

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

(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 August 4, 2014 until August 4, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316150

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

ACTING 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 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 04 2014

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

RE: Heartland Retirement Personal Care Home
License #: 316150

Dear Ms. Bailey:

As a result of the Department of Public Welfare's licensing inspection on May 14, 2014 and July 11, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones
Director

SH

Enclosures
License
License Inspection Summary

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

PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME		License Number: 31615
Address: 46 ELEMENTARY LANE BOX 210, WOOLRICH, PA 17779		County: Clinton
Administrator: Christina Faughnen		Region: NORTHEAST
Legal Entity Name: HEARTLAND RETIREMENT PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 210, WOOLRICH, PA 17779		
Certificate(s) of Occupancy		
C-2 LP 03/25/2003 Department of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Provisional		
On-Site Inspections Dates and Department Representatives On-Site		
05/14/2014: Hummel, Jesse; Yellenic, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48	Number of Residents who:	
Number of Residents Served: 10	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 10	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 31615 - 05/14/2014 - Hummel, Jesse
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the facility on 2/3/14. The facility did not develop a resident-home contract until 3/9/14. The resident-home contract is required to be in place prior to admission or within 24 hours after admission.

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.

- This regulation is important due to, this way the POA and resident know what is expected from the home and of them.
- A contract was not done due to resident came in as a respite and then became a permanent resident.
- The administrator did not have the POA and resident read and sign a contract when the resident came to the home.
- Administrator will make sure no matter what a person comes to the home as the POA and the resident will have to read and sign a contract.
- Administrator.

Adm or designee will devise a system of reminders to track the necessary reviews of resident contracts upon admission. JP. 7-31-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Faughnan</i>	Date <i>6-10-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-31-14
 (Date)

Plan of correction implementation status as of 7-31-14
 (Date)

The above plan of correction was approved by *JP*
 (Initials)

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

Violation Report: 31615 - 05/14/2014 - Hummel, Jesse
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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

Department Representatives determined that the facility records entrances and exits of the facility as well as the hallways that lead to these entrances and exits of the home. The facility has failed to notify the residents of the facility that these areas are subject to video recording. The facility has also failed to post signs indicating that images are being recorded at these specified areas.

Department Representatives also observed that the facility is recording images of common areas of the facility including the living room and the dining room. Video recording in these areas is prohibited.

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.

- This is important due to the privacy of the residents.
- There were cameras in the common areas recording.
- The cameras were recording in the areas that the residents are to have privacy in the home; there are no cameras in the bedrooms and bathrooms.
- The administrator disabled recording in the common areas.
- Will keep checking cameras to make sure they are not recording in the common areas.
- Administrator and office help.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Faughnan</i>	Date <i>6-10-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-31-14 (Date)
on-site review 7-11-14
CP

The above plan of correction was approved by *CP* (Initials)

Plan of correction implementation status as of 7-3-14 (Date)

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

Violation Report: 31615 - 05/14/2014 - Hummel, Jesse
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 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 was hired on 12/17/13 and began providing unsupervised direct care on the same day. Direct Care staff person A has not completed the Department approved direct care training course and competency test which is required prior to providing unsupervised direct care to residents.

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.

- It is important due to if someone does not know how to care for a resident this helps them better understand.
- Staff person A was hired and did not take the direct care training test before they started.
- Staff person A did not take the direct care training test.
- Staff person A took the test right away.
- When a new staff person is hired they will take the direct care training test before the start there first day of work.
- Administrator

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan* Date *6-10-14*

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

The above plan of correction is approved as of <u>7-31-14</u> (Date) <i>on-site</i> <i>7-11-14</i>	Plan of correction implementation status as of <u>7-31-14</u> (Date) <ul style="list-style-type: none"> <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
The above plan of correction was approved by <i>[Signature]</i> (Initials)	

Violation Report: 31615 - 05/14/2014 - Hummel, Jesse
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct Care staff person B was hired on 8/26/05. Direct Care staff peron B did not have training in Fire Safety completed by a fire safety expert in 2013. Training in Fire Safety is required to be completed annually.

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.

- This is important due to in a fire emergency staff knows what to do.
- Staff person B was not at the fire-training meeting.
- Staff person B was not at the fire-training meeting.
- Administrator will make sure all staff persons are at the fire-training meets, administrator will have a paper for all staff to sign showing who was there.
- Administrator

Administrator will review staff annual training on a regular basis to insure all staff are receiving the ~~ness~~ necessary training to maintain ongoing compliance

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


Signature of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan* Date *6-10-14*

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

The above plan of correction is approved as of 7-31-14 (Date)

on site 7-11-14

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 7-31-14 (Date)

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

Violation Report: 31615 - 05/14/2014 - Hummel, Jesse
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 Department Representatives determined that the ventilation system located in the common bathroom across from the medication room is inoperable.

