

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HEARTLAND RETIREMENT PERSONAL CARE HOME INC

LEGAL ENTITY

To operate HEARTLAND RETIREMENT PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 46 ELEMENTARY LANE, BOX 210, WOOLRICH, PA 17779

(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 48  
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 November 1, 2012 until November 1, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **316150**

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 09 2012

Ms. Judy Bailey, Owner  
Heartland Retirement Personal Care Home, Inc.  
Heartland Retirement Personal Care Home  
46 Elementary Lane, P.O. Box 210  
Woolrich, Pennsylvania 17779

Dear Ms. Bailey:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 7, 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 Human Services 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 "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 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 section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 passed away in the hospital on 6/13/12. The home did not submit a Reportable Incident form or a copy of the resident's death certificate to the Department's regional office.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

-ADMINISTRATOR WAS UNAWARE OF CHANGES MADE TO REPORT ALL DEATHS IN OR OUTSIDE THE HOME.

- ADMINISTRATOR WILL BE RESPONSIBLE FOR REPORTING TO THE STATE OF ALL DEATHS THAT OCCUR IN OR OUTSIDE THE HOME WITH IN A 24 HOUR PERIOD. IN A DEATH THAT OCCURS INSIDE THE HOME ADMINISTRATOR WILL REQUEST THAT THE FAMILY GIVES A DEATH CERTIFICATE SO IT CAN BE PUT IN THERE FILE REQUIRED BY THE STATE.

- ADMINISTRATOR WILL GO TO THE DEPARTMENT OF WELFARE WEBSITE ONCE MONTHLY TO UPDATE ON ANY NEW CHANGES GOING INTO EFFECT.

- ADMINISTRATOR WILL PUT A COPY OF CONDITIONS TO BE REPORTED WITHIN 24 HOURS BEHIND FRONT DEST AND IN MEDICATION ROOM. THIS WILL REMIND STAFF WHAT NEEDS TO BE BROUGHT TO ADMINISTRATORS ATTENTION SO THEY MAY CONTACT STATE.

*Reviewed  
 once every  
 2 weeks  
 10-26-12*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Bailey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Judy Bailey* Date *10-3-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10-26-12</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>10-26-12</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

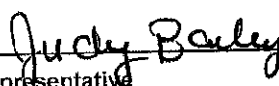
**2a. DESCRIPTION OF VIOLATION**  
 On 9/7/12 at 9:15am, there were two bottles of nail polish remover on the window sill in the beauty shop. The door was open, and the bottles stated, "if ingested call the Poison Control Center". All of the residents of the facility are not assessed safe with poisons.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- STAFF FAILED TO CLOSE DOOR BEHIND THEM WHEN SETTING RESIDENTS HAIR.
- SIGNS WERE POSTED ON DOOR TO MAKE SURE THAT THE DOOR IS TO BE CLOSED AT ALL TIMES.
- STAFF WILL MAKE WALK THROUGH TO MAKE SURE ALL DOORS ARE SHUT THAT CONTAINS POISONOUS MATERIALS ON A DAILY BASIS.
- ADMINISTRATOR WILL WALK THROUGH BUILDING DOING SPOT CHECKS TO MAKE SURE DOORS ARE LOCKED WITH POISONOUS MATERIALS.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
 Judy Bailey	10-2-12

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The above plan of correction was approved by <u>eo</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The home had exposed wires hanging out of a removed light fixture that was located on the left wall next to the main entrance of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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-FRONT LIGHT FIXTURE BEHIND DOOR WAS BROKEN DUE TO THE WIND BREAKING IT AND WIRES WERE CAPED WITH WIRE COVERS.

-ADMINISTRATOR WILL BUY NEW LIGHT FIXTURE TO REPLACE BROKEN ONE.

- ADMINISTRATOR WILL PURCHASE A FLAT LIGHT FIXTURE SO WHEN DOOR WOULD HAPPEN TO OPEN TO FAR IT WOULD NOT BREAK LIGHT FIXTURE.

-STAFF & ADMINISTRATOR WILL BE RESPONSIBLE TO LOOK AND MAKE SURE ALL LIGHT FIXTURES ARE NOT BROKEN AND IN WORKING CONDITIONS. THIS WILL BE DONE ON A WEEKLY BASIS.

October 12<sup>th</sup>, 2012 to be completed.

