

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

January 29, 2024

[REDACTED], ADMIN
ASBURY ATLANTIC
[REDACTED]

RE: BETHANY VILLAGE RETIREMENT
CENTER
5225 WILSON LANE
MECHANICSBURG, PA, 17055
LICENSE/COC#: 33023

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2023, 12/13/2023 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: BETHANY VILLAGE RETIREMENT CENTER **License #:** 33023 **License Expiration:** 06/27/2024
Address: 5225 WILSON LANE, MECHANICSBURG, PA 17055
County: CUMBERLAND **Region:** CENTRAL

Administrator

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

Legal Entity

Name: ASBURY ATLANTIC

Address: [REDACTED]
[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/27/2005 **Issued By:** Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 129 **Waking Staff:** 97

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 12/13/2023

Inspection Dates and Department Representative

12/12/2023 - On-Site: [REDACTED]
12/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115 **Residents Served:** 99

Special Care Unit

In Home: Yes **Area:** Golden Maple **Capacity:** 30 **Residents Served:** 30

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 99
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 30 **Have Physical Disability:** 0

Inspections / Reviews

12/12/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/05/2024

01/05/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/26/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/12/2024

Inspections / Reviews *(continued)*

01/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/23/2024

01/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence 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 [redacted], a staff person was alleged to have said, in the presence of a resident (Resident #1), "I don't get paid enough to get the shit beat out of me." The residence did not complete and submit a mandatory abuse reporting form to the local Area Agency on Aging in accordance with the Older Adult Protective Services Act.

On [redacted] at approximately [redacted], a staff person was alleged to have struck the face of a resident (Resident #2). The residence did not complete and submit a mandatory abuse reporting form to the local Area Agency on Aging in accordance with the Older Adult Protective Services Act.

Plan of Correction

Accept [redacted] - 01/16/2024)

On 12/18/23 Administrator created a checklist listing all required documents when reporting allegations of abuse. Administrator will maintain abuse checklist and documents in a binder and will utilize when any allegation of abuse is made.

Update-

AL Administrator submitted Act 13 documentation to AAA of 12/29/23

On 11/20/23 All associates, including ancillary staff were assigned the Relias course titled "Abuse, Prevention, Investigating, and Reporting".

Abuse, Prevention, and Reporting was discussed at weekly huddles, as well as, the 12/6/23 monthly team meeting, log attached, and will be discussed at the 1/6/24 monthly team meeting by DON and AL Administrator.

Additional training will be provided at the monthly team meets on 5/1/24 and 11/6/24

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [redacted] - 01/29/2024)

25b Contract signatures and renewal

2. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The contract dated [redacted] for Resident # 1 is not signed by the resident, nor is there an indication that the resident was unwilling or unable to sign.

Plan of Correction

Accept [redacted] - 01/16/2024)

On [redacted] Resident #1 was given the opportunity to review and sign the contract. Resident was unable to understand the purpose of the document and showed increased confusion. Documented on the contract was "unable to sign", witnessed by DON and Administrator. On 12/15/23 Director of Assisted Living Sales and Social Worker were educated by AL Administrator regarding the requirement to have every resident sign or make a mark on the Assisted Living contract and in the event the resident refuses or is unable to sign, this should be documented on the contract

25b Contract signatures and renewal (continued)

and witnessed. Director of Assisted Living Sales will audit all Memory Support contracts and obtain signatures/mark/documentation for all existing contracts. AL Administrator and Director of Assisted Living Sales will review all contracts at our preexisting Admission Team meeting held on Mondays. Agenda attached.

Update

Contract Audits to be completed by 1/19/24

AL Administrator and Director of AL Sales decided to begin contract reviews on our weekly Admission review meetings of Fridays (we meet as a small group on Fridays as well as Mondays). AL Administrator and Director of AL Sales held our first contract review meeting on 1/5/24 and will continue each week on Fridays.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [redacted] - 01/29/2024)

42b Abuse/Neglect

3. Requirements

2800.

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 [redacted] at approximately [redacted], an act of verbal abuse occurred as Staff person A repeatedly told Resident #2 that nobody likes him/her.

