



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 12 2014

Ms. Cindy S. Cross, Assistant Secretary
Heatherwood Retirement Investors, LLC
3570 Keith Street, North West
Cleveland, Tennessee 37312

RE: Heatherwood Retirement Community
3180 Horseshoe Pike
Honey Brook, Pennsylvania 19344
License #: 104550

Dear Ms. Cross:

As a result of the Department of Public Welfare's licensing inspection on February 18, 2014 and February 19, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on March 17, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 10455 - 02/18/2014 - Rouse, McKinley
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(7) - The contract shall specify the financial arrangements if assistance with financial management is to be provided.

2a. DESCRIPTION OF VIOLATION
 The home does not provide financial assistance for the residents of the home according to the policy of the legal entity, but the contracts for all of the residents in the home state, "Assistance with financial management including maintaining Resident's spending money on behalf of the Resident is an optional service..."

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.

Response to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged conclusions set forth in the License Inspection Summary. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

A. With Respect to What Systemic Measures have been put in place to Address Stated Concern:

Personal Care Residency Agreement has been amended to read on page 5:

1. "I. FISCAL ASSISTANCE: Assistance with financial management is not provided by Heatherwood."
 ** copy of amended Residency Agreement attached.
2. A letter will be sent to all residents to amend the current residency agreement, indicating that no assistance with financial assistance will be provided. These letters will be postmarked by 4/3/14 with an expected return date of 4/30/14.
 ** copy of letter attached.

B. With Respect to How the Plan of Corrective Measures will be Monitored:

All future Residency Agreements will utilize the amended agreement.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Susan W. Caciooppo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Susan W. Caciooppo, General Manager

Date April 1, 2014

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

<p>The above plan of correction is approved as of <u>4-30-14</u> (Date)</p> <p>The above plan of correction was approved by <u>SE</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>4-30-14</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 10455 - 02/18/2014 - Rouse, McKinley
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 56 Pa.Code §2600

2600.65(d) - 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 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 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.
 - (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 (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hired on 07/10/2013, provides unsupervised activities of daily living services, but has not completed the Department-approved direct care training and competency test.

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.

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- A. With Respect to the Specific Associate Cited: Said associate completed the Direct Care Staff Training Course and Competency Test on February 26, 2014. Certificate attached
- B. With Respect to What Systemic Measures have been put in place to Address the Stated Concern: The New Associate Orientation/ Emergency Preparedness check list, to be completed prior to the first day of work, has been amended to include the Direct Care Staff Training Course and Competency Test requirement and will be verified by the Staff Development Coordinator prior to the provision of any unsupervised ADL services. ** See attached checklist

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Susan W. Cacoppo

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Susan W. Cacoppo, General Manager

Date 4/1/2014

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The above plan of correction is approved as of 4-30-14
 (Date)

Plan of correction implementation status as of 4-30-14
 (Date)

The above plan of correction was approved by SE
 (Initials)

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

Violation Report: 10455 - 02/18/2014 - Rouse, McKinley
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 02/19/2014, the exit door outside of Room #A120 had a 15-inch pile of snow on the landing outside of the door. The snow prevented the door from fully opening, which would impede the egress in the event of an emergency.

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

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- A. With Respect to the Specific Citation: The snow outside of the exit door nearest to Room A120 was immediately cleared of the snow.
- B. With Respect to How the Facility will Identify the Potential for Identified Concern and Take Corrective Action: The Maintenance Director will patrol the facility after any snow event to ensure that all outside walkways, ramps, steps and recreational areas and exterior fire escapes are free from obstructions of ice and snow.
- C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern: The Maintenance Director will provide to all subcontractors responsible for clearance of snow and ice, a topical view of the community with designations of areas and exits to be maintained free of snow, ice and obstruction
- D. With Respect to How the Plan of Corrective Measures will be Monitored: The Maintenance Director and/or security personnel will patrol the facility on a daily basis to ensure that all outside walkways, ramps, steps and recreational areas and exterior fire escapes are free from all obstructions as well as snow and ice.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Susan W. Cacigoppo

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

Susan W. Cacigoppo, General Manager

Date 4/1/2014

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Violation Report: 10455 - 02/18/2014 - Rouse, McKinley
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The following items had been opened, and were unsealed in the kitchen area on 02/19/2013:
 *1 bag of croutons
 *2 bags of fried onions strips
 *1 bag of Herr's Brand Light Salted Chips

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

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- A. With Respect to the Specific Citation: The aforementioned food products were disposed of at the time of the survey.
- B. With Respect to How the Facility will Identify the Potential for the Identified Concern and Take Corrective Action: All dining services staff were re-educated on the policy that all food be stored in closed or sealed containers on March 28, 2014. All food shall be dated as well.
- C. With Respect to How the Plan of Corrective Measures will be Monitored: The closing supervisor server from each shift will be accountable for: wrapping, closing, sealing all containers and or bags that have ready to eat food in them. This protocol will be followed in both dining rooms, at the end of all three meal services on a daily basis. Dining Services Director will monitor for compliance weekly.

All new dining services associates will be educated regarding this procedure during their initial department orientation and training.

