

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE NEW HERITAGE TOWERS, INC.

LEGAL ENTITY

To operate HERITAGE TOWERS

NAME OF FACILITY OR AGENCY

Located at 200 VETERANS LANE, DOYLESTOWN, PA 18901

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 75  
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 May 18, 2012 until May 18, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127180**

*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.

PW 628 - 01/11



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

MAY 22 2012

Ms. Beatrice Y. Stenta, PCHA  
The New Heritage Towers, Inc.  
Heritage Towers  
200 Veterans Lane  
Doylestown, Pennsylvania 18901

Dear Ms. Stenta:

As a result of the Department of Public Welfare's licensing inspection on February 16, 2012 and May 2, 2012 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', with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127180	
INSPECTION DATES (Include all dates of the inspection) 02/16/2012		REGIONAL REPRESENTATIVE Kimberli Foukes, Amy Scharpf	
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 <i>Beatrice Y Stenfa</i>	DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Charm Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
16c 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).	The medication errors described on page 24 of this report were not reported to the Department until 2/21/12.	<i>2-22-2012</i>  <i>ongoing</i>	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).  To prevent reoccurrence of the violation in-service conduct with PC staff as follows: Reportable Incidents DPW Violations. See attachment Physician, resident and designated person will be notified with-in 24 hour of notification of the medication error. MAR books will be checked daily by med tech and randomly by all nurses. Any medication errors found will be report to DPW. Compliance of the violation will be reviewed at Quality Management Meeting. Monitor by nurse supervisor and PCHA	<i>5/2/12 CDA</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127180	
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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 <i>Beatrice J. Stomba</i>	DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chermon Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	On 2/16/12, at approximately 10:00am, the following resident's records were unlocked and accessible on top of unattended medication carts on the 3rd floor of the home.  -Resident #2's medication card with prescription information and diagnosis.  -Resident #3's name on an envelope with private information enclosed.  -Resident #4's medication label.  -Resident #5's medication label with diagnosis.  -Resident #6's medication label with diagnosis.	2/16/2012  <i>on going</i>	This was corrected the day of survey and materials were secured. To prevent reoccurrence Staff was in-serviced on securing and locking all resident information in medication cart when unattended. See attachment / Administrator and Nurse Supervisor randomly will check medication carts to ensure compliance. (see attachment) 2 Compliance of the violation will be reviewed at Quality Management Meeting.  Monitored by Administrator	5/2/12 <i>(kp)</i>

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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 <i>Beatrice Y Stent</i>	DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christina Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
designated person, or if a court orders disclosure.	<i>see page 2</i>			

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Beatrice M. Steinf...</i>	DATE 3/12/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Charmaine Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
62 The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.	Staff Person A, the administrator of the home, maintains a list of staff persons that does not include addresses.	2/21/2012	2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.  This has been corrected we have a current list of Staffs persons address. To prevent reoccurrence list will be maintained by unit clerk and monitored by Administrator. See attachment <del>2</del> <i>3</i> Compliance of the violation will be reviewed at Quality Management Meeting.	5/2/12 <i>CROWN</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Beatrice J. Stonfer</i>	DATE 2/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mullen</i>	DATE 5/2/12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Ancillary Staff Person B, whose first day of work was 11/9/11, did not receive orientation in general fire safety and emergency preparedness.	2/22/2012 <i>on going</i>	2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness Staff person B has been oriented to the general fire safety and emergency preparedness See attachment ) To prevent reoccurrence Human Resources and PCHA are reviewing ancillary and direct care staff to ensure compliances (See attachment 5) Human Resource will review ancillary records quarterly for compliances The unit clerk will review direct care staff quarterly ( See attachment 5) Compliance of the violation will be reviewed at Quality Management Meeting. <i>All new hires PRIOR to or on the FIRST day of work shall have orientation in general fire safety and emergency preparedness</i>	5/2/12 <i>COM</i>

*5/2/12 Dan. MORROW*

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

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SIGNATURE OF LEGAL ENTITY <i>Beatrice J. Sterita</i>	DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chermon Miller</i>	DATE 5/2/12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
location if applicable. (3) The designated meeting place outside the building or within the fire safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	<i>see page 5</i>			

VIOLATION REPORT  
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SIGNATURE OF LEGAL ENTITY <i>Beatrice J. Stank</i>	DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation 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	Ancillary Staff Person C did not receive training on the Emergency Medical Plan and Reporting of reportable incidents within their 40th scheduled work hour.	<i>on going</i>  <i>on going</i>	Ancillary staff C staff person has the mandatory in-services. See attachment To prevent violation we are reviewing all ancillary and direct care staff to PC to ensure compliance Human Resource will review ancillary records quarterly for compliances The unit clerk will review direct care staff quarterly ( See attachment 5) Monitored by General Manager of dining services PCHA  <i>All New hires will receive mandatory training prior to reporting for work on the floor</i> <i>5/2/12</i> <i>Ram Coursey</i>	<i>5/2/12 CRM</i>

