



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 08 2010

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Becky Hissong, Administrator
Heritage Hills Retirement Community, Inc.
4138 Fletcher Drive
Greencastle, Pennsylvania 17225

RE: Heritage Hills Retirement Community
2256 Shanks Church Road
Greencastle, Pennsylvania 17225

Dear Ms. Hissong:

As a result of the Department of Public Welfare's licensing inspection on April 16, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

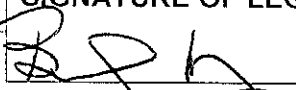
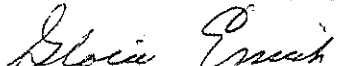
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

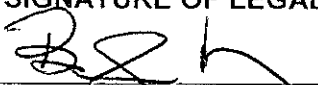

NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE HILLS RETIREMENT COMMUNITY 2256 SHANKS CHURCH ROAD GREENCASTLE, PA - 17225		CURRENT LICENSE NUMBER 301690	
INSPECTION DATE(S) (Include all dates of the inspection) April 16, 2010		REGIONAL REPRESENTATIVE Ron Minnich & Victoria Beard	
SIGNATURE OF LEGAL ENTITY 	DATE 5/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/14/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	Direct care staff A hired in December of 2009 did not have a criminal background check completed until 2/23/10, more than 30 days after hire. <p align="center">PCH Division Central Region Field Office</p>	4/29/10	Administrator will ensure criminal background checks are completed on the first day of hire. When doing new employee paperwork will give office manager criminal background form to complete on line before new employee leaves.	Steps have been taken to correct violation; full compliance is not verifiable. 6/14/10 DE Date Initials (DPW)

MAY 7 2010

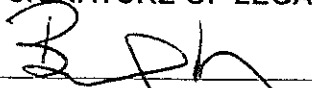
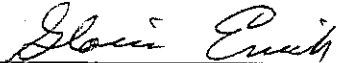
RECEIVED

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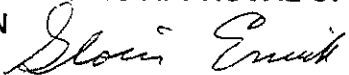
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141a The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	<ul style="list-style-type: none"> The medical evaluation, dated 2/17/10, for Resident #1 referred to an attached sheet of listed medications. This attachment was not dated or signed by the physician. The medical evaluation, dated 6/02/09, for Resident #2 referred to an attached sheet of listed medications. This attachment was not dated or signed by the physician. 	4/29/10	<ol style="list-style-type: none"> Will send instructions with resident and/or family member to give to the Physician completing Medical Eval. If medical eval. is being completed by Physician who comes to home, the LPN on staff or administrator will ensure the list of meds is signed and dated. When resident and/or family member returns from Dr. Appt, LPN on staff or Administrator will review the Medication Eval. form. If not completed correctly will notify Physician. 	6/14/10 BE

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> Resident #3's Medication Administration Record (MAR) is not initialed for the administration of <i>Tylenol</i> on 4/13/10 at 8 pm. Resident #3's Medication Administration Record (MAR) is not initialed for the administration of <i>Namenda 10 mg</i> on 4/13/10 at 8 pm. 	4/19/10	<ol style="list-style-type: none"> Reviewed medication administration procedures with staff. LPA on staff and/or administrator will review MARs twice a week for meds not being signed for. 	Steps have been taken to correct violation; full compliance is not verifiable 6/14/10 SE Date Initials (DPW)

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #3's current support plan dated 9/02/09 does not address resident's use of a bedside commode.	4/19/10	Made changes to current Support Plan. Administrator Meet with LPN on staff to review any resident changes weekly. During this meeting will document any changes in resident support plans. After meeting LPN will review with the resident and send out to changes to designated person.	6/14/10 <i>EE</i>

will also communicate changes to staff.