

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

October 4, 2024

[REDACTED]  
CAPITOL OPERATOR LLC  
[REDACTED]

RE: THE TERRACES AT CAPITOL VILLAGE  
4004 LINGLESTOWN ROAD  
HARRISBURG, PA, 17112  
LICENSE/COC#: 33798

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/14/2024, 08/16/2024 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 TERRACES AT CAPITOL VILLAGE* License #: *33798* License Expiration: *06/01/2025*  
 Address: *4004 LINGLESTOWN ROAD, HARRISBURG, PA 17112*  
 County: *DAUPHIN* Region: *CENTRAL*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *CAPITOL OPERATOR LLC*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *12/17/2001* Issued By: *Lower Paxton Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *08/16/2024*

**Inspection Dates and Department Representative**

08/14/2024 - On-Site: [Redacted]  
 08/16/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *64* Residents Served: *61*

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

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *7* Have Physical Disability: *1*

**Inspections / Reviews**

08/14/2024 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *09/02/2024*

09/03/2024 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *10/04/2024*  
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *10/03/2024*

Inspections / Reviews *(continued)*

10/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42b - Abuse

## 1. 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 [REDACTED], it was determined that Staff Member A had attempted to cash two forged checks in the amount of [REDACTED] belonging to Resident [REDACTED] without [REDACTED] knowledge while the resident was in the hospital. Upon discovery, the resident's Power of Attorney was able to stop payment on the checks and a police report was filed. The resident confirmed that [REDACTED] had initially given Staff Member A a check for [REDACTED] prior to this, which the staff had written out and signed.

## Plan of Correction

Accept [REDACTED] - 09/03/2024)

1. Executive Director immediately suspended Staff Member A on 5/29/24 upon notification of allegation of financial abuse by Resident [REDACTED] family.
2. Executive Director reported alleged incident immediately to DHS, Protective Services, and the police on 5/29/24.
3. Executive Director following completion of investigation Staff Member A was separated from employment on 5/30/24.
4. Executive Director will complete additional re-education on Resident Rights and Abuse, Respect and Dignity by 9/15/24 for all employees.
5. Executive Director provided re-education on Resident Rights including right to be free of abuse on resident council on June 18, 2024 and July 16, 2024.
6. Executive Director will continue to promote resident rights and abuse education in new hire general orientation and all staff annual training requirements.
7. Executive Director will audit new hire general orientation documents for 1 month to ensure all new staff are provided education on resident rights and abuse upon hire, to begin on 9/1/24 to 10/1/24.
8. Executive Director will review any potential incidents as they occur daily for 1 month beginning 9/1/24 to 10/1/24.
9. Executive Director will report findings at October Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

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

Implemented [REDACTED] - 10/04/2024)

## 42c - Treatment of Residents

## 2. Requirements

2600.

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

## Description of Violation

On [REDACTED] EMS were called to assist Resident [REDACTED] who was unable to be lifted from the ground. Statements provided by EMS, the resident, and staff in the home indicated that Staff Member B and Staff Member C were mocking the resident's behaviors, attributed to a diagnosis of [REDACTED], and laughing at [REDACTED]. As per the resident, [REDACTED] asked them to stop and they did not. EMS asked the staff to lower their voices and stated that they were being unprofessional. EMS and staff witnesses confirmed that Staff Member B stated [REDACTED] wasn't a professional, that [REDACTED] was only professional to [REDACTED] clients, referring to clients outside of the home. The two staff's behavior was reported to have

**42c - Treatment of Residents (continued)**

made the resident feel uncomfortable, █████ did not want them in the room, and █████ did not feel safe with them.

**Plan of Correction****Accept █████ - 09/03/2024)**

1. Executive Director suspended pending investigation Staff Member B and Staff Member C upon resident report on 7/24/24 of alleged mocking of resident's behaviors.
2. Director of Wellness reported to DHS, Protective Services, PCP, and POA on 7/24/24 the alleged incident.
3. Staff Member B and Staff Member C remained suspended until investigation was complete, resulting in separation of employment.
4. Executive Director will complete re-education on Resident Rights and Abuse, Respect and Dignity by 9/15/24 for all employees.
5. Executive Director will continue to promote resident rights (specifically treatment with dignity and respect) at all new hire general orientation sessions and with annual training requirements.
6. Executive Director will audit new hire general orientation documents for 1 month to ensure all new staff are provided education on resident rights and abuse upon hire, to begin on 9/1/24 to 10/1/24.
7. Executive Director will review any potential incidents as they occur daily for 1 month beginning 9/1/24 to 10/1/24.
8. Executive Director will report findings at October Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

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

**Implemented █████ - 10/04/2024)****225a - Assessment 15 Days****3. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident █████ utilizes an enabler bar. The resident's most current assessment and support plan, dated █████, does not include the use of or the specific need for the resident's enabler bar, the intended use for the resident's enabler bar, any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used nor whether a cover is required to meet FDA guidelines.