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.

- This is important due to any odor that may be in the woman's restroom.
- The woman's restroom does not have a working ventilation system.
- Woman's restroom ventilation system was not working.
- Administrator contacted Ertles for all ventilation systems to be in working order.
- Administrator. - Will conduct a weekly check of the home on a periodic basis in order to maintain ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan* Date *6-10-14*

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

The above plan of correction is approved as of 7-31-14
 (Date)

[Signature]
 on site
 7-31-14

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

Plan of correction implementation status as of 7-31-14
 (Date)

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

Violation Report: 31615 - 05/14/2014 - Hummel, Jesse
 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
 Department Representatives observed the following food items located in the walk in freezer that were not dated to indicate when these items were opened or prepared: a bag of crinkle cut fries, a bag of shoestring potatoes, and a steam tray containing casserole.
~~Department Representatives also observed the following food items that were not dated: A pitcher of milk located in the walk in refrigerator, and a plate of cookies located on the kitchen counter.~~
 Stored food items require a date to help identify how long a food item has been in storage to prevent cross contamination of food and the use of expired food items.

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.

- IT IS IMPORTANT DUE TO THE RESIDENTS NOT GETTING SICK OFF OF CROSS CONTAMINATION OR FOOD POISONING DUE TO BACTERIA.
 - THE REGULATION WAS VIOLATED DUE TO FOOD WAS OPENED AND NOT DATED TO HELP IDENTIFY HOW LONG FOOD ITEM HAS BEEN IN STORAGE OPENED.
 - FOOD IN KITCHEN WAS NOT DATED OR INDICATED WHAT FOOD PRODUCT WAS
 - LABEL FOOD THAT WAS NOT LABELED OR DATED IS WHAT CAN BE DONE RIGHT AWAY TO FIX VIOLATION.
 - COOK WILL DO WEEKLY WALK THROUGHS TO MAKE SURE THIS VIOLATION WILL NOT HAPPEN AGAIN IN COOLER & DRY PRODUCT AREA.
 - ADMINISTRATOR & COOK WILL BE RESPONSIBLE FOR PREVENTING FUTURE VIOLATIONS. - Adm
- Will provide intermittent oversight to insure ongoing compliance. Cf.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Faughnan</i>	Date <i>6-10-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7-31-14</u> (Date) <i>on site 7-11-14</i>	Plan of correction implementation status as of <u>7-31-14</u> (Date)
The above plan of correction was approved by <u><i>CF</i></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 - 05/14/2014 - Hummel, Jesse
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's fire evacuation diagrams. The diagrams do not include the direction of travel to egress routes as required.

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.

- REGULATION IS IMPORTANT DUE TO SHOWING WHOMEVER WHERE THE QUICKEST DIRECTION OF LEAVING BUILDING IN CASE OF AN EMERGENCY.
- THE DIAGRAM DID NOT INCLUDE THE DIRECTION OF TRAVEL TO EGRESS ROUTES AS REQUIRED.
- ADMINISTRATOR DIDN'T ADD DIRECTION OF TRAVEL
- UPDATE FIRE EVACUATION PAPER
- ADMINISTRATOR WILL KEEP UPDATED ON QUARLERLY BASIS
- ADMINISTRATOR IS RESPONSIBLE.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) Christina Laughnan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Christina Laughnan</u>	Date <u>10-10-14</u>
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The above plan of correction is approved as of <u>7-31-14</u> on site <u>7-11-14</u> (Date)	Plan of correction implementation status as of <u>7-31-14</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>OP</u> (Initials)	

Violation Report: 31615 - 05/14/2014 - Hummel, Jesse
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #2 is currently receiving Hospice services and requires physical assistance to transfer in/out of a bed or a chair and physical assistance to evacuate to the designated meeting place in an emergency. The facility failed to notify the local fire department of the assistance required to evacuate resident #2 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.)
 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 CASE OF EMERGENCY THE RESIDENT WOULD BE ABLE TO EVACUATE WITH ASSISTANCE OF THE LOCAL FIRE DEPARTMENT
- ADMINISTRATOR DIDN'T WRITE A LETTER TO FIRE DEPARTMENT THAT WOULD NEED PHYSICAL ASSISTANCE TO MOVE.
- NO LETTER WAS WRITTEN TO LOCAL FIRE DEPARTMENT
- WRITE A LETTER TO THE LOCAL FIRE DEPARTMENT. (RESIDENT HAS ALREADY PASSED AND NO NEED TO SEND LETTER)
- WRITE LETTER AS SOON AS RESIDENT REQUIRES EXTRA PHYSICAL ASSISTANCE
- ADMINISTRATOR WILL BE RESPONSIBLE - Adm will also set up a system of reminders that ~~are~~ when any resident experiences a mobility change it is communicated to the local fire department to insure on-going compliance

OP 7-31-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page) Christina Faughman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Christina Faughman</u>	Date <u>6-10-14</u>
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The above plan of correction is approved as of <u>7-31-14</u> on site <u>7-11-14</u> (Date)	Plan of correction implementation status as of <u>7-31-14</u> (Date) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>OP</u> (Initials)	

Violation Report: 31615 - 05/14/2014 - Hummel, Jesse
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that on 8/8/13 a fire safety expert conducted an inspection of the facility. The fire safety expert determined based upon the construction of the facility that 2 minutes and 48 seconds is the maximum amount of time the facility has to safely evacuate the residents to the designated meeting place. Based on the facility's fire drill records, Department Representatives determined that the following fire drill evacuations were completed in more than 2 minutes and 48 seconds.

- 10/21/13 at 5:00pm - 2 minutes and 50 seconds
- 12/3/13 at 5:45am - 3 minutes and 00 seconds
- 1/17/14 at 12:30pm - 2 minutes and 54 seconds

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

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.

- MAKING SURE WE GET ALL RESIDENTS OUT WITHIN TIME FRAME THAT THE FIRE DEPARTMENT FEELS IT CAN BE DONE SO NO TRAGIDIES HAPPEN.
- FIRE CHIEF OF FIRE DEPARTMENT FAILED TO PUT UP TO THREE MINUTES ON PAPER WHEN HE WROTE LETTER STATING A FIRE DRILL AND SAFETY CHECK WAS DONE.
- ADMINISTRATOR NOT NOTICING THE UP TO THREE MINUTES WAS NOT ADDED TO PAPER
- NEW FIRE DRILL WAS CONDUCTED AND WAS ADDED.
- ADMINISTRATOR WILL BE RESPONSIBLE. - *Am will review all*

communications with the local fire department or fire safety expert to insure it will see insure on-going compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/24/2013
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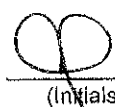
Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Faughnan* Date *6-10-14*

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

The above plan of correction is approved as of 7-31-14
 (Date)

SM - 8:40
7-11-14

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7-31-14
 (Date)

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

Violation Report: 31615 - 05/14/2014 - Hummel, Jesse
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's most recent medical evaluation was completed on 5/2/14. The previous medical evaluation completed for resident #2 was completed on 1/15/13, which was more than 12 months prior.
Resident #3's most recent medical evaluation was completed on 7/25/13. The previous medical evaluation completed for resident #3 was completed on 6/1/12, which was more than 12 months prior.
Medical evaluations for residents are required annually.

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.

- MAKING SURE RESIDENT IS ABLE TO BE IN A PERSONAL CARE HOM
- MEDICAL EVALUATION PASSED PRIOR YEAR DATE
- OVER LOOKING DATE AND DOCTOR OFFICES NOT FOLLOWING THROUGH IN THE PROPER TIME FRAM.
- WAS ALREADY FIXED WITH NEW MEDICAL EVALUATION
- ALL RESIDENTS FOR PRIOR YEARES WILL BE COMPLETED IN THE FIRST THREE MONTHS OF THE YEAR SO ALL WILL BE COPLETED. ALREADY BEING COMPLETED.
- ADMINISTRATOR AND OFFICE HELP WILL BE RESPONSIBLE. - a system of tracking data & appointments will be utilized to maintain ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/24/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Faughnan* Date *6-10-14*

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

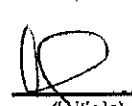
The above plan of correction is approved as of 7-31-14 (Date)
on-site 7-11-14
The above plan of correction was approved by *CP* (Initials)

Plan of correction implementation status as of 7-31-14 (Date)

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

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

PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME		License Number: 31615
Address: 46 ELEMENTARY LANE BOX 210, WOOLRICH, PA 17779.		County: Clinton
Administrator: Christina Faughnan		Region: NORTHEAST
Legal Entity Name: HEARTLAND RETIREMENT PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 210, WOOLRICH, PA 17779		
Certificate(s) of Occupancy		
C-2 LP 03/25/2003 Dept. of Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
07/11/2014: Rushin, Julienne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 11 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 10 Have Mental Illness: 11 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 31615 - 07/11/2014 - Harvey, Jason PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME	
1. REGULATION 66 Pa.Code §2600 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	
2a. DESCRIPTION OF VIOLATION The Support Plan for resident #1 (admitted 6/8/14) indicates the resident requires physical assistance to evacuate in the event of an emergency. Based upon interviews with staff persons "A" and "B", and physical observation, it was determined that the resident requires assistance of 2 staff persons using a gait belt for transfers in and out of bed and into their wheel chair. The home's letter from the local fire department dated (1/27/14) allows the home "up to 3 minutes" to evacuate. The home's fire drill logs indicate the following: on 1/17/14 at 12:30 pm, 9 residents were evacuated in 2:54sec. by 2 staff; on 2/24/14 at 10:00am, 10 residents were evacuated in 2:50sec. by 2 staff; on 3/26/14 at 5:00pm, 11 residents were evacuated in 3 minutes by 3 staff; on 4/28/14 at 5:15am, 11 residents were evacuated in 2:56 sec. by 1 staff person; on 5/23/14 at 9:06pm, 10 residents were evacuated in 2:43sec. by 2 staff and on 6/30/14 at 2:15pm, 10 residents were evacuated in 2:59 sec. by 2 staff. Review of staff schedules dated 6/1/14 to 7/12/14 indicates only one staff person is working in the home between the hours of 12:30 am to 6:00am. The home is not providing enough staff on the overnight shift to meet the needs of the residents and to ensure their safety 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.) <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>	
<ul style="list-style-type: none"> • SO THE RESIDENT IS GETTING THE CARE THEY NEED • RESIDENT #1 IS A 2 PERSON ASSIST IN AN EMERGENCY. IF ONLY 1 STAFF PERSON IS ON THEN THE HOME IS UNABLE TO MEET THE RESIDENTS NEEDS. • NOT ENOUGH STAFFING OVERNIGHT. IF THERE MAY BE AN EMERGENCY THERE IS ONLY 1 STAFF PERSON TO GET ALL RESIDENTS OUT AND 1 RESIDENT IS A 2 PERSON ASSIST. • ADMINISTRATOR WILL HIRE MORE PEOPLE FOR THE OVERNIGHT. • ADMINISTRATOR WHEN MAKING THE SCHEDULE THAT THERE IS 2 STAFF PERSONS ON OVERNIGHT SHIFTS. <p>The Adm/ Designee will review the schedule weekly to insure staffing is adequate to meet all resident needs on every shift. Adm/ Designee will also review mobility needs of residents on a monthly basis to correctly identify res. needs and appropriately staff all shifts</p>	
Repeat Violation: No	Date(s) of Previous Violation(s): 07/31/14
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Faughman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Faughman</i>	
Date <i>7-31-14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/31/14</u> (Date)	Plan of correction implementation status as of <u>7-31-14</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 - 07/11/2014 - Rushin, Julianne PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	
2a. DESCRIPTION OF VIOLATION The home does not have a current letter addressed to the local fire department indicating the location of immobile resident #1, admitted on 6/8/2014.	
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.	
<ul style="list-style-type: none"> • THE REGULATION IS IMPORTANT SO THE FIRE DEPARTMENT KNOWS HOW AND WHERE TO GO IN THE BUILDING TO ASSIST RESIDENT #1 IN THE PROPER WAY. • THE HOME DIDN'T HAVE AN UPDATED DOCUMENT OF EVACUATION. • THE HOME FAILED TO REPORT TO THE FIRE DEPARTMENT THAT RESIDENT #1 IS A 2 PERSON ASSIST • ADMINISTRATOR WILL MAKE AN UPDATED DOCUMENT FOR THE FIRE DEPARTMENT. • WHEN GETTING A NEW RESIDENT RIGHT AWAY MAKE A NEW DOCUMENT — and when any current resident has a decline in mobility status. • ADMINISTRATOR WILL BE RESPONSIBLE. <p style="text-align: right;">QP 7/31/14</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/14/2014
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Fayhman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Fayhman</i>	Date <i>7-31-14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7-31-14</u> (Date)	Plan of correction implementation status as of <u>7/31/14</u> (Date)
The above plan of correction was approved by <u><i>QP</i></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 - 07/11/2014 - Harvey, Jason
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative

2a. DESCRIPTION OF VIOLATION
The home's fire drill logs indicate that 3 staff person's participated in the fire drill conducted on 6/30/14 at 2:15 pm. Review of the staff schedule indicates that only 2 staff persons were working on that date and time

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.