VIOLATION REPORT  
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REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
	<i>see page 7</i>			

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

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SIGNATURE OF LEGAL ENTITY <i>Seamus J. Stenta</i>	DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chad Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	-Ancillary Staff Person B who began work on 11/9/11 did not receive general orientation to their job functions.  -Ancillary Staff Person C who began work on 10/26/11 did not receive general orientation to their job functions.	2/26/2012  <i>on going</i>	2600 C Ancillary staff persons shall have a general orientation to their job Ancillary staff B has a current job description for the drivers resident Service Coordinator Ancillary C Staff has current job description To prevent reoccurrence review of ancillary PC staff is being reviewed for compliance. See attachment Going forward all new hires will sign an acknowledgement form that they received a job description see attachment Human Resource will review ancillary records quarterly for compliances The unit clerk will review direct care staff quarterly ( See attachment 5) Compliance of the violation will be reviewed at Quality Management Meeting.	5/2/12 <i>CM</i>

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person D hired on 8/1/11 began providing unsupervised ADL services prior to successful completion and passing of the Department-approved direct care training course and passing of the competency test.	2/21/2012	65d Direct staff person D hired 8/1/11 began providing unsupervised ADL services prior to successful completion and passing of the department-approved direct care training course and passing of the competency test.  Staff "D" has completed direct care staff training Course and (see attachment) To prevent reoccurrence new direct staff will take direct care training course prior to the first day of hire. (see attachment ) Compliance of the violation will be reviewed at Quality Management Meeting. Monitored by Administrator	5/2/12 COM

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

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SIGNATURE OF LEGAL ENTITY <i>Beatrice Y. Steinhilber</i>		DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Miller</i>
			DATE 5/2/12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual	<i>see page 10</i>			

VIOLATION REPORT  
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SIGNATURE OF LEGAL ENTITY <i>Beatrice G. Slentz</i>	DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherlon Miller</i>	DATE 5/2/12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.	<i>see page 10</i>			

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	<i>see pag 10</i>			

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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person E received only 4 hours of annual training in training year January 2011 to December 2011.	2/27/2012  <i>on file</i>	2600.65(e) -Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.  At the time of survey we were unable to substantiate the actual hours of the program and attached is a description of the program and hours completed by "E". See attachment Staff person E attended a 36 hour program however the numbers of hours were not noted on the certificate that she received (See attachment.) The Wesley Enhanced Living- Learning Center has been instructed that all certificates will have actual hours of the course. To prevent reoccurrence all documentation of annual training hours will be available at all times to substantiate training. Compliance of the violation will be reviewed at Quality Management Meeting.  Monitored by Administrator	5/2/12 <i>CEW</i>

VIOLATION REPORT  
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SIGNATURE OF LEGAL ENTITY <i>Beatrice M. Denton</i>	DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chandra Miller</i>	DATE 5/2/12

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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There is no bedside table or shelf beside the bed in room 311.	2/16/2012  <i>on going</i>	2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.  This was corrected the day of survey Staff has been in-serviced. See attachments To prevent reoccurrence all new resident when they provide their own furniture. If they do not have items needed a bedside table/ shelf, lamp bed chair mirror, and dresser. The facility will provide the items needed. We have audited all residents apartment to make sure we are in compliance. Monthly review of apartments will be conducted by PCA and findings reported to PCHA. Compliance of the violation will be reviewed at Quality Management Meeting. Monitored by Administrator	5/2/12 <i>[Signature]</i>

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SIGNATURE OF LEGAL ENTITY <i>Beatrice M. Steinfeld</i>	DATE 2/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Charmaine Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed in room 311 does not have a source of light that can be turned on/off from bedside.	2-16-2012  <i>on going</i>	2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside. Staff has been in-serviced. See attachments  This was corrected the day of survey To prevent reoccurrence all new resident when they provide their own furniture. If they do not have items needed a bedside table/ shelf, lamp bed chair mirror, and dresser. The facility will provide the items needed. We have audited all residents apartment to make sure we are in compliance. Monthly review of apartments will be conducted by PCA and findings reported to PCHA. Compliance of the violation will be reviewed at Quality Management Meeting.  Monitored by Administrator See attachments	5/2/12 <i>(Signature)</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127180	
INSPECTION DATES (Include all dates of the inspection) 02/16/2012		REGIONAL REPRESENTATIVE Kimberli Foulkes, Amy Scharpf	
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 <i>Beatrice J. Steinhilber</i>	DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The vent hoses were completely detached from 2 of the home's dryers in the resident's laundry room on the 3rd floor.	2/16/2012 <i>ongoing</i>	This was corrected the day of survey All vent hose were checked on all dryers in the community 2/16/2012 and all were attached properly. To prevent reoccurrence maintenance will do monthly check on dryers to ensure safety and compliance. Compliance of the violation will be reviewed at Quality Management Meeting. Monitored by Director of Facility Operations.	5/2/12 CRM

