pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 1 4 2015

Ms. Melissa 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 Human Services' licensing inspection on April 1, 2015 and April 2, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Your regular license for the period June 27, 2015 to June 27, 2016 was issued on April 13, 2015. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

Name of Residence: Bethany Village Retirement Center
Address: 5225 Wilson Lane Mechanicsburg, Pennsylvania 17055
License Number: 330230
Type of Inspection: Full
Reason(s) for Inspection: Renewal
Notice: Unannounced
On-site Inspection Dates and Department Representatives On-Site: 04/01/2015 and 04/02/2015 – Dale Rosenblat, Jason McCloskey
Off-Site Inspection Dates and Inspectors, If Applicable:

Regulation

§ 2800.18. Applicable laws.

A residence shall comply with applicable Federal, State and local laws, ordinances and regulations.

Violation

The residence's current boiler certificate expired on 7/10/2014.

Plan of Correction

On April 17th, [redacted] of Hartford Insurance inspected the three (3) boilers which service this licensed facility. The boilers were found to be in compliance and [redacted] signed each certificate. **See exhibits for email confirmation from Director of Facilities along with copies of certificates signed and dated during the re-inspection by [redacted].**

Moving forward the Director of Facilities has agreed to check the boiler inspection status annually – and will verify with the Administrator that the inspection has been rescheduled by March 2016, and annually thereafter. This will be done by setting calendar alerts and appointments accordingly.

Printed Name and Title of Legal Entity Representative (Required on all pages) HENRI B. LIVELY ADMINISTRATOR

Signature of Legal Entity Representative (Required on all pages) [signature] **Date** 6-30-15

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

The above plan of correction is approved as of 8-19-15 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 8-19-15 (Date):

- [x] Fully Implemented
- [ ] Partially Implemented – Adequate Progress
- [ ] Partially Implemented – Inadequate Progress
- [ ] Not Implemented

Regulation

§ 2800.54. Qualifications for direct care staff persons.

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.

Violation

Staff person A has a non-USA high school diploma.

Plan of Correction

On April 6th, Administrator spoke with [redacted] of the DHS to seek advice on pursuing the waiver program due to occurrence of non-US high school diploma. [redacted] advised contacting the NACES (National Association of Credential Evaluation Services) to locate an acceptable credentialing service to compare the original foreign diploma (Haiti) of Staff Member A to the requirements for US GED or High School Diploma. On April 20th, Administrator purchased credentialing services from "A2Z Evaluations, LLC" and sent the original education documents of Staff Member A to be evaluated.

On May 21st, Administrator received letter from A2Z informing that Staff Member A's documents were fraudulent. As a result of this, the waiver process was deemed to be no longer a possibility, and Staff Member A was terminated from employment at the facility on May 27th.

During this time Staff Member A, who was hired on 6/27/14 and had received positive reviews of performance, represented no jeopardy to residents and worked supervised. Staff Member A expressed surprise that [redacted] education documents were deemed fraudulent by the credentialing service.

Moving forward, the Bethany Village Human Resources staff has been educated about the need to carefully screen applications to avoid considering those with non-US GEDs or High School diploma credentials, OR to recommend the Department's waiver process be initiated for candidates otherwise deemed desirable. By carefully reviewing credentials of proposed applicants, the Administrator will prevent the hire of non-qualified individuals OR will initiate the waiver process prior to hire IF a candidate merits consideration AND has credentials which are first deemed to be acceptable by a credentialing service. **See documentation of the above in exhibits.**

Printed Name and Title of Legal Entity Representative (Required on all pages) HENRI B. LIVELY ADMINISTRATOR

Signature of Legal Entity Representative (Required on all pages) [signature] Date 6-30-15

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The above plan of correction is approved as of 8-20-15 (Date)

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

Plan of correction implementation status as of 8-20-15 (Date)

- Fully Implemented
- X Partially Implemented – Adequate Progress
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Regulation

§ 2800.65. Staff orientation and direct care staff person training and orientation.

(j) Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Violation

Staff person B did not have a fire safety training provided by a fire safety expert in training year 2014.

Plan of Correction

As a result of Staff Member B (an ancillary staff person) not receiving the appropriate fire safety training by a fire safety expert in training year 2014, the facility has identified and contracted with a fire safety expert, [redacted] of Cocciardi and Associates, Inc., of Mechanicsburg. The Administrator has begun to work with [redacted] toward the creation and implementation of a building-specific fire safety training program to meet with the requirements of 2800.65. [redacted] has created such trainings for various licensed personal care homes in DHS Central Region. **See contract and correspondence relating to this fire safety expert training project in exhibits.**

Administrator met with fire safety expert [redacted] on 6/29/15 and signed the proposal for the development of the customized training program. [redacted] is returning to the facility on 7/2/15 for a physical survey of the building construction. Once the training content is developed in the weeks ahead, it will be presented to five (5) trainers directly by [redacted] as soon as possible, but no later than September 15, 2015. The trainers will then provide the training described in 2800.65 to direct care staff persons, ancillary staff persons, substitute personnel and regular volunteers to meet with the requirements of the regulation ongoing. Staff Member B will receive fire safety training via the new program as soon as possible, but not later than September 30, 2015.

