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

November 13, 2023

CREEK SENIOR CARE LLC

RE: THE BRIDGES AT BENT CREEK
2100 BENT CREEK BOULEVARD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 33355

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/03/2023 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE BRIDGES AT BENT CREEK* **License #**: *33355* **License Expiration**: *09/12/2024*

Address: *2100 BENT CREEK BOULEVARD, MECHANICSBURG, PA 17050*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *CREEK SENIOR CARE LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *01/03/2001* **Issued By**: *Department of 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, Incident* **Exit Conference Date**: *10/03/2023*

Inspection Dates and Department Representative

10/03/2023 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* **Residents Served**: *67*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *The Gardens* **Capacity**: *31* **Residents Served**: *21*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *67*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *35* **Have Physical Disability**: *1*

Inspections / Reviews

10/03/2023 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/21/2023*

10/23/2023 - POC Submission

Submitted By: **Date Submitted**: *11/09/2023*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/27/2023*

Inspections / Reviews *(continued)*

10/30/2023 - POC Submission

Submitted By: [redacted]

Date Submitted: *11/09/2023*

Reviewer: [redacted]

Follow-Up Type: *Document Submission* **Follow-Up Date:** *11/10/2023*

11/13/2023 - Document Submission

Submitted By: [redacted]

Date Submitted: *11/09/2023*

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 9/9/2023 at approximately 10:30 AM, an incident of alleged resident to resident abuse occurred in the home. This incident was reported to Administration by 9/10/2023. However, this allegation of abuse was was not reported to the local area agency on aging.

Repeated Violation-11/15/2022, et al

Plan of Correction ***Directed ██ 10/30/2023)***

Resident Incident Report was reported to the local area agency on aging per direction of Licensing Representative on 10/4/23. (See attachment) All resident-to-resident Incident Reports that involve alleged abuse will be forwarded to BHSL as well as the local area agency on aging by the Executive Director or DOW. Leadership staff trained by Executive Director on 10/19/23 the need to report suspected abuse to the area agency on aging by completing an Act 13 form in addition to the BHSL Incident form. All staff trained on 10/25/23 at Monthly All Staff Meeting on reporting incidents to the Executive Director or DOW and on weekends and Holidays to report incidents to the Manager on Duty who will notify the Executive Director or DOW to compile incident report and forward to BHSL with in the 24hr time frame as well as reporting Act 13 to the local area on aging. Executive Director trained staff at the Monthly All Staff meeting on 10/25/23 on what denotes a reportable incident by utilizing the RCG frequently occurring situations. (See Attachment) All reportable Resident Incident reports will be reviewed daily by the Executive Director or designee at the Manager Stand up meeting 5x per week and monthly at the QA meeting until 1/31/24.

Proposed Overall Completion Date: 10/26/2023

(Directed)

- *Starting no later than 11/6/2023, all reportable Resident Incident reports will be reviewed daily by the Executive Director or designee at the Manager Stand up meeting 5x per week and monthly at the QA meeting until 1/31/24.*

Directed Completion Date: *11/06/2023*

Implemented (██ - 11/13/2023)

16c - Written Incident Report

2. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

16c - Written Incident Report *(continued)*

Description of Violation

Resident #1 has an order for Methimazole 5mg-take 1 tablet by mouth daily. Resident #1 did not receive this medication on 8/13/2023, 8/14/2023, 8/15/2023, 8/16/2023, 8/17/2023 or 8/18/2023. As of 10/3/2023, this medication error has not been reported to the Department.

Repeated Violation - 11/15/2022, et al

Plan of Correction ***Directed (- 10/30/2023)***

DOW or Designee to ensure medications not received and available for administration will be reported to residents Primary Care Physician, family, and BHSL with in 24hrs. DOW forwarded the Incident Report on 10/6/23 per the direction of the Licensing Representative. (See attachment) Director of Wellness providing training to medication technicians and nurses by 10/27/23 the process of notification when medication not available. Executive Director trained staff at the All Staff Meeting on 10/25/23 on what is a reportable incident utilizing Appendix A from the RCG. (See attachment) DOW or Executive Director to review any incidents or med errors at daily stand up 5x weekly to ensure timely submission to BHSL. Weekly medication audit to be completed by DOW or designee for 12 weeks and audits to be reviewed during monthly QA.

