

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HEATHERWOOD RETIREMENT INVESTORS, LLC

To operate HEATHERWOOD RETIREMENT COMMUNITY

Located at 3180 HORSESHOE PIKE, HONEY BROOK, PA 19344

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE  
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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 50  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 16, 2012 until February 16, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 104550

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

MAR 05 2012

Ms. Joan E. Thurmond, Assistant Secretary  
Heatherwood Retirement Investors, LLC  
3570 Keith Street NW  
Cleveland, Tennessee 37312

RE: Heatherwood Retirement Community  
3180 Horseshoe Pike  
Honey Brook, Pennsylvania 19344

Dear Ms. Thurmond:

As a result of the Department of Public Welfare's licensing inspection on November 29, 2011 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 black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Heatherwood Retirement Community, 3180 Horseshoe Pike Honey Brook, PA 19344		CURRENT LICENSE NUMBER 104550	
INSPECTION DATES (Include all dates of the inspection) 11/29/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Susan W. Caccioppo</i>			
SIGNATURE OF LEGAL ENTITY <i>Susan W. Caccioppo</i>	DATE <i>1/13/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2/10/12</i>



REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home 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.	The fire drill record for May 31, 2011, does not designate the drill as AM or PM. The fire drill record for June 30, 2011, does not indicate how many residents were in the building during the drill.		<p><i>Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law</i></p> <p><b>A. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:</b> We will re-educate the front desk staff regarding the proper completion of the DPW fire drill record, emphasizing the necessity of completing all information. A laminated copy of the amended fire drill procedure indicating the proper method for completion of the fire drill record will be kept in the file at the front desk <i>with</i> the fire drill record.</p>	Steps have been taken to correct violation; full compliance is not verifiable <i>2/10/12</i> Date <i>NJC</i> Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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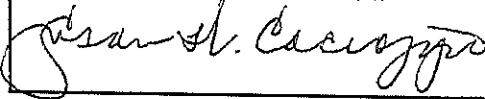
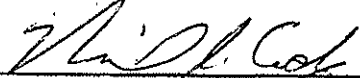
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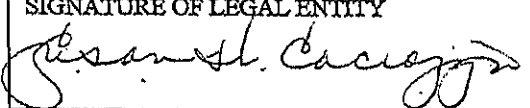

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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home's fire drill record for the 5:00AM drill on March 23, 2011, indicates that 4 staff person's participated in the drill, but there is normally only 1 staff person scheduled during this time. The home's fire drill record for the 12:59AM drill conducted on September 22, 2011, indicates that 3 staff persons participated in the fire drill, but only 1 staff person is normally scheduled during this time.		<p><b>With Respect to What Systemic Measures have been put in place to address the Stated Concern:</b> Fire Procedure changed to allow the front desk personnel free to float between both buildings to be available at any time necessary to assist in evacuation of residents in the event of an emergency. Included in the change of procedure is reprogramming the main phone system to allow forwarding to a portable phone for constant communication with inside and outside calls. Annunciator panels for pull cords and the fire panel are in all 3 buildings.</p> <p><b>With Respect to How the Plan of Corrective Measures will be Monitored:</b>                      Nighttime fire drills will be conducted twice in the next 30 days with 2 staff members evacuating the building and times will be closely monitored.</p>	Steps have been taken to correct violation; full compliance is not verifiable 2/10/12 NSL Date Initials (DPW)

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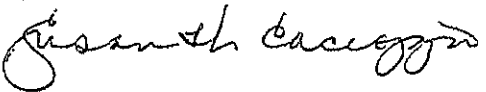
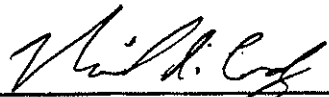
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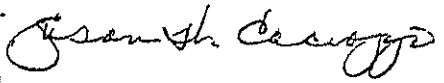

