



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

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
Certificate #: 330230

Dear Mr. Grundusky:

As a result of the Department of Human Services' annual licensing inspection on February 21 and 22, 2018, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences).

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 https://www.surveymonkey.com/r/BHSL_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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director


Enclosure
License Inspection Summary

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

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| Name: BETHANY VILLAGE RETIREMENT CENTER | | License Number: 330230 |
| Address: 5225 WILSON LANE, MECHANICSBURG, PENNSYLVANIA 17055 | | County: CUMBERLAND |
| Administrator: KIM VALVO | | |
| Legal Entity Name: ASBURY ATLANTIC | | |
| Legal Entity Address: 20030 CENTURY BOULEVARD, SUITE 300, GERMANTOWN, MARYLAND 20874 | | |
| Certificate(s) of Occupancy: C2 LP – LABOR AND INDUSTRY 4/27/05 | | |
| Type of Inspection: FULL | | |
| Reason(s) for Inspection(s): RENEWAL | | |
| On-Site Inspections Dates and Department Representatives On-Site: 2/21/18 AND 2/22/18, HOPE O'PAKE AND JASON MCCLOSKEY | | |
| Off-Site Inspection Dates and Inspectors, if Applicable: | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 115 Number of Residents Served: 91 Secured Dementia Care Unit in Home: YES Area: GOLDEN MAPLE Secured Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 29 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 8 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 91 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 0 | |
| | | RECEIVED MAR 08 2018 |

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

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| <p>Regulation § 2800.107. Emergency preparedness. (c) The residence shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.</p> |
| <p>Violation On February 22, 2018, the home had only 168 gallons of water for 115 residents, in the event of an emergency.</p> |
| <p>Plan of Correction On Monday, February 26, Bethany Village ordered 70 - 6 packs of gallon water (420 gallons total). The water was delivered to Bethany Village on Thursday, March 1. The Director of Facilities/Maintenance was educated about the requirement to maintain a 3-day supply of drinking water for each resident. The Maintenance Department set up a reoccurring work order in their CMS software (InSite) to check the emergency water supply monthly and verify expiration dates. The water will be replaced prior to the expiration date to ensure the required amount of water is maintained.</p> |

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| Printed Name and Title of Legal Entity Representative (Required on all pages) Kimberly L. Valvo, Administrator of Assisted Living | |
| Signature of Legal Entity Representative (Required on all pages)  | Date 3/9/18 |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of <u>3-8-18</u> (Date) | Plan of correction implementation status as of <u>3-8-18</u> (Date) |
| The above plan of correction was approved by <u>KE</u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented |