

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, 2014 until June 27, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 330230

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

ACTING 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.

PW 628 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 15 2014

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
License #: 330230

Dear Ms. Hadley:

As a result of the Department of Public Welfare's licensing inspection on March 18, 2014 and March 19, 2014, of the above 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
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 Number: 330230

Type of Inspection: Full

Reason for Inspection: Annual

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-Site:
3/18/14, 3/19/14 - Israel Springs, Rebecca Riel

Off-Site Inspection Dates and Inspectors, if Applicable:

LIS - [Bethany Village] - (3/18/14 & 3/19/14) - [Israel Springs]

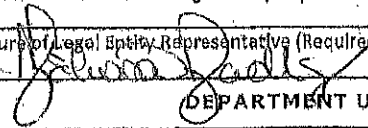
Regulation
 § 2800.25(c)(2) - At a minimum, the contract must specify a fee schedule that lists the actual amount of charges for each of the assisted living services that are included in the resident's core service package in accordance with § 2800.220 (relating to service provision).

Violation
 Resident #1 was admitted to the SCU on 2/19/14. There was no record of a rate change or fee schedule listing the change in cost, and no signature by the resident or designated payer acknowledging the change in service and expense.

Plan of Correction

The appropriate contract documentation was completed for this resident and made part of the contract following the survey. Moving forward, all such changes such as apartment location or level of care for existing residents will be documented by the home's new "Change to Assisted Living Agreement" form, created as a result of this survey (see attached Exhibit A). The form will be signed by the resident and the resident's designated person prior to making any change. The completed form will then be attached to and made part of the resident contract/agreement. The original will be placed with the contract in resident administrative file and a copy will also be attached to the lease in resident chart.

Administrator and Social Worker will ensure the Change to Assisted Living Agreement form is completed by resident and family; administrator will place in admin file and chart. Administrator and Social Worker, will hold one another accountable to the process to ensure this occurs for each change. A quarterly review of internal moves and changes and audit for completed forms will ensure the process is being followed.

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	
		5-14-14	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>6/16/14</u> (Date)		Plan of correction implementation status as of <u>6/16/14</u> ; (Date)	
The above plan of correction was approved by <u>NSC</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

LIS - [Bethany Village] - (3/18/14 & 3/19/14) - [Israel Springs]

Regulation

§ 2800.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Violation

Resident #2 has a medical evaluation dated 2/24/14 which indicates that the resident was prescribed a mechanical soft diet. The initial assessment/support plan dated 2/19/14 did not capture this information. According to the dietary department the resident receives a regular heart healthy diet.

Plan of Correction

The appropriate documentation (special dietary need) was added to the resident's ASP and communicated to the dietary department on the day of the survey. Moving forward, preliminary ASPs prepared prior to admission will be updated upon admission to include all current resident medical, support and supplemental services information, so that the ASP is complete and necessary supports are communicated to the appropriate resources in a timely fashion. Adherence to the home's existing Resident Admission Checklist will also be monitored, as this includes "diet notification".

This attention to detail surrounding thorough documentation will be accomplished by the clinical team (LPNs for each neighborhood) with oversight by the Director of Clinical Services (RN). It will be accomplished through review of admitting diagnosis, clinical needs, and timely and thorough completion of ASPs. Training on the importance of the above was conducted on April 23, and will be part of ongoing monthly in-services and quality reviews by Dir. of Clinical Services and Administrator.

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

5-14-14

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(Date)

Plan of correction implementation status as of 6/16/14
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

LIS - [Bethany Village] - (3/18/14 & 3/19/14) - [Israel Springs]

Regulation

§ 2800.227(d) - Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Violation

- 1) Resident #3 received an order for oxygen 2l/m at bedtime on 10/22/13 and that the cannula tubing and humidifier bottle need to be changed weekly. The assessment/support plan dated 11/19/13 did not provide information on how this service would be provided.
- 2) Resident #4 utilizes an enabler bar that is attached to her bedside. The ASP dated 6/11/13 does not explain the need for the device nor has the resident been assessed to safely use it.

Plan of Correction

The appropriate documentation on need and responsibility for necessary services or supports (oxygen and enabler bar) was added to the residents' ASPs following the survey. Moving forward, ASPs will thoroughly include all current resident medical, support and supplemental services information, including what the need is and how it will be met, so that the ASP provides a complete description of the resident support.

