



NOV 07 2013

Mr. David Lovitz, Managing Member
Care HSL Heritage Hill OpCo LLC
800 Sixth Street
Weatherly, Pennsylvania 18255

RE: Heritage Hill Senior Community
License #: 225121

Dear Mr. Lovitz:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 16, 2013, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized monogram or initials "MJ".

Matthew J. Jones
Acting Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 20304 - 10/16/2013 - Novak, Ryan
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 A camera was located in the home's Shepard's Unit pointing at the dining room. Staff person B reported that the camera's are recording. The video recording is a breach of the residents privacy.

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 camera was moved at the time of the inspection. The camera now faces the entrance/ exit of the SDCU. This was corrected at the time of the inspection. All cameras in the building are in compliance with privacy and will no longer breach Resident Privacy. The administrator will monitor for continued compliance.

on a monthly basis
CS - 11-05-13

Reviewed w/adm 11-5

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Denise M. Langman, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise M. Langman, Executive Director* Date *11-1-13*

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

The above plan of correction is approved as of 11-5-13
 (Date)

Plan of correction implementation status as of 11-5-13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

28512
Violation Report: 29304 - 10/16/2013 - Novak, Ryan
PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's monthly fire drill records indicate the home is not alternating exit routes during fire drills. The home used the "front main" exit during the drills conducted on 9/17/13, 8/28/13, and 7/24/13.

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.

In review of the past 2 years of drills, we have alternated exits each time. Based on having four exit routes, We have alternated between all routes during the course of the year. Moving forward we will ensure that each month the drill exit route is different from the previous month exit route. The Administrator will monitor for continued compliance.

on at least a quarterly basis.

CG, 11-05-13

reviewed w/admin 11-5

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(Required on EVERY Page) *Derise M. Langman, ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Derise M. Langman, Executive Director* Date *11-1-13*

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Violation Report: ²⁰⁵¹² 26984-10/16/2013 - Novak, Ryan
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

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
 Based upon staff interviews and a review of the home's staff schedule, it was determined that 4 staff persons are routinely scheduled from 11:00pm- 6:00am. The home's fire drill records indicate 20 staff person participated in the most recent sleeping-hour fire drill conducted on 9/17/13 at 7:08am. The drill was conducted at a time when additional staffing was available and does not accurately reflect the routinely scheduled staffing hours from 11:00pm- 6:00am. Staff person A, who is the administrator and staff person B stated they did not believe it would be safe to conduct a drill with the number of staff persons present during the 11:00pm- 6:00am timeframe.

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.

An additional staff person will be added to the 10:00pm – 6:30am shift daily for additional assistance during the over-night shift. The staff adjustment will begin on Tuesday November 6, 2013. A drill will be conducted utilizing only the (5) five staff persons to insure we can appropriately evacuate the residents safely with the minimum amount of staff. A copy of the updated fire drill log will be sent to the regional office on Thursday November 7, 2013.
 The Executive Director will monitor this after every overnight drill or in the event of an actual emergency overnight to insure on-going compliance.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Denise M. Langman, Executive Director* Date *11-5-13*

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22512

Violation Report: 20304- 10/16/2013 - Novak, Ryan
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Hydrocodone/APAP 500mg prescribed to resident #1 expired August 2013.

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 existing cart audits will continue to be completed weekly by an LPN and reviewed by our RCD. Narcotic counts between shifts now include monitoring of expiration dates. Any expired medications will be disposed of per facility policy. Staff in-service was conducted on 10/17/13 to insure proper communication of this process. The Administrator will monitor for continued compliance. *on a monthly basis.*

Q. 11-5-13

reviewed w/adm 11-5

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Violation Report: 26304 - 10/16/2013 - Novak, Ryan
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record (MAR) of resident #2 did not indicate a diagnosis or purpose for the following medications: Klor-Con 10mg, Magnesium Oxide 400mg, Lopressor 25mg, Warafin 2mg, Levothyroxine 25mg, Levothyroxine 50mg, Metformin 500mg, Simvastatin 10mg, and Docusate Sodium 100mg.
 Staff did not initial or sign the MAR of resident #3 to indicate 6 units of Humalog insulin was administered at 8:00pm on 10/8/13. Based on discussion with administrator, the resident received the medication but the med tech failed to initial the MAR after administration.

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 medication administration staff were remediated prior to further medication administration. All Medication Administrators reviewed proper documentation procedures during a staff meeting conducted on 10/17/13. On-going documentation and medication reviews will be conducted to insure all medication administrators thoroughly understand the importance of the service they are providing. This will be completed on a quarterly basis by the Medication Trainer. The Administrator will monitor for on-going compliance. *on a quarterly basis.*

Reviewed w/admin 11-5

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Date(s) of Previous Violation(s):

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Denise M. Langman, ED

Printed Name and Title of Legal Entity Representative
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Denise M. Langman, Executive Director

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