Proposed Overall Completion Date: 10/26/2023

Starting no later than 11/6/2023, DOW or Executive Director to review any incidents or med errors at daily stand up 5x weekly to ensure timely submission to BHSL.

Directed Completion Date: *11/06/2023*

Implemented (- 11/13/2023)

42b - Abuse

3. 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 9/9/2023 at approximately 10:30 AM, Staff Member B heard Resident #2 yelling from bedroom. Staff Member B went to Resident #2's bedroom and observed Resident #3 exiting the room. Resident #2 was observed to have a red mark on left temple and Resident #3 was observed to have two scratches on right arm. Resident #3's arm was assessed and wrapped with a bandage.

Plan of Correction ***Directed (- 10/30/2023)***

Resident #3 was diagnosed was being treated for a urinary tract infection during the time of this occurrence on 9/9/23. DOW updated Resident#3's RASP on 10/24/23 to reflect that has tendencies to wander and can present with challenging behavior expressions and altered perceptions of environment when being treated for a urinary tract infection. Memory Care Director to train staff by 10/31/23 to have increased visual supervision on Resident # 3 when is being treated for a urinary tract infection and is wandering within the neighborhood. Memory Care

42b - Abuse (continued)

Director to train staff by 10/31/23 to utilize the walkie talkies to communicate increased visual supervision when resident #3 is being treated for a urinary tract infection. Memory Care Director to train staff by 10/31/23 to report exit seeking behaviors and verbal statements in regard to leaving the neighborhood to Nursing Staff in order to have follow up with Resident #3's Primary Care Physician for possible urinary tract infection. (See Attachment)
Resident # 2 RASP updated to indicate ██ is protective of ██ apartment and dislikes when other residents enter ██ apartment and may display aggression towards the person entering ██ apartment. (See attachment)
Memory Care Director or designee to be discuss Residents Rights at monthly Resident Council meetings beginning on 11/4/23 with a focus on Residents rights to privacy and to be free of abuse and neglect as well as informing residents to seek out staff if needing assistance when another resident may enter their apartment.

Proposed Overall Completion Date: 10/31/2023

(Directed)

- *Resident # 2's RASP will be updated no later than 10/31/2023 by the DOW or designee to indicate ██ is protective of ██ apartment and dislikes when other residents enter ██ apartment and may display aggression towards the person entering ██ apartment*

Directed Completion Date: *10/31/2023*

Implemented (██ - 11/13/2023)

84 - Heat Sources

4. Requirements

2600.
84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from comin in contact with the heat source.

Description of Violation

On 10/3/2023 at approximately 10:30 AM, the temperature of the built-in countertop burner in the Secured Dementia Care Unit's kitchen area was 190 degrees Fahrenheit. The half door leading to the kitchen was open and unattended; there were no protective guards in place to prevent residents from coming in contact with the heat source.

Plan of Correction ***Accept (██ - 10/30/2023)***

The half door to the serving area of the SDCU was secured properly by the Care Aid during the initial inspection. Executive Director and Memory Care Director provided training to staff on 10/12/23 and 10/13/23 in regard to ensuring the half door in the SDCU Dining Room serving area is secured when staff not present to ensure safety of residents. (See Attachment) Memory Care Director or Designee to audit during random times and mealtimes at least 5x weekly for 12 weeks the half door in the SDCU serving area is secure starting on 10/14/23 and audits to be reviewed during monthly QA. (see attachment)

Licensee's Proposed Overall Completion Date: *10/27/2023*

Implemented (██ - 11/13/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Methimazole Tab 5MG daily . However, this medication was not administered to Resident #1 on 8/13/2023, 8/14/2023, 8/15/2023, 8/16/2023 8/17/2023 or 8/18/2023 because the medication was not available in the home.