**Plan of Correction****Accept █████ - 09/03/2024)**

1. The Executive Director updated the most recent assessment and support plan(6/5/24) for Resident █████ to include the use of and specific need for the resident's enabler bar, the intended use for the resident's enabler bar, any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used nor whether a cover is required to meet FDA guidelines. Completed 8/24/24.
2. The Executive Director requested documentation from Resident #3 physician noting include the use of and specific need for the resident's enabler bar, the intended use for the resident's enabler bar, any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used nor whether a cover is required to meet FDA guidelines. Requested by Executive Director on 8/24/24.
3. The Executive Director updated an order recommendation form for the physician to document the required elements for the use of the enabler bar for those residents who utilize an enabler device to be completed by 9/5/24.
4. The Executive Director will conduct a full audit of all residents who utilize an enabler device in the facility to review the most current Resident Assessment and Support Plan to identify the required elements are documented to include the use of or the specific need for the resident's enabler bar, the intended use for the resident's enabler bar,

**225a - Assessment 15 Days (continued)**

- any risks associated with the use, the resident ability to use the device safely for the purpose it was intended, identification of the specific device to be used nor whether a cover is required to meet FDA guidelines by 9/15/24.
5. The Executive Director will conduct re-education to wellness nurse on the guidance for enabler devices, and facility protocol for documentation on the resident assessment and support plan by 9/15/24
  6. Executive Director will audit all initial, annual, and significant changes Resident Assessment and Support Plans for 4 weeks to assure complete and accurate documentation of resident needs and the plan to meet the resident need is documented. Beginning on 9/1/24 with completion on 10/1/24.
  7. Executive Director will report findings of audit at October Quality Management Meeting, indicating if compliance has been achieved or provide further recommendations for ongoing compliance.

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

Implemented [REDACTED] - 10/04/2024)

**227d - Support Plan Medical/Dental****4. 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] assessment and support plan dated [REDACTED] indicates some physical assistance is needed for transferring in/out of bed/chair. Administrator and Staff Member D reported that the resident is provided two-person physical assistance to transfer. Progress Notes dated [REDACTED] document staff transferring resident to bed and resident's inability to assist with transfer. The plan to meet the service need does not reflect this information which is directly relevant to the resident's safe transfer.

Resident [REDACTED] medical evaluation dated [REDACTED] included PT instructions as follows "When standing up, please ensure the left foot is back underneath you and you have your feet apart not touching each other. When transferring with the walker, you are ONLY transferring to the right side." This information was not included in the most recent support plan dated [REDACTED] and is directly related to the resident's safe transfer and ambulation.

Resident [REDACTED] assessment dated [REDACTED] documents that the resident has minimal problems with judgment and has had several falls. The support plan does not indicate a plan to meet this service need.

**Plan of Correction**

Accept [REDACTED] - 09/03/2024)

1. The executive director immediately updated Resident [REDACTED] assessment support plan dated 4-15-24 plan to meet service needs, on 8/24/24.
2. The executive director immediately updated Resident [REDACTED] assessment support plan dated 6-5-24 to include direction for transfer assistance and directives on DME. Completed 8-24-24.
3. The executive director immediately updated Resident 4 assessment and support plan dated 7-19-24 to include the plan to meet service need for minimal problems with judgement. Completed on 8-24-24.
4. The executive director will complete a full house audit on all current Resident Assessment and support plans to assure accuracy and completeness documented 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

227d - Support Plan Medical/Dental (continued)

resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. To be completed by 9/30/24

5. The executive director will re-educate the wellness nurse on the requirement to assure complete and accurate assessment and support plan are documented in the RASP to reflect the resident need and plan to provide support by 9-15-24.

6. The executive director will audit for 4 weeks all initial, annual, and significant change resident assessment and support plans to assure resident needs and plan to meet the service needs are documented, beginning 9/1/24 and completed by 10/1/24

7. Executive director will review finding at October Quality management meeting to report audit findings, and make recommendations for ongoing compliance.

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

Implemented (█) - 10/04/2024)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident █ assessment and support plan, completed on █, was not signed by the assessor or the resident; the home did not make a notation regarding the resident's inability or refusal to sign.

Plan of Correction

Accept █ - 09/03/2024)

1. Resident █ support plan was reviewed on 8/24/24 by the Executive Director for accuracy and signed as a Quality Management Review.

2. Resident █ no longer resides in the community and cannot be retroactively signed by resident.

3. Executive Director will conduct audit of each current resident support plans to identify the assessor's signature/date is present and residents have had the opportunity to review and sign/date, and the participation is accurately documented by 9/30/24.

4. Executive Director will review all Initial, Annual, and Significant Change Resident Support Plans beginning 9/1/24 to 10/1/24 to ensure all assessor's signature/date is present and resident signature is recorded/participation is accurately documented with inability to participate or refusal to sign.

5. Executive Director will report findings at October Quality Management Meeting following completion of audits and identify further corrective measures to maintain ongoing compliance.

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

Implemented █ - 10/04/2024)