

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

June 21, 2024

[REDACTED], ADMINISTRATOR
MAYBROOK-P DENVER OPCO LLC
400 LANCASTER AVENUE
STEVENS, PA, 17578

RE: THE GARDENS AT STEVENS
400 LANCASTER AVENUE
STEVENS, PA, 17578
LICENSE/COC#: 33266

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/30/2024 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 GARDENS AT STEVENS* License #: 33266 License Expiration: 08/15/2024
 Address: 400 LANCASTER AVENUE, STEVENS, PA 17578
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: *MAYBROOK-P DENVER OPCO LLC*
 Address: 400 LANCASTER AVENUE, STEVENS, PA, 17578
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 10/22/1990 Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: 05/30/2024

Inspection Dates and Department Representative

05/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 26 Residents Served: 7
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 7
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/30/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/13/2024

06/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/17/2024
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/12/2024

Inspections / Reviews *(continued)*

06/07/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/25/2024

06/21/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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).

Description of Violation

On [redacted] Resident #1 ceased to breathe while residing in the home. The home did not report this incident to the Department as required until [redacted]

Plan of Correction

Directed ([redacted] - 06/07/2024)

Administrator educated all staff on the importance of reporting reportable incidents.

Administrator or designee will notify DHS, family, PCP at the direction of the administrator

The administrator educated all staff on the importance of reporting reportable incidents immediately. The administrator will ensure all incidents' reports are completed and submitted within 24 hours of occurrence to remain in compliance with state regulations. Started 6/3/2024 and on-going

Proposed Overall Completion Date: 06/07/2024

(Directed)

- Administrator educated all staff on the importance of reporting reportable incidents by 6/3/24.
- Starting 6/17/24, staff on duty will call the Administrator if an incident occurs. The Administrator will instruct staff to complete and submit the reportable to the Department; the Administrator will then check for the fax confirmation sheet to ensure the reportable was sent timely.
- Beginning 6/17/24, the Administrator will review the home's "24 hour report" daily to ensure any incident that may have been documented was reported to the Department.

Directed Completion Date: 06/17/2024

Implemented ([redacted] - 06/20/2024)

25b - Contract Signatures

2. Requirements

2600.

25.b. 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.

Description of Violation

The signature page (page #6) of the home contract dated [redacted], was not present at the time of the inspection for Resident #2.

Repeated Violation - 9/22/22

Plan of Correction

Accept ([redacted] - 06/07/2024)

Administrator or designee will ensure all signatures are captured at the time of completion the contract

Administrator or designee will give completed contract to the Business Office Manager to ensure completion of contract in its entirety

This will be done on every admission starting 6/3/2024 and on-going

25b - Contract Signatures (continued)

Initial audit was completed on 6/6/2024 of all residents' contracts all are in good standing
Administrator provided education to the SSD who will be designee in my absence to complete PC contracts starting 6/6/2023. SSD is accustomed to this process. Contracts will be given to business office manager the same day of completion

Proposed Overall Completion Date: 06/07/2024

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented (█) - 06/20/2024)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Member A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█) - 06/07/2024)

Administrator or designee will get a copy of high school diploma, GED, and or verify CNA is active when job is offered and accepted prior to start date

Administrator or designee will give all new hire information to the HR director to ensure we have all the necessary documents prior to start date

Administrator or designee will ensure all documents are in our possession when offer is accepted starting 6/3/2024 and on-going

Staff Member A is no longer employed at the facility

Administrator completed an audit of current employees and all have high school diplomas', GED, or active CNA certification in their employee file by 6/7/24.