Plan of Correction

Accept [redacted] - 01/16/2024)

[redacted] an allegation of abuse was reported to AL Administrator. An investigation was completed, and the allegation was substantiated. Staff member A was terminated on [redacted]. Resident #2 and POA were supported by Social Services and Administrator during the investigation. 3 other residents were interviewed during the investigation, but no other allegations of abuse were founded.

On 11/20/23 All associates, including ancillary staff were assigned the Relias course titled "Abuse, Prevention, Investigating, and Reporting".

Abuse, Prevention, and Reporting was discussed at weekly huddles, as well as, the 12/6/23 monthly team meeting, log attached, and will be discussed at the 1/6/24 monthly team meeting by DON and AL Administrator.

Update

On 1/2/24 Social Services discussed at 2pm Monthly team meeting along with Resident Abuse, "Managing Challenging Behaviors". Staff were encouraged to provide real scenarios and the group was able to discuss responses. In addition, Social Services and DON began on 1/8/24 Positive intervention training and resident rights review. This will continue monthly. All staff training regarding Resident Rights and Positive Intervention Training will be completed by Social Services at monthly team meetings on 5/1/24, 9/4/24, and 11/6/24.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [redacted] - 01/29/2024)

44g Telephone numbers

4. Requirements

2800.

44g Telephone numbers (continued)

44.g. The telephone number of the Department’s personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the assisted living residence complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

On [REDACTED], the telephone number of the Ombudsman is not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept ([REDACTED] - 01/16/2024)

On 12/13/23 local Ombudsman Office delivered new large print signs. Signs were immediately placed in the main lobby, picture attached, by AL Administrator. Maintenance educated on importance of posting this information. Maintenance will complete a monthly inspection to ensure the information is present.

Update

AL Administrator educated maintenance on 12/21/23 as to the importance of posting the information.

Monthly maintenance inspection began on 12/21/23 and will continue monthly. A monthly log will be maintained.

Log attached

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented ([REDACTED] - 01/29/2024)

82c Locked poisons

5. Requirements

2800.

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

Description of Violation

On 12/12/23 at 9:40am, the bathing room in the secure care unit was open and unattended. The cabinet contained an aerosol can of "Reliable Foam Tub and Tile Disinfectant Cleaner" with a poison label stating: "If inhaled move person to fresh air. If person is not breathing, call 911 or an ambulance then give artificial respiration, preferably mouth to mouth if possible. Call a poison control center or doctor for treatment advice." Residents in the Secure Care Unit have not been assessed capable of recognizing and using poisons safely.

On 12/12/2023, the housekeeping closet in the secure care unit was unlocked and unattended. Inside the closet were bottles of Ecolab multi surface cleaner and disinfectant with a label stating "DANGER call a poison control center or doctor for treatment advice", as well as numerous bottles of Ecolab High performance ultra concentrated neutral floor cleaner with a label stating "If inhaled, move person to fresh air. If person is not breathing, call 911 and also to call a poison control center or doctor for treatment advice." Residents in the Secure Care Unit have not been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept ([REDACTED] - 01/16/2024)

On 12/12/23 nursing assessed all residents and found no residents were ill or had complaints of illness. On 12/12/23 Housekeeping associate on duty was immediately re educated by the Housekeeping Manager regarding the importance of securing poisons at all times. On 12/12/23 All associates on the memory care neighborhood were

82c Locked poisons (continued)

re-educated, by the DON on the importance of securing all poisons. On 12/12/23 immediate inspection of all other doors was completed by Housekeeping Manager and found to be secured. The unlocked door was inspected by Maintenance and the pressure on the doors auto close system was increased and the door securely closed. The door that was found open, item used to hold door open was removed and all associates were educated, by DON on not propping doors on 12/12/23. On 12/15/23 Door signs were ordered, and temporary larger signage was posted by Administrator indicating the doors should be locked and closed at all times. Picture attached.

Further re-education was completed to associates on 12/18/23 by DON and will be discussed at the 1/3/24 monthly team meeting with DON and Administrator.

On 12/28/23 all AL associates, and ancillary associates have been assigned the Relias course "Home Safety: Hazardous Chemicals", due date for completion of Relias course is 1/17/24. Housekeeping will complete daily checks that the doors are securely closed. Log attached.