This attention to detail surrounding thorough documentation will be accomplished by the clinical team (LPNs for each neighborhood) with oversight by the Director of Clinical Services (RN). It will be accomplished through review of admitting diagnosis, clinical needs, and timely and thorough completion of ASPs. Training on the importance of the above was conducted on April 23, and will be part of ongoing monthly in-services and quality reviews by Dir. of Clinical Services and Administrator.

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LIS - [Bethany Village] - (3/18/14 & 3/19/14) - [Israel Springs]

Regulation

§ 2800.227(h) - If a resident or designated person is unable or chooses not to sign the final support plan, a notation of inability or refusal to sign shall be documented.

Violation

The support plans for Residents #4 and #6, dated 6/11/14 and 3/11/14 respectively, were not signed by the residents and there were no notations that the residents refused or were unable to sign.

Plan of Correction

The support plans for these residents have been signed appropriately following the survey. Moving forward, neighborhood LPNs will gather resident and designated person signatures on final ASPs as required. If a resident or designated person is unable or chooses not to sign the final support plan, a notation of inability or refusal to sign will be documented on the ASP by the LPN. Training on the importance of the above was conducted on April 23, and will be a part of ongoing monthly in-services, as well as quality checks and routine audits conducted by Dir. of Clinical Services and Administrator.

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)

Melissa Hadley

Date

5-14-14

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(Date)

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(Initials)

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LIS - [Bethany Village] - (3/18/14 & 3/19/14) - [Israel Springs]

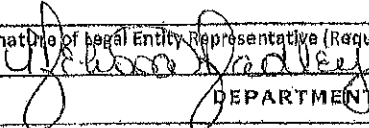
Regulation
 § 2800.231(d) - Each resident record must have documentation that the resident or potential resident and, when appropriate, the resident's designated person or the resident's family have agreed to the resident's admission or transfer to the special care unit.

Violation
 There was no documentation acknowledging the consent/agreement of the residents or their designated persons for admission to the SCU for Residents #1, #4, #5 and #6.

Plan of Correction

The appropriate consent documentation was gathered and added to the agreement for each of the four residents noted following the survey. Additionally, the home is in the process of gathering this documentation for each current SCU resident and designated person, using a newly developed form, "Admission to Golden Maple". The home will complete this for all existing residents by June 30, 2014.

Moving forward, all admissions to the SCU (Golden Maple Memory Support Neighborhood), a secure special care unit as defined by 2800.231-2800.239, will include documentation that the resident and designated person have agreed to the admission or transfer to the secure memory setting. This will occur for all internal transfers and for those residents admitted directly to the SCU. The home will use a newly developed form "Admission to Golden Maple" for all such admissions and transfers (see attached Exhibit B). The form includes a "disclosure of services provided, admission and discharge criteria, change in condition policy, special programming and costs and fees." It will be the responsibility of the Dir. of Admissions, Administrator and Social Worker to review the form with residents and designated persons considering the SCU, and to obtain their consent in the form of signatures. Administrator will place in administrative file and resident chart. Administrator and Social Worker, will hold one another accountable to the process to ensure this occurs for each SCU admission. A quarterly review of internal moves to the SCU and routine audits for completed forms will ensure the process is being followed.

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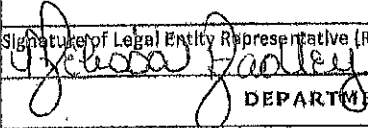
LIS - [Bethany Village] - (3/18/14 & 3/19/14) - [Israel Springs]

Regulation
 § 2800.231(g) - The resident-residence contract specified in §2800.25 (relating to resident-residence contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

Violation
 The standard contract for residents admitted to the SCU does not contain a disclosure of services, admission and discharge criteria, a change in condition policy, special programming, or costs/fees.

Plan of Correction

Appropriate changes to the resident-residence contract have been addressed following the survey. Moving forward, no resident will be admitted to the SCU without the necessary documentation of consent. For this purpose the home has developed the form "Admission to Golden Maple" and made it part of the standard contract (see attached Exhibit B). It contains a disclosure of services provided, admission and discharge criteria, a change in condition policy, special programming and costs and fees. It will be the responsibility of the Dir. of Admissions to review the form with residents and designated persons considering the SCU, and to obtain their consent in the form of signatures, making it part of the admission agreement.

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