Repeated Violation - 7/5/2023, 11/15/2022, et al

Plan of Correction ***Accept (- 10/30/2023)***

DOW or Designee to train medication technicians and nurses by 10/31/23 regarding the process of notification when medication is not available. Weekly medication audit to be completed by DOW or designee for 12 weeks and audits beginning on the week of 10/30/23 and to be reviewed monthly during the QA meeting. DOW or Executive Director to notify BHSL of any missed medications resulting in a medication error with in the allotted 24hrs. DOW or designee to complete an audit of all medication carts by 10/31/23 to ensure all medications are available for each resident. DOW training medication technicians on 10/31/23 and 11/1/23 on the 5 rights for medication administration, company policy on Medications not available and how to proceed to obtain medications as well as Quick Mar process reviewed for missing medications. (See attachments) DOW connected with family on 9/22/23 and residents designated person agreed to have all medications dispensed through the pharmacy provider utilized by the community so designated person will not have to ensure medications are available to the community for resident.

Proposed Overall Completion Date: 11/01/2023

Licensee's Proposed Overall Completion Date: *11/01/2023*

Implemented (- 11/13/2023)

188b - Medication Error Reporting

6. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident’s designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Methimazole Tab 5MG daily for Hyperthyroid . However, Resident #1 did not receive this medication on 8/13/2023, 8/14/2023, 8/15/2023, 8/16/2023 8/17/2023 or 8/18/2023. The medication error was not reported to the resident's designated person or the prescriber until 8/18/2023.

Plan of Correction ***Accept (- 10/30/2023)***

DOW or Designee to ensure any medication errors are reported to resident, family, and BHSL with in the allotted 24hr period. The medication error for Resident #1 was forwarded to BHSL on 10/6/23. (See attachment) DOW providing training to medication technicians by 10/31/23 regarding medication error process including when medication not available. Training for DOW by ED on 10/20/23 regarding reporting of medication errors to BHSL. Weekly medication audits to be completed by DOW or designee for 12 weeks and audits to be reviewed monthly

188b - Medication Error Reporting (continued)

during QA meeting. DOW or designee will ensure medication error are documented on an incident report and submitted to BHSL within allotted reporting period beginning on 10/25/23. DOW training medication technicians on 10/31/23 and 11/1/23 in regard to MAR reviews and reporting medication errors to the resident, designated person, and the prescriber within allotted reporting time period as well as documenting a progress note to indicate information and fax to prescriber to be maintained in resident's medical chart.

Proposed Overall Completion Date: 11/01/2023

Licensee's Proposed Overall Completion Date: *11/01/2023*

Implemented (- 11/13/2023)

190a - Completion Medication Course

7. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A did not complete the requirements for the medication administration annual practicum. In April 2022, Staff Member A's annual summary and requalification documentation included only one medication administration observation and two medication record reviews. In April 2023, Staff Member A's annual summary and requalification documentation included only one medication record review and two medication administration observations.

Plan of Correction ***Directed (- 10/30/2023)***

Staff Member A to complete all needed requirements for the medication administration annual practicum with the Train the Trainer on October 31 and November 1, 2023. DOW or Designee to conduct a complete audit of all current medication technicians to ensure they have all needed requirements for medication administration by 10/30/23. Upon completion of the medication technician audits on 10/30/23, DOW will remove medication technicians from the med carts until all needed remediation is completed with the Train the Trainer on 10/31/23 and 11/1/23. DOW or Designee to complete monthly audits for Medication Technicians to ensure they have completed requirements for the medication administration annual practicum beginning on 10/24/23.

Proposed Overall Completion Date: 11/01/2023

(Directed)

- *Staff Member A was immediately removed from the medication carts and will not resume medication administration until Staff Member A successfully completes the Medication Administration Course.*

Directed Completion Date: *11/01/2023*

Implemented (- 11/13/2023)