

Department of Human Services
Bureau of Human Service Licensing

April 14, 2021

██████████ PRESIDENT/COO
BENTLEY AID OPCO LLC
2400 GARDEN WAY
HERMITAGE, PA 16148

RE: GARDEN WAY PLACE
2400 GARDEN WAY
HERMITAGE, PA, 16148
LICENSE/COC#: 44492

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/21/2021, 01/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

April 13, 2021

██████████ PRESIDENT/COO
BENTLEY AID OPCO LLC
2400 GARDEN WAY
HERMITAGE, PA 16148

RE: GARDEN WAY PLACE
2400 GARDEN WAY
HERMITAGE, PA, 16148
LICENSE/COC#: 44492

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/21/2021, 01/28/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: GARDEN WAY PLACE **Licen e #:** 44492 **Licen e Expiration Date:** 01/11/2022
Addr e : 2400 GARDEN WAY, HERMITAGE, PA 16148
County: MERCER **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7243471964 **Email:** [REDACTED]

Legal Entity

Name: BENTLEY AID OPCO LLC
Address: 2400 GARDEN WAY, HERMITAGE, PA, 16148
Phone: 7243471964 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/06/1998 **Issued By:** City of Hermitage

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 34 **Waking Staff:** 26

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 01/21/2021

Inspection Dates and Department Representative

01/21/2021 - On-Site: [REDACTED]
01/28/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 **Residents Served:** 27

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Re ident : 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 27
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 7 **Have Physical Disability:** 0

Inspections / Reviews

01/21/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *03/18/2021*

3/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/22/2021*

4/14/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 1/16/2021, at approximately 5:00 a.m., staff person A received an allegation of abuse against direct care staff person B, regarding resident #1; however, this allegation was not reported to the local Area Agency on Aging until 1/19/2021.

Plan of Correction**Accept**

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

2600 15.a

- 1. Resident #1 was assessed on 1/19/21 by Care Service Manager (CSM) with no abnormal findings noted. Allegation was reported to the local Area Agency on Aging on 1/19/21 by the Executive Director (ED).*
- 2. The ED and/or designee conducted audit on 3/15/21 of allegations of abuse in past 90 days to ensure allegation was reported in accordance with the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27.*
- 3. The ED will provide education to staff persons A by 3/19/21 regarding the requirement for immediate reporting of alleged or suspected abuse of a resident serviced in the home in accordance to the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27*
- 4. The ED and/or designee will perform audits of allegations of suspected abuse weekly for four weeks, biweekly for one month, and then monthly for one month beginning the week of 3/22/21 to ensure allegation was reported in accordance with the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27 . (See attachment A)*
- 5. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.*

Completion Date: 03/27/2021

15a - Resident Abuse Report (continued)

Document Submission**Implemented**

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2600 15.a

1. Resident #1 was assessed on 1/19/21 by Care Service Manager (CSM) with no abnormal findings noted. Allegation was reported to the local Area Agency on Aging on 1/19/21 by the Executive Director (ED).
2. The ED and/or designee conducted audit on 3/15/21 of allegations of abuse in past 90 days to ensure allegation was reported in accordance with the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27.
3. The ED will provide education to staff persons A by 3/19/21 regarding the requirement for immediate reporting of alleged or suspected abuse of a resident serviced in the home in accordance to the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27
4. The ED and/or designee will perform audits of allegations of suspected abuse weekly for four weeks, biweekly for one month, and then monthly for one month beginning the week of 3/22/21 to ensure allegation was reported in accordance with the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27 . (See attachment A)
5. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 1/16/2021, at approximately 5:00 a.m., staff person A received an allegation of abuse against direct care staff person B; however, staff person B continued to provide unsupervised direct care services to residents on 1/15/2021 shift, from approximately 5:00 a.m. to 7:00 a.m., and on 1/18/2021 shift, from approximately 11:00 p.m. to 7:00 a.m.

