

JUL 1 2 2017

Mr. Brian D. Grundusky, 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 Mr. Grundusky:

As a result of the Department of Human Services' annual licensing inspections on February 15, 2017 and February 16, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to <a href="https://www.surveymonkey.com/r/BHSL">https://www.surveymonkey.com/r/BHSL</a> Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely.

Jacqueline L. Rowe

Director

Enclosure Licensing Inspection Summary

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

PCH Name: Bethany Village Retirement Center	License Number: 330230
Address:	County:
5225 Wilson Lane	Cumberland
Mechanicsburg, Pennsylvania 17055	
Administrator:	
Kimberly Valvo	TOTAL PROPERTY.
Legal Entity Name: Asbury Atlantic	
Secretary and the secretary an	
Legal Entity Address: 20030 Century Boulevard., Suite 300	
Germantown, Maryland 20874	
Certificate(s) of Occupancy:	
C2, L-P (L&I)	
4/27/2005 Type of inspection:	
Type or inspection:	
Reason(s) for Inspection(s):	
Renewal	
On-Site Inspections Dates and Department Represent	tatives On-Site:
2/15/17 Denise Gillespie and Laura Heemer 2/16/17 Denise Gillespie and Laura Heemer	
Off-Site Inspection Dates and Inspectors, if Applicable	
N/A	
Resident Demographic	Data as of Inspection Dates
Licensed Capacity: 115	Number of Residents who:
Number of Residents Served: 95	Paralle Sunday 1
	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 95
Area: Golden Maple	Have Mental Iliness: 0
Secured Unit Capacity, if Applicable: 30	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia	•
Care Unit, if applicable: 29	Have a Mobility Need: 30
• • • • • • • • • • • • • • • • • • • •	Have a Physical Disability: 0
Number of Current Hospice Residents: 5	RECENTED
Number of Hospice Residents in past year: 7	

## LICENSING INSPECTION SUMMARY

### Assisted Living Residences - 55 Pa.Code § 2800

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

- (e) Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation training 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.
- (5) Safe management techniques.
- (6) Core competency training that includes the following:
- (i) Person-centered care.
- (ii) Communication, problem solving and relationship skills.
- (iii) Nutritional support according to resident preference.

#### Violation

Staff Member A, hired 16, did not receive training in the following topics within 40 scheduled working hours:

- 1. Emergency Medical Plan
- 2. Reportable Incidents and Conditions
- 3. Nutritional Support

#### Plan of Correction

Administrator or Designee will conduct orientation training with direct care staff persons, ancillary staff persons, substitute personnel and volunteers which will include the following topics:

- 1. Resident Rights
- 2. Emergency Medical Plan
- 3. Mandatory Reporting of Abuse and Neglect under the Older Adult Protective Services Act
- 4. Reporting of Reportable Incidents and Conditions
- 5. Safe Management Techniques
- 6. Core Competency Training that includes the following:
  - i. Person-Centered Care
  - ii. Communication, Problem-Solving and Relationship Skills
  - iii. Nutritional Support according to Resident Preference

Documentation of orientation training will be kept on file (see attached document that will be utilized for all persons). Administrator or Director of Human Resources will conduct audits of employee training records to ensure compliance with the 40 scheduled working hour requirement.

Printed Name and Title of Legal Entity Representative (Required on all p. K-1706Crly L. Volvo	ages)	
Signature of Legal Equity Representative (Required on all pages)	Pate 5 5 17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	Plan of correction implementation status as of 5-23-(7	
	p Fully Implemented (Date)	
The above plan of correction was approved by	Partially implemented – Adequate Progress	
(manual)	o Partially Implemented - Inadequate Progress	
	o Not Implemented	

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

\$ 2800.69. Additional dementia-specific training.  Administrative staff, direct care staff persons, ancillary stafleast 4 hours of dementia-specific training within 30 days of annually thereafter in addition to the training requirements	f persons, substitute personnel and volunteers shall receive at file and at least 2 hours of dementia-specific training sof this chapter.
Violation: Staff Member A, hired 16, had one hour of dementia-sp	pecific training within 30 days of hire.
Plan of Correction	
direct care staff persons, ancillary staff persons, or Director of Human Resources will conduct an	specific training annually for administrative staff, substitute personnel and volunteers. Administrator
P[inted Name and Title of Legal Entity Representative [Required on all page	
MUNICITY L. VAIVO	13)
Signature of Legal Entity Representative (Required on all pages)	Data 6/5/17
DEPARTMENT USE ONLY - HOMES M.	AY NOT WRITE BELOW THIS LINE!
The above plan of correction is approved as of 5-23-17 (Date)  The above plan of correction was approved by (Initials)	Plan of correction implementation status as of 5-23-/7.  o Fully Implemented  Partially Implemented – Adequate Progress  o Partially Implemented – Inadequate Progress
	o Not Implemented