

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

May 17, 2023

[REDACTED], ADMINISTRATOR
DOUGLASSVILLE AID II OPCO LLC
[REDACTED]
[REDACTED]

RE: AMITY PLACE
139 OLD SWEDE ROAD
DOUGLASSVILLE, PA, 19518
LICENSE/COC#: 22656

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: AMITY PLACE **License #:** 22656 **License Expiration:** 10/18/2023
Address: 139 OLD SWEDE ROAD, DOUGLASSVILLE, PA 19518
County: BERKS **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: DOUGLASSVILLE AID II OPCO LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 02/19/2009 **Issued By:** Amity Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 66 **Waking Staff:** 50

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 03/30/2023

Inspection Dates and Department Representative

03/30/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 50

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 50
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 16 **Have Physical Disability:** 0

Inspections / Reviews

03/30/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/05/2023

05/09/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/12/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/15/2023

Inspections / Reviews *(continued)*

05/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

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

Resident #1 was an immobile resident, that required assistance of 2 for ambulation and ADLS. On [REDACTED], Staff A and Staff B entered Resident #1s room to provide care and transport to the dining room for dinner. Resident #1 was sleeping. Staff A woke Resident #1 up. Resident #1 stated Resident #1 didn't want to go to dinner. Resident #1 is alert and oriented. Staff A and Staff B proceeded to remove Resident #1 from bed, despite resident telling Staff A and Staff B that Resident #1 didn't want to get up. Staff A and Staff B then took Resident #1 to the bathroom. A few minutes later Staff A and Staff B went back into the bathroom to remove Resident #1 from toilet. Resident #1 stated resident didn't want to get off the toilet. Staff A and Staff B disregarded what Resident #1 said and removed resident from toilet and put resident in wheelchair. Resident stated Resident did not want to go to dinner, but staff A and Staff B ignored resident and took resident to dinner. Resident #1 was in the activity room crying when the staff E saw Resident #1 and took to Staff F.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

- Staff members A and B are no longer employed by the community (Exhibit A1)
- On 2/15/2023, the Executive Director (ED) reeducated the Care Services Manager (CSM), Assistant Care Services Manager (ACSM). and currently employed direct care staff as to the requirements set within regulations 2600.42b and Enlivant Policy and Procedures titled, "Abuse, Neglect, and Exploitation." (Exhibit A2)
- By 5/19/2023, the ED or designee will interview current residents, asking them if they have encountered abuse or neglect. (Exhibit A3)
- Beginning 5/22/2023, the CSM or designee will interview a sample of five residents weekly for four weeks, then bi-weekly for four weeks, then monthly for one month, asking if they have experienced abuse or neglect while residing in the community, to validate sustained compliance. (Exhibit A4)
- The 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.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] - 05/17/2023)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

Staff D violated the dignity of Resident #2 in the dining room on [REDACTED] when Staff yelled at Resident #2. Staff C witnessed the incident and intervened by separating the resident from staff D.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

- Staff member D is no longer employed at the community. (Exhibit B1).
- On 11/11/2021, the ED reeducated the CSM, ACSM, and currently employed direct care staff regarding the

42c - Treatment of Residents (continued)

requirements set within regulations 2600.42c and Enlivant Policy and Procedures titled "Abuse, Neglect, and Exploitation." (Exhibit B2)

- By 5/19/2023, the ED or designee will interview current residents, asking them if they have encountered a staff member being disrespectful or treating them in an undignified manner. (Exhibit B3)
- Beginning 5/22/2023, the CSM or designee will interview a sample of five residents weekly for four weeks, then bi-weekly for four weeks, then monthly for one month, asking them if they have encountered a staff member treating them disrespectfully or in an undignified manner.(Exhibit B4)
- The 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

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented () - 05/17/2023)

141b1 - Annual Medical Evaluation**3. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1 was admitted to Hospice on (). A new DME was not completed by the physician.

Plan of Correction

Accept () - 05/09/2023)

- Resident #1 no longer resides in the community.
- On 5/2/2023 the ED educated the CSM and ACSM on the requirement set within regulation 2600.141.b (Exhibit C1)
- On 3/31/2023 the CSM audited current resident DMEs to validate that they were completed on an annual basis and after a significant change. For DMEs noted out of compliance, the CSM will alert the affected residents healthcare provider. (Exhibit)
- Beginning 5/22/2023 the CSM or designee will audit three current residents DMEs completion dates weekly for four weeks, then bi-weekly for four weeks, and then monthly for one month to validate sustained compliance. (Exhibit C3)
- 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.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented () - 05/17/2023)

225c - Additional Assessment**4. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #1 was admitted to hospice on (). A significant change assessment and support plan was not completed.

Plan of Correction

Accept () - 05/09/2023)

- Resident #1 no longer resides in the community.

225c Additional Assessment (continued)

- On 5/2/2023, the ED educated the CSM and ACSM on the requirements set within regulation 2600.225.c (Exhibit D1)
- On 3/31/2023, the CSM audited the RASPs belonging to current residents. The CSM or ACSM subsequently updated RASPs identified to be out of compliance. (Exhibit D2)
- By 5/19/2023, the CSM or designee will audit current resident DMEs to validate that they were completed after a resident's significant change. For RASPs noted out of compliance, the CSM or designee will complete a significant change RASP. (Exhibit D3)
- Beginning 5/22/2023, the CSM or designee will audit three current residents RASPs who have experienced a recent significant change weekly for four weeks, then bi weekly for four weeks, and then monthly for one month to validate sustained compliance. (Exhibit D4)
- The 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.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (████) - 05/17/2023)

227d - Support Plan Medical/Dental**5. 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 #2 was admitted to the home on ██████ Resident #2 was admitted with hospice services already in place, but hospice is not noted in their assessment and support plan.

Plan of Correction

Accept (████) - 05/09/2023)

- Resident #2 no longer resides in the community.
- On 5/2/2023, the ED educated the CSM and ACSM on the requirements set within Regulation 2600.227.d (Exhibit E1)
- On 3/31/2023, the CSM audited current resident support plans to ensure residents requiring third party services are noted. No additional RASPs were noted out of compliance (Exhibit E2)
- Beginning 5/22/2023, the CSM or designee will audit three resident support plans weekly for four weeks, bi weekly for four weeks, and then monthly for one month to validate support plans reflect ordered third party services. (Exhibit E3)
- The 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.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (████) - 05/17/2023)