

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

July 1, 2024

[REDACTED]  
CREEK SENIOR CARE LLC  
[REDACTED]

ATTN BILL SNOW  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/02/2024 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: 09/12/2024  
 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: [REDACTED]  
 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: Total Daily Staff: 123 Waking Staff: 92

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 05/02/2024

**Inspection Dates and Department Representative**

05/02/2024 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 130 Residents Served: 78  
 Secured Dementia Care Unit  
 In Home: Yes Area: Memory Care Capacity: 31 Residents Served: 22  
 Hospice  
 Current Residents: 17  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 45 Have Physical Disability: 2

**Inspections / Reviews**

05/02/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/30/2024

05/31/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/28/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/06/2024

Inspections / Reviews *(continued)*

06/06/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/01/2024

07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident [REDACTED] preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home. Furthermore, the preadmission screening form is also missing the following sections:

Section I-D: Name of admitting personal care home.

Section I-F: Screening information sources.

Section II-B: Date of Birth.

Section II-C: primary language spoken.

Section II-E: Length of time at current residence.

Section II-F: Reason for leaving current residence.

If the resident can safety use and avoid poisonous materials.

**Plan of Correction****Accept [REDACTED] - 06/06/2024)**

Licensing representative instructed Director of Wellness and Executive Director to make a notation on 5/2/2024, that the following information was discovered and discussed for the Resident [REDACTED] preadmission screen dated 10/29/2021 completed by a prior DOW. (See attachment) Quarterly Resident Chart audits to be completed by DOW, ED, or designees on 6/30/24, 9/30/2024, and 12/30/2024 until 12/31/2024 and discussed at QA meetings quarterly- 6/30/2024, 9/30/2024 and 12/30/2024. DOW, ED and BOD will ensure a secondary copy of all residents required documents-Preadmission Screen, DME, and RASP are filed in the Business Office as of 6/30/2024 and ongoing. Director of Wellness, Business Office Director, and Assited Living Manager educated by Executive Director on 6/3/2024 on preadmission screen form for all residents to be completed in their entirety with in 30 days prior to admission to the community to ensure residents needs can be met by the community. (See attachment)

Licensee's Proposed Overall Completion Date: 06/30/2024

**Implemented [REDACTED] - 07/01/2024)**

## 225c - Additional Assessment

**2. Requirements**

2600.

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

1. Annually.

**Description of Violation**

Resident [REDACTED] did not have an assessment from 10/08/2021 until 04/05/2023.

**Plan of Correction****Directed [REDACTED] - 06/06/2024)**

Resident [REDACTED] assessment completed on 10/17/22 by previous DOW. (see attached) DOW, Assisted Living Manager, or Designees to complete quarterly resident chart audits beginning on 6/30/2024, 9/30/2024, and 12/30/2024, to ensure all required assessments are completed for each resident. Initial resident chart audits to be completed by DOW, ALM, or Designees on 6/30/2024 and to be reviewed quarterly at QA meetings 6/30/2024, 9/30/2024, and 12/30/2024 until 12/31/2024.

**225c - Additional Assessment (continued)**

Director of Wellness, Assisted Living Manager, and Business Office Director educated by Executive Director on 6/3/2024 that all residents in community must have an annual assessment per Regulation 225 c.

Proposed Overall Completion Date: 06/30/2024

[Directed]

- Quarterly audits are to be completed through 6/30/2024, 9/30/2024, and 12/30/2024. Resident chart audits to be reviewed at QA meetings on 6/30/2024, 9/30/2024, and 12/30/2024 until 12/31/2024.

Directed Completion Date: 06/30/2024

Implemented [REDACTED] - 07/01/2024)

**227d - Support Plan Medical/Dental****3. 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 [REDACTED] was placed on hospice services on [REDACTED]. However, the resident's current support plan, dated 03/08/2024, does not indicate the resident is receiving hospice services.

**Plan of Correction**

Accept [REDACTED] - 06/06/2024)

Resident [REDACTED] support plan was updated on 5/2/2024 by the Director of Wellness to indicate beginning Hospice services on 3/8/2024. (see attached) DOW, ALM, or Designee to ensure resident support plans updated when receiving hospice services. DOW, ALM, or Designee to conduct quarterly resident chart audits to ensure assessments are updated for ancillary services. Initial resident chart audit to be completed by DOW, ALM, or Designee on 6/30/24 and quarterly audits through 6/30/2024, 9/30/2024, and 12/30/2024. Resident chart audits to be reviewed at QA meetings on 6/30/2024, 9/30/2024, and 12/30/2024 until 12/31/2024,

Director of Wellness, Assisted Living Manager, and Business Office Manager educated by Executive Director on 6/3/2024 to ensure residents current support plans are up to date with outside services provided such as Hospice Services and the start date of services is documented on the support plan. (See attachment)

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/01/2024)

**231b - Medical Evaluation****4. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

Resident [REDACTED] did not have a medical evaluation by a physician, physician's assistant, or certified registered nurse

231b - Medical Evaluation (continued)

practitioner within 60 days prior to admission to the secure dementia care unit (SDCU) on [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/06/2024)

Resident [REDACTED] had a medical evaluation completed by a physician on [REDACTED] (see attached)

DOW, ALM, or designee will ensure all residents have a current medical evaluation by a physician upon admittance to the secured dementia care unit. DOW, ALM, or Designee to conduct quarterly resident chart audits to ensure residents admitting into the SDCU have a current medical evaluation by a physician on 6/30/2024, 9/30/2024, and 12/30/2024. Initial resident chart audit to be completed by DOW, ALM, or Designee on 6/30/2024. Quarterly resident chart audits to be reviewed at the QA meetings on 6/30/2024, 9/30/2024, and 12/30/2024 until 12/31/2024.

DOW, ALM, or designee will ensure residents have a current DME to be reviewed within 48 hours of admittance to the SDCU beginning on 6/3/2024.

DOW, ALM, and BOD educated by Executive Director on 6/3/2024 to ensure residents have a medical evaluation by physician, physician assistant, or CRNP with in 60 days prior to admission to the SDCU. (see attachment)

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/01/2024)

231c - Preadmission Screening

5. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] did not have a written cognitive preadmission screening completed in collaboration with a physician or geriatric assessment team within 72 hours prior to admission to the secure dementia care unit (SDCU) on [REDACTED]

Resident [REDACTED] did not have a written cognitive preadmission screening completed in collaboration with a physician or geriatric assessment team within 72 hours prior to admission to the SDCU on [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/06/2024)

Resident [REDACTED] preadmission screen for admittance to the SDCU on [REDACTED] completed on 5/2/2024 by DOW (see attachment)

Resident [REDACTED] preadmission screen for admittance to the SDCU on [REDACTED] completed on 5/2/2024 by DOW. (see attachment)

DOW, ALM, or designee to complete quarterly resident chart audits to ensure all preadmission screens for admission to the SDCU are completed within 72 hours prior to admission to the SDCU on [REDACTED], [REDACTED], and [REDACTED] through [REDACTED]. Initial resident chart audit to be completed by the DOW, ALM, or Designee on 6/30/2024. Quarterly resident chart audits to be reviewed at the QA meetings on 6/30/2024, 9/30/2024, and 12/30/2024 until 12/31/2024.

DOW, ALM, and BOD educated by Executive Director on 6/3/2024 on residents need a written cognitive preadmission screen completed in collaboration with a physician or geriatric assessment team with in 72 hours prior to admission to the SDCU. (see attached)

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/01/2024)