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

NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127130	
INSPECTION DATES (Include all dates of the inspection) 02/16/2012		REGIONAL REPRESENTATIVE Kimberli Foulkes, Amy Scharpf	
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SIGNATURE OF LEGAL ENTITY <i>Beatrice J Stenfa</i>	DATE 2/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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																																																																	
132f Alternate exit routes shall be used during fire drills.	<p>"Stairwell and Horizontal" were used as the exit routes for every monthly fire drill in 2011.</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></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No	<i>ongoing</i>	<p>2600.132(f) - Alternate exit routes shall be used during fire drills.</p> <p>132c Going forward Director of Facility will use alternate exit routes during fire drills and log/ document alternate exit routes used during drill. To prevent reoccurrence Direct of facility will e-mail PCH Fire drill log monthly for review. Compliance of the violation will be reviewed at Quality Management Meeting. Monitored by PCHA</p>	<i>5/2/12 CDM</i>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan				No																																																																	
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127180	
INSPECTION DATES (Include all dates of the inspection) 02/16/2012		REGIONAL REPRESENTATIVE Kimberli Foulkes, Amy Scharpf	
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SIGNATURE OF LEGAL ENTITY <i>Beatriz M. Stanta</i>	DATE 12/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chloria Miller</i>	DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The home's emergency medical plan does not include the hospital or source of health care that will be used in an emergency and the emergency staffing plan.	2-25-2012  <i>on going</i>	The emergency medical plan has been updated and specific hospital is identified in the plan and emergency staffing plan has been addressed. To prevent reoccurrences policy and procedures will be reviewed yearly to ensure compliance. Staff has been in-serviced on revisions to the emergency medical plan. See attachment. 1-2 Compliance of the violation will be reviewed at Quality Management Meeting.  Monitored by PCHA	5/2/12 <i>CRM</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127180	
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SIGNATURE OF LEGAL ENTITY <i>Beatrice M Stenta</i>		DATE 3/13/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Miller</i>
			DATE 5/2/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
171b4 If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training in 65.	Ancillary Staff Person B routinely transports residents to appointments without any other staff persons present. Ancillary staff person B has not completed the initial new hire direct care staff person training.	2/26/2012  <i>on going</i>	2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).  Ancillary Staff B person has completed the directed care staff person training. See attachment To prevent reoccurrence all new hire in transportation department will take the directed care staff person training. The Resident Service Coordinator will inform PCHA of new hires in transportation. The new hire will take the direct care staff training. PCHA will review with resident Service Coordinator quarterly. Compliance of the violation will be reviewed at Quality Management Meeting. Monitored by Administrator	5/2/12 <i>CRM</i>

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

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #7's prescribed Icy Hot was observed in the medication cart. The home did not have current doctor's order for this medication.	2/17/2012	<p>2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.</p> <p>This was corrected day of survey icy hot was removed from med cart.                      Direct care staff was in-serviced see attachment / Resident was out of community upon re-admission the prescribed icy Hot was not transcribed on physician order sheet for verification by Physician                      To prevent reoccurrence 24 hour chart check daily will be done by evening nurse and weekly audit by med tech. ( see attachment) <i>14</i>                      Compliance of the violation will be reviewed at Quality Management Meeting.</p> <p>Nurse Supervisor to monitor</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">Date <i>3/2/12</i> Initials (DPW) <i>[Signature]</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127180	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	Resident #8's Aspirin was expired 11/11 and was continuing to be administered as of 2/16/12.	2/22/2012  <i>Com going</i>	Corrected day of survey and medication removed and reordered the medication..  PC staff in-serviced medication management and reviewed..   To prevent reoccurrence med. techs will audit medication carts weekly and submit findings to Nurse Supervisor to ensure the medication have not expired see attachment # 15 Compliance of the violation will be reviewed at Quality Management Meeting. Monitored by PCHA	Steps have been taken to correct violation; full compliance is not verifiable <i>DPW</i> Date Initials (DPW)