Administrator will educate PCA trainer on complete employee file documents prior to first day of employment training. Start and completion date for the training will be 6/17/2024

Proposed Overall Completion Date: 06/07/2024

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented (█) - 06/21/2024)

65a - FS Orientation 1st Day

4. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Direct Care Staff Member A, whose first day of work was [REDACTED] did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction

Directed ([REDACTED] - 06/07/2024)

Administrator or designee will set up a time and date with the maintenance director on the prior to or on first day of employment to ensure FS training is complete

Maintenance director will educate and notify PC administrator upon completion

This will be conducted on all new hires prior or first day of employment starting 6/3/2024 and on going

Administrator provided education to staff on 6/6/2024 to be completed by 6/17/2024

Administrator audited current staff on 6/6/2024 to ensure all have received FS training audit to be completed 6/17/2024

Staff Member A is no longer employed with the facility

the new hire orientation packet is used for 65a and b

Proposed Overall Completion Date: 06/07/2024

(Directed)

In addition to the above POC: Beginning no later than 6/17/24, a new hire orientation packet/checklist will be used to ensure new hires receive required training on their first day.

Directed Completion Date: 06/17/2024

65a - FS Orientation 1st Day (continued)

Implemented ([redacted] - 06/20/2024)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Direct Care Staff Member A, hired on [redacted], completed [redacted] 40th scheduled work hours and has not received training in the following topics as of 5/30/24:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Plan of Correction

Accept ([redacted] - 06/07/2024)

Administrator or designee will ensure Rights and Abuse orientation is completed during the first 40 hours of employment

Administrator or designee will check off task on Orientation Checklist

Administrator will have Orientation Checklist in new hire file when completed at the end of 40 hour worked.

Administrator provided education on 6/6/2024 to be completed by 6/17/2024

Administrator audited current employee files to ensure all training completed 6/6/2024

Staff Member A is no longer employed with facility

Administrator will ensure that the new hire orientation checklist is implemented on the first day of employment starting 6/6/2024 and on-going.

Proposed Overall Completion Date: 06/07/2024

Licensee's Proposed Overall Completion Date: 06/17/2024

Implemented ([redacted] - 06/21/2024)

91 - Telephone Numbers

6. Requirements

91 - Telephone Numbers (*continued*)

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 5/30/24, there were no emergency telephone numbers on or by the telephone in the hallway outside of resident room #114.

Plan of Correction**Directed () - 06/07/2024)**

Administrator or designee placed emergent numbers at public phone on 6/3/2024-Corrected upon notification

Administrator or designee will check for emergent numbers list are posted by telephones and in public spaces

Administrator or designee will check residents' rooms to ensure emergent numbers are posted

Administrator corrected on 6/3/2024 and audited all rooms and public spaces to ensure emergent numbers posted

Administrator or designee will post emergent number if not posted starting 6/3/2024 and 90 days thereafter to ensure numbers are posted

Administrator or designee will audit rooms and public spaces every 30 days for 90 days there after

Administrator provided education for all staff to read and sign on 6/6/2024

Proposed Overall Completion Date: 06/07/2024

(Directed)

- In addition to the POC above, the Administrator or designee will audit all resident rooms and public spaces monthly for 3 months beginning 6/3/24.

Directed Completion Date: 06/07/2024

Implemented () - 06/20/2024)

252 - Record Content

7. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #1 ceased to breathe while in the home on (). Resident #1's record does not include a copy of the official death certificate.

Plan of Correction**Directed () - 06/07/2024)**

Administrator contacted the funeral home to obtain an official copy of () death certificate was obtained 6/3/2024
Corrected upon notification on 6/3/2024

Administrator or designee will contact the funeral home within 7 business days (excluding weekends) to obtain a copy of the official death certificate starting 6/6/2024 and on-going

Administrator or designee will give decedents chart to medical records

Medical records clerk will ensure a copy of the official death certificate is in the chart prior to closing out the record

252 - Record Content (continued)

and notify administrator if not placed in chart.

Administrator provided education to current staff and medical records clerk on 6/7/2024 to be completed by 6/17/2024

Proposed Overall Completion Date: 06/07/2024

(Directed)

In addition to the above POC, an audit of resident records who have ceased to breathe within the past year will be completed by the Administrator or designee by 6/20/24 to ensure death certificates are in the record.

Directed Completion Date: 06/20/2024

Implemented (█ - 06/21/2024)