

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

October 4, 2023

[REDACTED]  
BENTLEY AID OPCO LLC  
[REDACTED]  
[REDACTED]

RE: GARDEN WAY PLACE  
2400 GARDEN WAY  
HERMITAGE, PA, 16148  
LICENSE/COC#: 44492

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2023 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: *GARDEN WAY PLACE* License #: *44492* License Expiration: *01/11/2024*  
 Address: *2400 GARDEN WAY, HERMITAGE, PA 16148*  
 County: *MERCER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/27/1997* Issued By: *Dept. of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *07/13/2023*

**Inspection Dates and Department Representative**

*07/13/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *47* Residents Served: *26*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *16* Have Physical Disability: *0*

**Inspections / Reviews**

**07/13/2023 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/11/2023*

**08/11/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/22/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/18/2023*

Inspections / Reviews (*continued*)

09/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/22/2023

10/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 15a - Resident Abuse Report

## 1. 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 6/29/23, at approximately 4:20pm, staff person A was walking down the hallway near bedroom # [REDACTED] and heard voices shouting. Following the sound of the shouting, staff person A entered bedroom # [REDACTED] and observed staff person B, staff person C and staff person D in the room with resident #1. Staff person A observed staff person B and resident #1 shouting at each other in the process of transferring resident #1 from [REDACTED] chair to [REDACTED] electric wheelchair. Staff person B was shouting directives at the resident telling [REDACTED] has to get up and to keep going, and resident #1 was shouting back at staff person B. This incident was observed by staff person A, staff person C and staff person D; however, this incident was not reported to the local Area Agency on Aging until 6/30/23 at approximately 10:00am.

## Plan of Correction

Accept [REDACTED] - 09/06/2023)

- Staff # A,B C,D and current care staff and newly hired staff will receive training by the Health & Wellness Director or Designee on PA reportable for personal care homes and immediate reporting of suspected abuse of a resident to the local Area Agency on Aging. Completion by Date 08/30/2023 And ongoing
- By 08/30/2023 staff member A,B,C,D & current care staff will receive training by the Health & Wellness Director or Designee on the companies Abuse and Neglect reporting policy . Ongoing newly hired staff will be provided training on Abuse reporting .
- Reporting of abuse or allegation of abuse will be reported to the Executive Director and will be reviewed and discussed by the communities' Quality Assurance committee monthly for three months then quarterly thereafter. Beginning by Date 09/15/2023

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented ([REDACTED] - 10/04/2023)

## 15b - Supervisor Plan

## 2. 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 6/29/23, at approximately 4:20pm, staff person A was walking down the hallway near bedroom # [REDACTED] and heard voices shouting. Following the sound of the shouting, staff person A entered bedroom # [REDACTED] and observed staff person B, staff person C and staff person D in the room with resident #1. Staff person A observed staff person B and resident #1 shouting at each other in the process of transferring resident #1 from [REDACTED] chair to [REDACTED] electric wheelchair. Staff person B was shouting directives at the resident telling [REDACTED] has to get up and to keep going, and resident #1 was shouting back at staff person B. This incident was observed by staff person A, staff person C and staff person D; however, the home did not immediately develop and implement a plan of supervision or suspend staff person B, who continued to work until 11:00 PM on 6/29/23.

## 15b - Supervisor Plan (continued)

**Plan of Correction**

Accept [REDACTED] - 09/06/2023)

- The Executive Director will provide training with the Department Directors on the Abuse & Neglect Reporting policy including suspected/confirmed Resident – abuse . Completion by Date 08/30/2023. The Executive Director or designee will provide training with the Department Directors on the Abuse Investigations Guideline Policy by 08/30/2023.
- The Executive Director or designee will provide training with Department Directors by 08/30/2023 that home will immediately take the following steps.
  - 1) Place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person or persons involved.
  - 2) Report the alleged abuse to the Department within 24 hours.
  - 3) Report the alleged abuse to the local Area Agency on Aging immediately

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented [REDACTED] - 10/04/2023)

## 23a - Activities of Daily Living Assistance

**3. 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 5/1/23 and updated on 6/21/23 for resident #1 indicates [REDACTED] requires the assistance of 2 direct care staff and a gait belt for all transfers. Staff and resident interviews indicate staff are transferring the resident at times with 1 staff person and at times without using the gait belt.

**Plan of Correction**

Accept [REDACTED] - 09/06/2023)

- Current care staff and newly hired staff will be in serviced by the Health and Wellness Director or designee on the Resident Personal Care assistance Policy by 08/30/2023 and ongoing.
- The Health and Wellness Director will review the current resident #1 service plan to verify that the transferring need for the resident is accurate. Completed by 06/30/2023
- Current care Staff will receive training by the Health & Wellness Director or designee on the company's Individual service plan policy . Completed by 08/30/2023
- The Executive Director or designee will complete 2 two person assist transfer observations to ensure two staff are properly assisting the resident weekly x four weeks, bi weekly x 4 weeks, and monthly x 1 week starting 08/28/2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 10/04/2023)

## 42c - Treatment of Residents

**4. Requirements**

42c - Treatment of Residents *(continued)*

2600.

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

**Description of Violation**

On 6/29/23, at approximately 4:20pm, staff person A was walking down the hallway near bedroom # [REDACTED] and heard voices shouting. Following the sound of the shouting, staff person A entered room # [REDACTED] and observed staff person B, staff person C and staff person D in the room with resident #1. Staff person A observed staff person B and resident #1 shouting at each other in the process of transferring resident #1 from [REDACTED] chair to [REDACTED] electric wheelchair. Staff person B was shouting directives at the resident telling [REDACTED] has to get up and to keep going, and resident #1 was shouting back at staff person B.

**Plan of Correction**

Accept ([REDACTED] - 09/06/2023)

- On 08/30/2023 staff member A,B,C,D & current care staff will receive training by the Health & Wellness Director or Designee on preventing, recognizing, and reporting abuse. Ongoing newly hired staff will be provided training on Abuse reporting .
- Current care staff and newly hired staff will be in serviced by the Health and Wellness Director or designee on the company's Resident's choice & dignity policy Completed by 08/30/2023 and ongoing
- The Executive Director or designee will interview two residents per week to ensure that they are treated with dignity and respect weekly X 4 weeks, bi weekly X 4 weeks, and monthly X 4 weeks starting 08/28/2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ([REDACTED] - 10/04/2023)