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

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	<i>see page 22</i>			

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

NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127180	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The following medications were not available in the home for administration. -Resident #8's PRN medication, Indomethacin Cap 75mg ER for Gout. -Resident #9's PRN medication, Acetaminophen 325mg for pain or fever. -Resident #10's PRN medication, Acetaminophen 325mg for pain or fever.  Repeated Violations: 05/02/2011 03/11/2010	2/22/2012 <i>BY 5/2/12</i>	185a PC staff in-serviced medication management and reviewed Policy and Procedure on prevention of unavailable medication. ✖ / To prevent reoccurrence med. techs will audit medication carts weekly and submit findings to Nurse Supervisor to ensure all PRN medication are available see attachment 15 Compliance of the violation will be reviewed at Quality Management Meeting. Monitored by PCH  <i>The med techs have been instructed if medication is down to one weeks supply to reorder. If it is mail order three weeks supply to call resident or family member to reorder. ccm 5/2/12</i>	Steps have been taken to correct violation; full compliance is not verifiable 5/2/12 Date Initials (DPW) <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127180	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	-On 9/14/11 and 9/15/11, an error in Resident #8's medication administration occurred involving missing Combigan eye drops that were not administered as prescribed. The error was not reported to the resident's designated person and prescriber until 2/21/11.  -From 12/3/11 to 12/6/11, an error in Resident #1's medication administration occurred involving Cerave cream not being applied as prescribed. The error was not reported to the resident's designated person and prescriber until 2/21/11.  Repeated Violations: 05/10/2011	2/21/2012   <i>Amyoung</i>	188b a medication error shall be immediately reported to the resident designated person and prescriber must be reported  Resident #8 designated person and physician was notified of med error of 9/14/11 and 9/15 11 on 2/21/2012. Resident # 1 designated person and physician was notified of med error of 12/3/11to 12/6/11. To prevent reoccurrence of the violation in-service conduct with PC staff as follows: Medication Management and review of DPW Violations. ( See attachment ) Physician, resident and designated person will be notified immediately of the medication error. MAR books will be checked daily by med tech and randomly by all nurses. . Compliance of the violation will be reviewed at Quality Management Meeting. Monitor by nurse supervisor and PCHA	Steps have been taken to correct violation; full compliance is not verifiable 5/2/12 Date <span style="float: right;">Initials (DPW) LM</span>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HERITAGE TOWERS, 200 VETERANS LANE DOYLESTOWN, PA 18901		CURRENT LICENSE NUMBER 127180	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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 medication administration record for Resident #1 does not include diagnoses for Levaquin 500mg, Miconazole, Aloe Vesta, Metronidazole 250mg and bacit zinc ointment 500/GM.	3-6-2012  <i>on going</i>  <i>on going</i>	187a Medication requires diagnosis  This has been corrected Resident #1 The diagnoses have been written in the MAR as follows Levaquin; metronidazole, Aloe vesta (metronidazole and Bactri zinc ointment. ( medication has been discontinued)  To prevent violation from reoccurrence all new orders or re-admissions to the community a 24 hour chart check will be done by evening nurse (see attachment) Monthly Medication Review all medications will be checked for diagnosis by nurses and med techs. Compliance of the violation will be reviewed at Quality PCHA and Nurse Supervisor	<i>ef</i> 5/2/12

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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.	<i>see page 26</i>			

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

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187d The home shall follow the directions of the prescriber.	<p>-Resident #8's Combigan SOL eye drops were not administered on 9/14/11 at 9:00pm and on 9/15/11 at 8:00am and 9:00pm as prescribed.</p> <p>-Resident #1's Cerave cream was not applied from 12/2/11 to 12/6/11 as prescribed.</p> <p>-Resident #1 was not weighed on daily on the 7-3 shift in January and February 2012 as prescribed.</p>	<p>2/22/2012</p> <p><i>ongoing</i></p> <p><i>ongoing</i></p>	<p>187d the home shall follow the directions of the prescriber</p> <p>To prevent reoccurrence of the violation in-service conduct with PC staff as follows: Medication Management and review of DPW Violations. ( See attachment ) MAR books will be checked daily by med tech and randomly by all nurses to ensure that the community follows the prescriber directions. The med techs have been instructed if medication is down to one weeks supply to reorder. If it is mail order three weeks supply to call resident or family member to reorder. Compliance of the violation will be reviewed at Quality Management Meeting. Monitor by nurse supervisor and PCHA</p>	<p>5/2/12</p> <p><i>(JP)</i></p>

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

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227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	Resident #9 participated in the development of their support plan on 1/25/12. The resident refused to sign the support plan. The home did not make a notation regarding the resident's refusal to sign.	2-16-2012 <i>on going</i>	Corrected the day of survey noted that resident refused to sign Nurses were in-serviced To prevent reoccurrence nurses when resident refuses to sign the support plan it will be noted and dated this on the support plan. The Support plan will be reviewed by unit clerk for compliance prior to going on the medical chart. PCHA to monitor	5/2/12 <i>CEM</i>