- SO THE HOME KNOWS THAT WHEN THE STAFF ON IS ABLE TO DO THIS IN A REAL LIFE EMERGENCY.
- ADMINISTRATOR PUT 3 STAFF PERSON THAT DID THE DRILL BY MISTAKE AND ONLY TWO EMPLOYEES WHERE IN THE HOME
- THE ADMINISTRATOR WILL MLAKE SURE SHE DOES NOT MAKE THE SAME MISTAKE AND MAKE SURE THE RIGHT COUNT OF EMPLOYEES IS DOCUMENTED.
- ADMINISTRATOR WILL MAKE SURE OF HOW MANY STAFF PERSONS ARE ON THE DAY OF THE DRILL
- ADMINISTRATOR WILL BE RESPONSIBLE.

Adm will review fire drill logs monthly to insure ongoing compliance. Additional drills will be seen if needed in order to comply.
QP. 7-31-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Christina Faughnan*

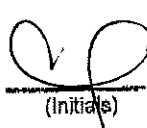
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Faughnan*

Date *7-31-14*

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

The above plan of correction is approved as of 7-31-14
(Date)

Plan of correction implementation status as of 7-31-14
(Date)

The above plan of correction was approved by 
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 31615 - 07/11/2014 - Harvey, Jason
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
Department Representative noted resident #2 smoking on the home's back patio. The designated smoking area is located in the front of the home to the left of the main entrance.

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.

- FOR THE SAFETY OF THE HOME AND RESIDENTS IN THE HOME
- RESIDENT #2 WAS SMOKING ON BACK PATIO
- RESIDENT #2 WAS NOT IN THE DESIGNATED SMOKING AREA.
- STAFF WILL MAKE SURE THAT NO ONE IS SMOKING OUTSIDE THE DESIGNATED SMOKING AREAS.
- STAFF PERSONS WILL WALK OUTSIDE WITH RESIDENT TO LIGHT CIGARETTE AND PROMPT HER TO GO TO THE DESIGNATED SMOKING AREA.
- ADMINISTRATOR AND STAFF - Will ensure ongoing compliance by having a resident council meeting to insure all residents know location of designated area & use it. Staff will perform observations of smoking area throughout the day & night to insure ongoing compliance. Cf. 7-31-14

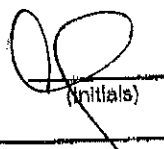
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) Christina Faughnan

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Christina Faughnan Date 7-31-14

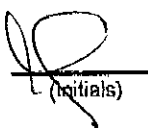
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The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 7-31-14 (Date)

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

Violation Report: 31615 - 07/11/2014 - Harvey, Jason PCH Name: HICARTLAND RETIREMENT PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	
2a. DESCRIPTION OF VIOLATION The Support Plan (dated 6/10/14) for resident #1 (admitted 6/8/14) indicates the resident is "moderately" immobile and requires physical assistance to evacuate in the event of an emergency. Based upon interviews with staff persons "A" and "B", and physical observation, it was determined that the resident requires the assistance of 2 staff persons using a gait belt for transfers in and out of bed and into their wheel chair. The home has not revised the Support Plan to indicate that the resident is totally immobile and requires a 2 person assist for all transfers.	
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>	
<ul style="list-style-type: none"> • SO THAT ANY NEW EMPLOYEE COMES INTO THE HOME THEY CAN READ THE SUPPORT PLANS AND KNOW WHAT TYPE OF CARE TO PROVIDE EACH RESIDENT. • ADMINISTRATOR DID NOT UPDATE RESIDENTS #1 SUPPORT PLAN • ADMINISTRATOR DID NOT UPDATE SUPPORT PLAN IN A TIMELY MANNER. • ADMINISTRATOR GOT THE SUPPORT PLAN AND UPDATED IT IMMEDITLY • WHEN SOMETHING CHANGES WITH A RESIDENT THE ADMINISTRATOR WILL MAKE SURE TO UPDATE THEIR SUPPORT PLAN • ADMINISTRATOR AND STAFF. <p><i>Adm or designee will review residents' records periodically to insure ongoing compliance. CP 7/31/14</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Faughnan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Faughnan</i>	Date <i>7-31-14</i>
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