



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 22 2014

Mr. Steven T. Cherry, Executive Director
The New Heritage Towers
200 Veterans Lane
Doylestown, Pennsylvania 40223

RE: Heritage Towers
License #: 128420

Dear Mr. Cherry:

As a result of the Department of Human Services' licensing inspection on 09/11/2014 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

| | | |
|--|-----------------------|--|
| PCH Name: HERITAGE TOWERS | | License Number: 12718 |
| Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901 | | County: Bucks |
| Administrator: Martine Minninger | | Region: SOUTHEAST |
| Legal Entity Name: THE NEW HERITAGE TOWERS INC | | |
| Legal Entity Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901 | | |
| Certificate(s) of Occupancy | | |
| Staffing Hours | | |
| Resident Support: | Total Daily Staff: 74 | Waking Staff: 56 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| 09/11/2014: Adams, Patricia | | |
| | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 75 Number of Residents Served: 62 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: 2 Number of Hospice Residents in past year: 11 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 12 Have a Physical Disability: 0 |

Violation Report: 12718 - 09/11/2014 - Adams, Patricia

PCH Name: HERITAGE TOWERS

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 9/8/14, at 9:00 pm, direct care staff person A failed to correctly identify resident # 1 before administering Ativan 0.5 mg. Resident # 1 does not have a prescription for Ativan.

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 #1 has a prescription for Tramadol and on 9/8/14 Staff person A mistakenly gave a dose of Resident #2's Ativan instead.

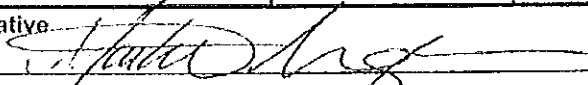
Resident was assessed at time of incident and physician was notified immediately. Fortunately, there were no ill effects from this incident to the resident.

Staff person A has been re-educated of the importance of ensuring the 5 rights of medication administration (See Attachment A). She also has been observed performing a medication pass under the observation of a practicum observer (See attachment B) since this incident.

Prior to the incident, all narcotics were separated in the lock box by apartment number. The box has since been reorganized and labeled in alphabetical order by resident's name to improve identification.


Resident's pictures have also been moved to a more visible place in the MAR while med techs are pouring medications.

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

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Martine Munniger PCHA Date 11/21/14

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

| | |
|--|---|
| The above plan of correction is approved as of <u>12/11/14</u> (Date) | Plan of correction implementation status as of <u>12/11/14</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: 12718 - 09/11/2014 - Adams, Patricia
 PCH Name: HERITAGE TOWERS

1. REGULATION 55 Pa.Code §2600
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

On 9/8/14, resident #1 was administered Ativan 0.5 mg prescribed for and belonging to resident #2.

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.

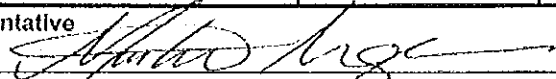
Resident #1 was administered one dose of Resident #2's Ativan in error.

Staff person A has been re-educated of the importance of ensuring the 5 rights of medication administration (See Attachment A). She also has been observed performing a medication pass under the observation of a practicum observer (See attachment B) since this incident.

Prior to the incident, all narcotics were separated in the lock box by apartment number. The box has since been reorganized in alphabetical order by resident's name to improve identification.

Resident's pictures have also been moved to a more visible place in the MAR while med techs are pouring medications.

| | | | |
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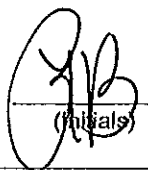
Signature of Legal Entity Representative
 (Required on EVERY Page) 

| | |
|---|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Martine Munninger PCHA</i> | Date <i>11/21/14</i> |
|---|----------------------|

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The above plan of correction is approved as of 12/11/14
 (Date)

Plan of correction implementation status as of 12/11/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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