Update-

Housekeeping inspections began on 12/12/23.

Inspections will be logged daily. Log attached.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented (redacted) - 01/29/2024)

85d Trash cans – kitchen/bath

6. Requirements

2800.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 12/12/23, the the following common area trash cans were observed to not be covered:

- First floor Bathroom across from the nursing office.
- First floor Bathroom across from the conference room and human resource office.
- Third floor Bathroom.
- Second floor shower room.

Plan of Correction

Accept (redacted) - 01/16/2024)

12/12/23 Housekeeping Manager inspected trashcans and placed lids where missing. Director of facilities immediately ordered 25 replacement trashcans with fixed lids, attached invoice. Housekeeping will assess daily any need for trashcan repair or replacement, logs attached.

Update-

On 12/12/23 new trashcans were ordered by Director of Facilities

Housekeeping's daily inspection of trashcans began on 12/12/23.

Education regarding the need for covered trashcans was provided by AL Administer at 1/2/24 all staff team meeting.

Further education will be provided by AL Administrator and DON at next scheduled all staff meeting on 2/7/24 when final survey results and approved POC will be discussed.

Licensee's Proposed Overall Completion Date: 01/10/2024

85d Trash cans – kitchen/bath (continued)

Implemented () - 01/29/2024)

102i Soap dispenser

7. Requirements

2800.

102.i. Bar soap or a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap, however, is not permitted when a living unit is shared unless there is a separate bar clearly labeled for each resident sharing the living unit.

Description of Violation

On 12/12/2023, an unlabeled, used, white bar of soap was observed sitting on the side of the tub in the shared shower / spa room on the second floor.

Plan of Correction

Accept () - 01/16/2024)

On 12/12/23 Housekeeping Manager inspected all other spa rooms and found no bars of soap or personal care items. On 12/13/23 Staff including nursing, housekeeping, and admissions, educated by Administrator regarding requirement for bars of soap to be kept in the resident's apartment and labeled if more than one resident residing in the same space. Team members advised to not leave any hygiene products in shared spaces. Picture attached. Housekeeping will inspect spa rooms daily, log attached.

Update-

Housekeeping inspections began on 12/12/23

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented () - 01/29/2024)

171b5 Transportation-first aid kit

8. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

Description of Violation

On 12/12/23, the first aid kit in the Dodge Caravan used to transport residents did not include antiseptic, tweezers, CPR breathing shield, eye coverings, thermometer, and gloves.

Plan of Correction

Accept () - 01/16/2024)

12/13/23 Director of Facilities obtained all missing items and placed them in the first aid kit. Inspection of the second vehicle was completed and items were found to be in place. Medical van drivers were educated on the importance of maintaining all of the required items in the first aid kit. Medical van drivers will inspect first aid kit monthly to ensure compliance. Log attached. Medical Van drivers will notify Director of Facilities if any items are used to ensure prompt replacement.

Update-

Medical van drivers were educated by Director of Facilities on 12/13/23.

Monthly inspection of the first aid kit began on 12/13/23.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented () - 01/29/2024)

171b5 Transportation-first aid kit (continued)

187d Follow prescriber's orders

9. Requirements

2800.

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

Description of Violation

Resident #3 is prescribed [redacted] one time / day at [redacted]. Resident #3 did not receive the prescribed [redacted] units of [redacted] at [redacted] on [redacted], due to the blood sugar level being "too low to be safe", according to the LPN. However, there is no physician's order to hold the Novalog if blood sugar is below [redacted].

Plan of Correction

Accept ([redacted] - 01/16/2024)

On 12/14/23 PCP reviewed blood glucose log for resident #3, provided hold parameters for scheduled insulin, no other orders for resident #3. Order attached. Other residents identified as having scheduled insulin were either given new hold parameters or had parameters already in place. On 12/14/23 DON educated Licensed staff on the need and requirement to obtain hold parameters for scheduled insulin. Will be further discussed at 1/3/23 team meeting. DON will monitor scheduled insulins and will obtain orders for parameters.

Update-

DON to begin monthly audits on 1/17/24

Licensee's Proposed Overall Completion Date: 01/17/2024

Implemented ([redacted] 01/29/2024)