

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ASBURY ATLANTIC
LEGAL ENTITY

To operate BETHANY VILLAGE RETIREMENT CENTER
NAME OF FACILITY OR AGENCY

Located at 5225 WILSON LANE MECHANICSBURG, PA 17055
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Assisted Living-Special Care
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 115
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 30

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 27, 2013 until June 27, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 330230

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 18 2013

Ms. Melissa M. Hadley, Executive Director
Asbury Atlantic
20030 Century Boulevard, Suite 300
Germantown, Maryland 20874

RE: Bethany Village Retirement Center
5225 Wilson Lane
Mechanicsburg, Pennsylvania 17055

Dear Ms. Hadley:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 27, 2013 and March 28, 2013, of the above-named facility, the violations with 55 Pa.Code Ch. 2800 (relating to assisted living residences) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Licensing Inspection Summary. Your license is enclosed.

Sincerely,

Ronald Melusky
Director

Enclosures
License
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences - 55 Pa.Code §2800

Name of Community Home:

Bethany Village Retirement Center

Address:

5225 Wilson Lane
Mechanicsburg, Pennsylvania 17055

License or MPI Number: 330230

Type of Inspection: Full

Reason(s) for Inspection: Annual Inspection

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-Site:

3/27/13 Israel Springs, Lori Gensil, Douglas Hoover

3/28/13 Israel Springs, Lori Gensil, Douglas Hoover

Off-Site Inspection Dates and Inspectors, if Applicable:

Regulation

§ 2800.25(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. 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).

Violation

The contract for Resident #1, dated 2/25/13, did not have the resident's signature or any notation of refusal or inability to sign.

Plan of Correction

The contract for Resident [redacted] had been signed by the Power of Attorney, but not by the resident. The contract has now also been signed by the resident as required. It shall be the practice of Bethany Village to have ALL residents sign or make their mark on their contract to the best of their ability. If unable to do so, this will be noted at the signature block and initialed by all. This will be enforced by the Admissions Director and double-checked for completion by the Administrator when reviewing and signing any new contract. Any problems or re-occurrences will be promptly addressed. This category will also be tracked during the home's quarterly Quality Assurance meetings.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Melissa Hadley, Executive Director

Signature of Legal Entity Representative (Required on all pages)

Date

5/15/13

Melissa Hadley

DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/3/13
(Date)

Plan of correction implementation status as of 6/3/13
(Date)

The above plan of correction was approved by NSC
(Initials)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

Regulation

§ 2800.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Violation

The statement acknowledging receipt of the Resident Rights and Complaint Procedures was not signed by Resident #1 or Resident #2.

Plan of Correction

The statement acknowledging receipt of the Complaint Procedures has now been signed by both Resident # [redacted] and Resident [redacted]. This signature page is located on the home's contract as "Attachment F- [redacted]". There is no change needed to the contract, however it shall be the practice of Bethany Village to have this attachment completed for all contracts. The Admissions Director will enforce this and the Administrator will double-check for completion when reviewing and signing any new contract.

A statement acknowledging receipt of the Resident Rights and a signature block has been added to the contract's existing "Attachment C-1". This attachment had already existed, but served as a placeholder for the list of resident rights to be reviewed and inserted upon completion and signing of the contract. The addition of this signature block will now prompt compliance with this category when collected by the Admissions Director upon completion of any new contract. The Administrator will double-check this signature location for completion when reviewing and signing and new contract.

Any problems or re-occurrences will be promptly addressed. This category will also be tracked during the home's quarterly Quality Assurance meetings.

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Melissa Hadley, Executive Director

Signature of Legal Entity Representative (Required on all pages)

Melissa Hadley

Date

5/15/13

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Regulation

§ 2800.65(i) Training topics for the annual training for direct care staff persons must include the following:

- (1) Medication self-administration training.
- (3) Care for residents with dementia, cognitive and neurological impairments.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the residence.

Violation

Staff Person A did not receive annual training in medication self-administration, care for residents with dementia, cognitive and neurological impairments and care for residents with mental illness or mental retardation.

Plan of Correction

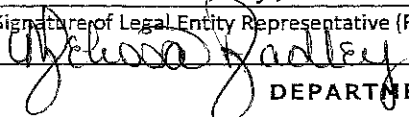
Staff Person ■ will receive training in medication self-administration, care for residents with dementia, and cognitive and neurological impairments, and care for residents with mental illness (the home does not currently serve those with mental retardation), as is required as part of the home's annual training for direct care staff persons. Staff Person ■ will receive this special training by May 31, 2013 from the Administrator and Dir. of Clinical Services.

In addition, the status of required annual training of all employees will be reviewed at the home's quarterly Quality Assurance meetings. Any findings of non-compliance or trends will be addressed and remediated to ensure the home is in compliance with the regulation for required training.

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Signature of Legal Entity Representative (Required on all pages)



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Regulation

§ 2800.133 - The following requirements apply for a residence serving nine or more residents:

- (1) Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.
- (2) Access to exits shall be marked with readily visible signs indicating the direction to travel..

Violation

- 1) The exit leading from the second floor to the main wooden stair case going to the main lobby was not marked as an exit.
- 2) The sign on the exit near room 210 was not visible from an adjacent hallway and there was no directional sign showing the location of the exit.

Plan of Correction

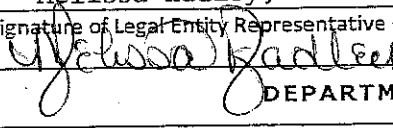
- 1. A temporary exit sign was installed in this location on 3/28/13, to clearly mark it as an exit.
- 2. Three temporary directional exit signs were installed in this location on 3/28/13, to improve visibility and provide direction toward the location of the nearest exits.

Temporary exit signs remain in place as we await the installation of permanent signs. Permanent exit and directional exit signs will be professionally installed in these locations as requested. The signs will be lit signs, similar to the style and function of the other signs located throughout the building. The signs will be installed by June 30, 2013.

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Melissa Hadley, Executive Director

Signature of Legal Entity Representative (Required on all pages)



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Regulation

§ 2800.187(d) - The residence shall follow the directions of the prescriber.

Violation

The electronic medication administration record showed that Resident #1 received 2 units of insulin on 3/8/13 instead of 3 as the sliding scale indicated as the proper dosage.

Plan of Correction

The electronic medication administration record and directions for the prescription "Novolog" for Resident ■ was reviewed with nursing staff responsible for the care of Resident #1. An internal medication error report was completed and reviewed and follow-up education was provided to all nurses as part of the monthly nurse's meeting on May 15, 2013, by Dir. of Clinical Services. The education covered the importance of careful adherence to sliding scale protocol when administering insulin.

Moving forward, the home will implement steps to ensure that current and future sliding scale ranges will be clear to nurses when administering and documenting insulin using the home's electronic medication administration (E-MAR) system. The home will conduct a thorough "inventory" of existing insulin orders and will reformat the orders wherever they occur in the E-MAR system. This adjustment will be fully implemented into the E-MAR system by June 19, 2013 by Dir. of Clinical Services and demonstrated to nursing team.

Home will continue to review all medication errors as part of quarterly Quality Assurance meetings, paying particular attention to proper use of insulin.

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