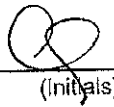
Photo to be e-mailed or faxed 11-5-12 

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Judy Bailey

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Judy Bailey Date 10-3-12

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The above plan of correction is approved as of <u>11-5-12</u> (Date)	Plan of correction implementation status as of <u>11-5-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.102(f) - An individual towel, washcloth and soap shall be provided for each resident.

2a. DESCRIPTION OF VIOLATION  
 On 9/7/12, there were two residents residing in room 7, their towels, toothbrushes, and denture cups are not labeled with the individuals names.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

-THE TWO RESIDENTS IN ROOM NUMBER 7 ARE MARRIED AND ADMINISTRATOR DIDN'T THINK THAT WITH THEM BEING MARRIED OVER 20 YEARS ITEMS NEEDED TO BE MARKED WITH BOTH OF THERE NAMES.

- NAMES WERE PUT ON ALL INDIVIDULES PERSONAL ITEMS IN BATHROOM THE SAME DAY.

- WEEKLY WALK THROUGHS WILL BE CONDUCTED TO MAKE SURE ALL RESIDENTS HAVE THERE NAMES ON THEIR ITEMS IN THE BATHROOMS. ALSO WHEN RESIDENTS ARE ADMITTED TO HEARTLAND NAMES WILL BE PUT ON THE SAME DAY OF ARRIVING.

- STAFF WILL BE RESPONSIBLE TO MAKE SURE THEY PUT NAMES ON INDIVIDULE PERSONAL ITEMS. ALSO DO WEEKLY WALK THROUGHS VERIFYING ALL ARE LABLED.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Judy Bailey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Judy Bailey

Date

10-3-12

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The above plan of correction is approved as of 10-26-12  
 (Date)

Plan of correction implementation status as of 10-26-12  
 (Date)

The above plan of correction was approved by

*JD*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 9/7/12, the following items were opened, in the pantry of the kitchen, but were not dated when they were opened:

- A bag of Fruity Ringers cereal
- A box of Kashi, Cinnamon Harvest cereal
- A box of Fruity Diamonds cereal
- A box of Cinnabon cereal
- A box of Jiffy Baking Mix
- A 4lb.14oz. container of Animal Crackers
- 6 bags of flavored gelatin mixes (bulk packaging)
- MoJo Marinade (in the walk-in cooler)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

-STAFF FORGOT TO DATE FOOD PRODUCTS LISTED IN VIOLATION.

-ADMINISTRATOR HAD MADE SIGNS TO BE POSTED IN PANTRY AND BEFORE WALKING INTO WALK IN COOLER TO MAKE SURE THEY MARK ALL PRODUCTS THEY OPEN.

-COOK WILL DO WEEKLY CHECKS IN THE KITCHEN TO ASSURE THAT EVERYTHING IS MARKED WITH A DATE WHEN IT WAS OPENED.


-COOK AND ADMINISTRATOR WILL DO MONTHLY WALK THROUGHES TO ASSURE THAT NOTHING WAS MISSED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Bailey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Judy Bailey* Date *10-3-12*

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Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 9/7/12, the following items were in the pantry of the kitchen, but had expired:

- Quaker Oatmeal, 18oz., expired 3/19/12
- 2 boxes of Special K cereal, expired 8/25/12
- A box of Crispy Rice cereal, expired 7/9/12
- A Duncan Hines Banana cake mix, expired 7/5/12
- 2 Duncan Hines Devils Food cake mixes, expired 7/6/12
- 2 Duncan Hines Butter Golden cake mixes, expired 6/16/12
- 2 boxes of Sizzlin' Salad dressings, expired 8/15/12

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- Resident brought food in and the staff did not check the expiration dates on the food.
- Administrator and staff went through all food items and checked all expiration dates and throw away any food items that were expired.
- The cook will go through all food items and check the expiration dates on all foods this will be done on a weekly bases.
- The administrator along with the cook will go through and check monthly to insure that nothing was missed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*Judy Bailey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Judy Bailey

Date

10-3-12

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
 (Initials)


Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(g) - 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.