15b - Supervisor Plan (continued)

Plan of Correction**Accept**

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

2600.15.b

- 1. Staff member B was suspended immediately upon Executive Director (ED) learning of the incident (1/19/21) until the conclusion of the investigation.*
- 2. The ED and/or designee will conduct audit by 3/19/21 of allegation of abuse in past 90 days to ensure a plan of supervision or suspension was immediately developed and implemented for the staff person involved in the alleged incident. Results of audit will be reviewed with Human Resources as necessary.*
- 3. ED received education on 3/4/21 from the Regional Director of Care Services (RDCS) regarding regulation 2600.15.b.*
- 4. The ED and/or designee will perform audits of allegations of suspected abuse weekly for four weeks, biweekly for one month, and then monthly for one month beginning the week of 3/22/21 to ensure any allegation involving a staff member, that the staff member was suspended or a plan of supervision was put into place in accordance with the Older Adult Protective Services Act and 6 Pa. Code 15.21 15.27. (See attachment A)*
- 5. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.*

Completion Date 03/27/2021

15b - Supervisor Plan (*continued*)**Document Submission****Implemented**

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

2600.15.b

- 1. Staff member B was suspended immediately upon Executive Director (ED) learning of the incident (1/19/21) until the conclusion of the investigation.*
- 2. The ED and/or designee will conduct audit by 3/19/21 of allegation of abuse in past 90 days to ensure a plan of supervision or suspension was immediately developed and implemented for the staff person involved in the alleged incident. Results of audit will be reviewed with Human Resources as necessary.*
- 3. ED received education on 3/4/21 from the Regional Director of Care Services (RDCS) regarding regulation 2600.15.b.*
- 4. The ED and/or designee will perform audits of allegations of suspected abuse weekly for four weeks, biweekly for one month, and then monthly for one month beginning the week of 3/22/21 to ensure any allegation involving a staff member, that the staff member was suspended or a plan of supervision was put into place in accordance with the Older Adult Protective Services Act and 6 Pa. Code 15.21-15.27. (See attachment A)*
- 5. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.*

16c - Written Incident Report

1. Requirements**2600.**

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).*

Description of Violation

On 1/16/2021. At approximately 5:00 a.m., staff person A received an allegation of abuse against staff person B, regarding resident #1; however, the home did not report the allegation of abuse to the Department until 1/19/2021.

16c - Written Incident Report (continued)

Plan of Correction**Accept**

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2600.16.c

- 1. Resident #1 was assessed on 1/19/21 by Care Service Manager (CSM) with no abnormal findings noted. Allegation was reported to the local Area Agency on Aging on 1/19/21 by the Executive Director (ED).*
- 2. The ED and/or designee conducted audit on 3/15/21 of allegations of abuse in past 90 days to ensure allegation was reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours.*
- 3. The ED and/or CSM will provide education to staff person A by 3/19/21 regarding the reporting of suspected abuse to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours.*
- 4. The ED and/or designee will perform audits of allegations of suspected abuse weekly for four weeks, biweekly for one month, and then monthly for one month beginning the week of 3/22/21 to ensure allegation was reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours. (See attachment A)*
- 5. Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.*

Completion Date: 03/27/2021

16c - Written Incident Report *(continued)***Document Submission****Implemented**

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

2600.16.c

1. *Resident #1 was assessed on 1/19/21 by Care Service Manager (CSM) with no abnormal findings noted. Allegation was reported to the local Area Agency on Aging on 1/19/21 by the Executive Director (ED).*
2. *The ED and/or designee conducted audit on 3/15/21 of allegations of abuse in past 90 days to ensure allegation was reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours.*
3. *The ED and/or CSM will provide education to staff person A by 3/19/21 regarding the reporting of suspected abuse to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours.*
4. *The ED and/or designee will perform audits of allegations of suspected abuse weekly for four weeks, biweekly for one month, and then monthly for one month beginning the week of 3/22/21 to ensure allegation was reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours. See attachment A)*
5. *Audit results will be reviewed monthly in QI meetings and QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.*