Dining Services Director will report compliance to General Manager in weekly department management meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Susan W. Cacio

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

Susan W. Cacio, General Manager

Date 4/1/2014

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Violation Report: 10455 - 02/18/2014 - Rouse, McKinley
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home conducted a fire drill during sleeping hours on 02/17/2013 and did not conduct another drill during sleeping hours until 10/19/2013, more than 6 months later.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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A. With Respect to What Systemic Measures have been put in place to Address the Stated Concern: Sleeping hour drills will be conducted quarterly and documented in the Maintenance Software program TELS. The Maintenance Director will be responsible for conducting and/or delegating the conduction of the drills and for monitoring the recording of the drills.

B. With Respect to How the Plan of Corrective Measures will be Monitored: The General Manager will audit the fire drill records monthly to ensure compliance with state and corporate guidelines. Fire drill compliance will be documented during monthly safety committee meeting.

The home has scheduled the next fire drill to be conducted during sleeping hours for the month of May, 2014. - SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative *Susan W. Cacioppo*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan W. Cacioppo, General Manager	Date 4/1/2014
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Violation Report: 10455 - 02/18/2014 - Rouse, McKinley
 PCH Name: HEATHERWOOD RETIREMENT 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 for Resident #1 did not have a diagnosis or purpose for Klonopin, .5mg take 1 tablet by mouth twice daily.

-The medication administration record for Resident #2 did not have a diagnosis or purpose for SMZ/TMP DS 800-160 (Bactrim), take 1 by mouth twice a day until finished.

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

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- A. With Respect to the Specific Residents Cited: The records for Resident # 1 and Resident #2 were corrected to add the appropriate diagnosis for which these medications were prescribed.
- B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action: Resident Care Director has reviewed all Medication Administration Records for the month of March on February 28, 2014 and verified that all have appropriate diagnoses for prescribed medications. All Resident Care Staff were re-educated on March 20th and 21st, regarding the proper documentation for medication administration as set forth by the Pennsylvania Department of Public Welfare Medication Administration Course, including the necessity of diagnoses for each and every medication.
- C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern: The Resident Care Director will review all Medication Administration Records monthly, prior to the 1st day of each month, to verify that appropriate diagnoses are listed for each medication.
- D. With Respect to How the Plan of Corrective Measures will be Monitored: The inclusion of diagnoses will be reviewed with the quarterly Practicum Observations conducted for all Medication Administration Records.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Susan W. Cacioppo

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

Susan W. Cacioppo, General Manager

Date 4/1/2014

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Violation Report: 10455 - 02/18/2014 - Rouse, McKInley PCH Name: HEATHERWOOD RETIREMENT COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #2 was administered 37 units of Novolog insulin when the resident's blood sugar was 183 on 02/03/2014 at 5:30 PM; the sliding scale indicates that 32 units of Novolog insulin is required when the resident's blood sugar is 183.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>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 License Inspection Summary. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.</p> <p>A. With Respect to the Specific Resident Cited: The Medication Administration Record for Resident #2 was amended to ensure that the prescriber's instructions were clear and concise. Physician notification was completed. Medication Error report completed</p> <p>B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action: The Resident Care Director has reviewed all Medication Administration Records for the month of March on February 28, 2014 to ensure that all prescriber information is clear and concise. Resident Care Director completed audit of all insulin orders on February 22, 2014.</p> <p>C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern: The Resident Care Director will review all Medication Administration Records monthly, prior to the 1st day of each month, to verify that prescriber information is accurate, clear and concise.</p> <p>D. With Respect to How the Plan of Corrective Measures will be Monitored: The accuracy of prescriber instructions, as well as their accuracy and ease of understanding will be reviewed with the quarterly Practicum Observations conducted for all Medication Administration Records.</p> <p>Verification of accurate orders and transcription of orders will be reviewed monthly by Resident Care Director in the Quality Improvement review meeting.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Susan W. Cacioppo</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan W. Cacioppo, General Manager	Date 4/1/2014
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Violation Report: 10455 - 02/18/2014 - Rouse, McKinley
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 10/04/2013, states, "Requires limited physical or oral assistance to evacuate in an emergency. The description of the mobility needs in the support plan dated 10/04/2013, indicates that the, "Resident requires a scooter or wheelchair to evacuate in an emergency." The plan to meet mobility needs states, "Staff to assist resident to transfer to scooter or wheelchair and direct resident to a safe location during an evacuation." Staff Person B, the home's administrator, reported that the resident requires staff to physically assist the resident into a wheelchair or scooter.

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.

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- A. With Respect to the Specific Resident Cited: Resident #2's assessment and support plan were corrected to reflect the resident's accurate level of mobility as "Moderate (immobile)".
- B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action: Resident Care Director will review levels of resident mobility monthly for all residents and amend resident assessment/support plan accordingly.
- C. With Respect to What Systemic Measures have been put in place to Address Stated Concern: Resident status is reviewed by all department managers in weekly meeting. Resident Care Director will keep a monthly log of changes in resident mobility and oversee necessary amendments to resident's assessment/support plan.
- D. With Respect to How the Plan of Corrective Measures will be Monitored: General Manager will monitor resident mobility log on a monthly basis and verify the appropriate documentation on the resident assessment/support plans.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Susan W. Cacioppo

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

Susan W. Cacioppo, General Manager

Date 4/1/2014

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