



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Ms. Cindy S. Cross, Assistant Secretary
Heatherwood Retirement Investors LLC
Attn: Teresa Thigpen
3570 Keith Street NW
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 Human Services' licensing inspection on February 27, 2015 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, 2015 to June 3, 2016 was issued on March 18, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: HEATHERWOOD RETIREMENT COMMUNITY		License Number: 10455
Address: 3180 HORSESHOE PIKE, HONEY BROOK, PA 19344		County: Chester
Administrator: Susan Cacioppo		Region: CENTRAL
Legal Entity Name: HEATHERWOOD RETIREMENT INVESTORS LLC		
Legal Entity Address: 3570 KEITH STREET NW, CLEVELAND, TN 37312		
Certificate(s) of Occupancy		
Other 12/31/1984 Labor & Industry		
Staffing Hours	Total Daily Staff: 21	Waking Staff: 16
Resident Support: 0		Notice: Unannounced
Type of Inspection: Full	BHA Docket Number:	
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/27/2015: Minnich, Ron; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		

RECEIVED

MAR 28 2015

CENTRAL REGION FIELD OFFICE
Human Services Licensing

Other Details		Random Indicators:
Partial or Full Triggers:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 50 Number of Residents Served: 21 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: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 21 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 10455 - 02/27/2015 - Minnich, Ron
PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 10/29/14, did not receive orientation in general fire safety and emergency preparedness.
Staff person b, whose first day of work was 10/17/14, did not receive orientation in general fire safety and emergency preparedness until 10/20/14.

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.

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 Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

- A. With Respect to the Specific Associates Cited:
Staff persons A & B were re-presented with the general fire safety and emergency preparedness training including:
 - 1. Evacuation procedures.
 - 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuations, transportation and at an emergency location, if applicable.
 - 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - 4. Smoking safety procedures and the home's smoking policy.
 - 5. The location and use of fire extinguishers.
 - 6. Smoke detectors and fire alarms.
 - 7. Telephone use and notification of emergency services.
- B. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:
The Resident Services Coordinator has been trained as back up assistant to the Business Office Manager to provide the appropriate staff orientation for the state required prior to or during first day of work training as per the Pa. Code 2600.65(a). All staff will complete orientation required prior to beginning work.
- C. With Respect to How the Plan of Corrective Measures will be Monitored:
The General Manager will receive written notification via email when each new associate receives their 'prior to or during first work day' required training per Pa. Code 2600.65(a).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *3.19.15*

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

The above plan of correction is approved as of 3/23/15 (Date)

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

Plan of correction implementation status as of 3/23/15 (Date)

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

Violation Report: 10455 - 02/27/2015 - Minnich, Ron
PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Staff person B, hired on 10/17/14, did not receive the required training in the following topics:
-Resident Rights
-Emergency medical plan
-OAPSA
-Reporting of reportable incidents

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 Associates Cited: *- on 3/2/15*
Staff person B was re-presented with the orientation that includes the following:
 1. Resident Rights
 2. Emergency medical plan
 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. 10225.101-10225.5102)
- B. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:
The Resident Services Coordinator has been trained as back up assistant to the Business Office Manager to provide the appropriate staff orientation for the state required within the first 40 hours working hours for direct care staff persons, ancillary staff persons, substitute personnel and volunteers per the Pa. Code 2600.65(b). All staff will be required to complete required orientation prior to beginning work.
- C. With Respect to How the Plan of Corrective Measures will be Monitored:
The General Manager will receive written notification via email when each new associate receives their 'prior to or during first work day' required training per Pa. Code 2600.65(a).

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

Signature of Legal Entity Representative *Susan W. Cacioppo*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Susan W. Cacioppo* Date *3.19.15*
(Required on EVERY Page)

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(Date)

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

Plan of correction implementation status as of *3/23/15*
(Date)

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

Violation Report: 10455 - 02/27/2015 - Minnich, Ron
 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 January medication administration record for resident #1 does not include staff initials for the administration of Albuterol on 1/30/15.

The January medication administration record for resident #1 does not include staff initials for the administration of Acetylcysteine on 1/28/15.

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 Specific Resident Cited: Medication for Resident # 1 was given as ordered by physician. Failure to document the one medication cited was addressed in training with med techs. Reviewed Resident #1's MAR for February and all other medications were given as ordered and documented properly.
- B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action:
3/18/15 Med Tech Staff Inservice: Staff were instructed to double check medication administration and medication administration documentation at the end of each shift worked.
- C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:
3/18/15 Med Tech Staff Inservice: Each Med Tech has been assigned a percentage of the total personal care population from the home whose medication administration documentation must be reviewed weekly.
- D. With Respect to How the Plan of Corrective Measures will be Monitored:
3/18/15 Med Tech Staff Inservice: The Resident Care Director and Assistant Resident Care Director will monitor the medication administration documentation on a biweekly basis to ensure accuracy of documentation.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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* Date *3.19.15*

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The above plan of correction was approved by <u><i>CB</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