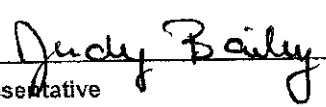
**2a. DESCRIPTION OF VIOLATION**  
 The home's fire drill log indicates 2 staff persons participated in the fire drill held on 8/18/2012 at 3:05am. According to the home's staffing schedule, one staff person is on duty during the night shift.  
 Staff person A, who is the home's co-administrator stated that night during the night time fire drills the co-administrator pulls the alarm and helps with evacuating residents. The home's fire drill log indicates 2 staff persons participated in the fire drill held on 8/18/2012 at 3:05am. According to home's staff schedules, one staff person is on duty during the night shift.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Co-administrator helped the staff conduct a fire drill and should not have helped.
- Co-administrator will conduct a new fire drill.
- Co-administrator will not help in any way with any more fire drills in the future.
- Co-administrator will conduct a fire drills on monthly bases and will not help the staff in any way with the fire drills.

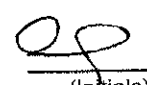
Adm will submit the September and October fire drill logs to the NE Regional office for review.  
 STO-963-3018  10-26-12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Judy Bailey</u>	Date <u>10-3-12</u>
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Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2 (DOA 8/18/2011) did not have an annual medical evaluation completed for 2012. The medical evaluation for resident #2 was completed on 8/12/2011.

Resident #3 (DOA 7/20/2010) did not have an annual medical evaluation completed for 2012. The medical evaluation for resident #3 was completed on 8/15/2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- Co-administrator did not have residents paper work finished due to waiting on the doctor to finish them and send back.
- Co-administrator will contact doctor to send the forms to them as soon as possible.
- A paper was made up and put behind the desk of all the residents names, month, date and year their paper work was done last. *Adm will track dates monthly \**
- Co-administrator is responsible for making sure all paper work is done on the dates they need to be.

*[Signature]*  
 10-26-12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Bailey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Bailey</i>	Date <i>10-3-12</i>
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Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

**2a. DESCRIPTION OF VIOLATION**

Resident #4's medication of Claritin 10 mg, take 1 tab at 8am was not given on 9/6/2012 and 9/7/2012. A purple post-it note was located on the resident's medication administration record that states "hold the resident's Claritin due to loss in weight". A written order was not obtain nor was the medication technician qualified to take a new order from the prescriber over the phone.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

-STAFF TOOK IT UPON THEMSELVES TO CHANGE ORDER BEFORE SCRIPT WAS FAXED TO HEARTLAND AND TOOK THE ORDER OVER THE PHONE WHEN THEY ARE NOT ABLE TO DO SO.

-ORDER WAS FAXED TO HEARTLAND FOR RESIDENT #4 THE SAME DAY THAT THE STATE WAS IN. ORDER WAS PLACED IN RESIDENTS FILE IN MEDICATION ROOM.

-NOTE WILL BE PLACED IN MEDICATION ROOM STATING THAT NO ORDERS WILL BE CHANGED UNLESS SCRIPT IS IN RESIDENTS FILE.

-ADMINISTRATOR AND MEDICATION STAFF WILL DO WEEKLY CHECKS ON RESIDENTS MEDICATION AND MAKE SURE NOTHING WAS CHANGED UNLESS IT HAS A WRITTEN ORDER FROM THE DR.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Judy Bailey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Judy Bailey

Date

10-3-12

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 31615 - 09/07/2012 - Harvey, Jason  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 (DOA 7/20/2010) did not have an annual assessment completed for 2012. The assessment for resident #3 was completed on 8/15/2011.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

-ADMINISTRATOR WAS WAITING ON THE DME ON RESIDENT #3 TO COMPLETE AND WAS NOT GIVEN TO HER IN A TIMELY MANNER.

-ADMINISTRATOR WROTE A LIST OF AND POSTED IT BEHIND DESK AS A REMINDER OF WHEN EACH RESIDENT HAS TO HAVE THEIR DME DONE SO THE RASP CAN BE COMPLETED.

-ADMINISTRATOR COMPLETED THE ANNUAL ASSESSMENT FOR 2012 ON RESIDENT #3 THE FOLLOWING DAY THAT THE STATE WAS IN.

-STAFF HELPING WITH BOOKWORK WILL BE IN CHARGE OF LOOKING AT CHART TO MAKE SURE THEY GIVE ENOUGH TIME TO CALL POA'S TO MAKE SURE THEY GET INTO THE DR. IN TIME. *This*

*will be checked at least monthly - the month before these items are due. Adm will review as well.*

*RG 10-26-12*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/21/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Judy Bailey*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Judy Bailey* Date *10-3-12*

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