedroom.

Repeated Violation-9/12/22, et al.

Plan of Correction

Accept (JM - 03/10/2023)

The sofa in Resident 3 apartment was removed on 2/24/23 and replaced with another sofa with a waterproof washable cover by maintenance and the Executive Director. The sofa cover will be monitored daily by the care staff for any sanitation issues and laundered as needed. See attached picture of sofa with cover. Resident 3 care flow sheet updated to include daily monitoring of the sofa cover for sanitary concerns. Resident's care flow sheet reviewed weekly by DHW, Executive Director or designee until 6/30/23.

Housekeeping thoroughly cleaned Resident 1 apartment on 2/10/23 as well as deep cleaning and sanitizing to the

85a - Sanitary Conditions (continued)

carpet. Memory Care Director will ensure to monitor resident 1 apartment for sanitary conditions on a weekly basis and ensure any housekeeping needs are completed. Residents' apartment will have LVT flooring placed in April 2023 by flooring contractor which will assist with urine odors.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (JM - 03/10/2023)

233c - Key-Locking Devices**3. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU). The licensing representatives were unable to exit the SDCU without assistance because the code that was posted included extra digits that must be omitted. Also, the home has two keypads at the door and only one of them is operational.

Plan of Correction

Accept (JM - 03/10/2023)

The code to exit the Secured Dementia Care Unit (SDCU) was replaced in a new picture and conspicuously posted near all exit doors in the SDCU on 2/13/23. The keypad for the wander guard system was covered and labeled as Wander guard on 2/13/23. Please see attached photos for the new code sign posted at all doorways of the SDCU as well as the wander guard keypad cover.

Licensee's Proposed Overall Completion Date: 03/06/2023

Implemented (JM - 03/10/2023)

254a - Records Discharge/Active**4. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 2/9/23, the controlled substances binder for all of the residents in the SDCU was unlocked, unattended, and accessible atop the medication cart in the hallway. The binder contained the names of the residents, controlled substances prescribed to them as well as the diagnosis or purpose for each medication.

On 2/9/23, a binder labeled "shift to shift" was unlocked, unattended, and accessible atop the medication cart in a nook beside the dining room. The binder contained protected health information for Resident 4 including a list of prescribed medications and the resident's date of birth.

Plan of Correction

Accept (JM - 03/10/2023)

The controlled substance binder for all the residents in the SDCU was removed from the top of the medication cart and locked inside the medication cart to prevent any unauthorized access on 2/10/23. Medication Technicians trained on 2/10/23 of the 2600.254 a. regulation that records of residents shall be maintained in a confidential

254a - Records Discharge/Active (continued)

manner which prevents unauthorized access. DHW, Executive Director, or Lead Medication Technician will complete random audits weekly to ensure the controlled substance binder is locked and inaccessible in the SDCU medication cart through 6/30/23.

The binder labeled "Shift to Shift" was placed in the nursing office on 2/9/23 to ensure the binder is secured and unaccessible to unauthorized access. DHW, ED, Or Lead Medication Technician to complete random weekly audits to ensure the "Shift to Shift" binder is secured in the nursing office to prevent any unauthorized access until 6/30/23.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (JM - 03/10/2023)