Printed Name and Title of Legal Entity Representative (Required on all pages)
HENRI B. LIVELY ADMINISTRATOR

Signature of Legal Entity Representative (Required on all pages) | Date 6-30-15

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Regulation

§ 2800.132. Fire drills.

(c) A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Violation

The number of residents evacuated listed on the fire drill log does not reflect the true number of residents evacuated. Only the number of residents who had to be moved to a different zone were being recorded on the fire drill record.

Plan of Correction

The facility adjusted its fire drill recording practices to be compliant with 2800.132 for the three (3) monthly drills following the annual survey; April 30th, May 7th, and June 23rd. **Please refer to copy of current fire drill log in exhibits.** As explained during the survey, for a brief period of time the home had recorded only the number of residents evacuated from the immediate zone of the fire. This did not include recording of the entire population, even though they too were evacuated.

In addition, the home has added descriptive verbiage to the fire drill log directly aligning with its identified fire zones described in its fire letter of record - to more fully describe the horizontal exit route used during each drill; for example "from Southeast Zone to Southwest Zone."

Moving forward the home will continue to record the true number of residents evacuated. This has been reviewed and agreed to by the Director of Security who conducts the monthly drills in collaboration with the Administrator. Quarterly reviews of the fire drill log by the Administrator will ensure compliance ongoing.

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Regulation

§ 2800.231. Admission.

(b) *Medical evaluation.* A resident or potential 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.

(1) Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.

Violation

Resident #1 was admitted into the special care unit (SCU) on 2/11/2015. The Assisted Living Documentation of Medical Evaluation (ADME), dated 10/28/2014, does not indicate a diagnosis of dementia. An ADME was not completed within 60 days prior to admission to the SCU.

Plan of Correction

Resident 1 was a resident of the home who had indeed relocated from [redacted] non-secure apartment to the secure Special Care Unit SCU of the home on 2/11/15 due to increased confusion and dignity concerns. The transition was recommended by doctor and social worker and completed following careful consideration by family. The home did not seek a new medical evaluation at the time of the move, but did obtain the doctor's approval and signature on its supplement for the special care unit, indicating her agreement that the resident would benefit from the SCU. The home had also completed the Cognitive Prescreening Form, noting Senile Dementia, dated 2/10/15. Following the annual survey on April 9th a new ADME was indeed collected and signed by the doctor indicating same. The ADME also correctly captured the resident's primary diagnosis of dementia. **A copy may be viewed in exhibits.**

Moving forward, ALL admissions to the SCU will include a new medical evaluation on the Department's form ADME, which also indicates the resident's diagnosis of Alzheimer's Disease or dementia. Those responsible for implementing and monitoring compliance have been trained in this regard and will ensure ongoing adherence to this practice for all admissions, including internal transfers, which is already in place. Those responsible for ongoing compliance include Medical Director, RN Director of Clinical Services, Licensed Practical Nurses, Social Worker, and Administrator. Quarterly audits of admission practices to the SCU by the Director of Clinical Services will ensure compliance.

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Regulation

§ 2800.234. Resident care.

a) Support or rehabilitation plan.

(1) Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in each resident's record.

Violation

Resident #1 did not have a support plan developed within 72 hours of the admission or prior to admission to the secured care unit.

Plan of Correction

As previously established, Resident 1 was a resident of the home who had relocated from [redacted] non-secure apartment to the secure Special Care Unit SCU of the home on 2/11/15 due to increased confusion and dignity concerns. The transition was recommended by doctor and social worker and completed following careful consideration by family. The home did not seek a new Support Plan (ASP) at the time of the move, but did update the existing ASP of the resident, indicating the date of the transition to the special care unit, and noting changes on pages 1, 4, 8, and 18. Following the annual survey on April 8th a new ASP was indeed created by the Director of Clinical Services and signed by the doctor. The ADME also correctly captured the resident's primary diagnosis of dementia. **A copy of page 1 and the last page of the new ASP of 4/8/15 may be viewed in exhibits.**

Moving forward, ALL admissions to the SCU will include a new support plan (ASP) developed within 72 hours of the admission or prior to the admission to the SCU. Those responsible for implementing and monitoring compliance have been trained in this regard and will ensure ongoing adherence to this practice, which is already in place. Those responsible for ongoing compliance include Medical Director, RN Director of Clinical Services, Licensed Practical Nurses, Social Worker, and Administrator. Quarterly audits of admission practices to the SCU by the Director of Clinical Services will ensure compliance.

Printed Name and Title of Legal Entity Representative (Required on all pages): HENRI B. LIVELY ADMINISTRATOR

Signature of Legal Entity Representative (Required on all pages): [signature] Date: 6-30-15

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