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p>The fire drill record for July 8, 2011, indicates that there were 44 residents in the home at the time of the drill, but only 43 residents were evacuated.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/22/2011</td><td>08:15 AM</td><td>9min</td><td>No</td></tr> <tr><td>Feb</td><td>02/24/2011</td><td>10:41 AM</td><td>9min 35sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/23/2011</td><td>05:00 AM</td><td>8min</td><td>No</td></tr> <tr><td>Apr</td><td>04/29/2011</td><td>01:20 PM</td><td>6min</td><td>No</td></tr> <tr><td>May</td><td>05/31/2011</td><td>10:05 AM</td><td>9min</td><td>No</td></tr> <tr><td>Jun</td><td>06/30/2011</td><td>12:51 PM</td><td>9min</td><td>No</td></tr> <tr><td>Jul</td><td>07/08/2011</td><td>01:04 PM</td><td>6min</td><td>No</td></tr> <tr><td>Aug</td><td>08/29/2011</td><td>11:18 AM</td><td>8min</td><td>No</td></tr> <tr><td>Sep</td><td>09/22/2011</td><td>12:59 AM</td><td>10min</td><td>No</td></tr> <tr><td>Oct</td><td>10/04/2011</td><td>09:20 AM</td><td>8min</td><td>No</td></tr> <tr><td>Nov</td><td>11/21/2011</td><td>01:59 PM</td><td>9min</td><td>No</td></tr> <tr><td>Dec</td><td>12/13/2010</td><td>01:18 PM</td><td>8min 5sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/22/2011	08:15 AM	9min	No	Feb	02/24/2011	10:41 AM	9min 35sec	No	Mar	03/23/2011	05:00 AM	8min	No	Apr	04/29/2011	01:20 PM	6min	No	May	05/31/2011	10:05 AM	9min	No	Jun	06/30/2011	12:51 PM	9min	No	Jul	07/08/2011	01:04 PM	6min	No	Aug	08/29/2011	11:18 AM	8min	No	Sep	09/22/2011	12:59 AM	10min	No	Oct	10/04/2011	09:20 AM	8min	No	Nov	11/21/2011	01:59 PM	9min	No	Dec	12/13/2010	01:18 PM	8min 5sec	No		<p><b>A. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:</b> We will re-educate the front desk staff regarding the proper completion of the DPW fire drill record, emphasizing the necessity of completing all information. A laminated copy of the amended fire drill procedure indicating the proper method for completion of the fire drill record will be kept in the file at the front desk <i>with</i> the fire drill record.</p> <p><b>B. With Respect to How the Plan of Corrective Measures will be Monitored:</b> We have amended the fire drill procedure to include completion of this form and have included in that procedure the necessity for the General Manager to review the record after each fire drill and sign off after verifying proper completion of the form.</p> <p align="center"><b>A COPY OF THE AMENDED PROCEDURE IS ATTACHED.</b></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 2/10/12 Date Initials (DPW) NSC</p>
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The Aricept prescribed to Resident #1 was not initialed as given on October 28, 2011. Resident #2's Effexur was not initialed as given on October 18, 2011. Resident #3's Furosemide, Lisinopril, Oxybutyriin and Primidone were not initialed as given October 24, 2011.		<i>Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.</i> <b>A. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:</b> Staff was re-educated on the steps of the medication administration process, emphasizing the documentation portion of the process. The staff was also instructed to check for the shift preceding theirs to make sure all medications were given and initialed. The policy is now to notify the supervisor if anyone discovers initials have been missed so an investigation can be initiated to determine if the medication was actually administered and proper steps initiated to insure proper medication administration.	Steps have been taken to correct violation; full compliance is not verifiable 2/18/12 Date Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Heatherwood Retirement Community, 3180 Horseshoe Pike Honey Brook, PA 19344		CURRENT LICENSE NUMBER 104550	
INSPECTION DATES (Include all dates of the inspection) 11/29/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 6/10/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/10/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<b>B. With Respect to How the Plan of Corrective Measures will be Monitored:</b> All staff are now required to audit the MAR's at the beginning of their shift to determine if there are any initials missing. If staff identifies any initials missing, they are to notify their supervisor immediately.  <b>AMENDED POLICY ATTACHED.</b>	

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SIGNATURE OF LEGAL ENTITY <i>Juanita Cacicago</i>	DATE 1/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Coyle</i>	DATE 2/10/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	The medication administration record indicates that the Sinmet for Resident#1 was not available on October 27, 2011. The medication administration record indicates that the Colace for Resident#1 was not available on October 30, 2011.		<p>With Respect to What Systemic Measures have been put in place to Address the Stated Concern: Medication technician staff are conducting weekly medication drawer audits and completing an audit form on Mondays to be turned in to the Director or Assistant Director of Resident Care. This audit entails review of all medications in the medication drawer and comparing same to the MAR to identify ample supply and checking expiration dates. If a medication has less than 5 doses remaining, a request is submitted for refill or a reorder from the physician is requested if no refills remain. Medications that are nearing expiration are reordered at this time as well. The medication policy has been amended to reflect the imperative that <i>not</i> having a medication for administration is not acceptable, violates state regulations and is considered a medication error. The absence of a medication due to be administered is to be addressed to a supervisor as an urgent matter. Staff have been educated on the amended policy.</p> <p>With Respect to How the Plan of Corrective Measures will be Monitored: The Director or Assistant Director of Resident care reviews the forms every Tuesday and follows through with fulfilling requests for pharmacy refills and coordinates with physicians if a new order is needed. AMENDED POLICY ATTACHED.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 2/10/12 Date Initials (DPW) MSC</p>