pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 1 3 2015

Ms. Denise M. Langman, Executive Director
Care HSL Heritage Hill OPCO LLC
800 Sixth Street
Weatherly, Pennsylvania 18255

RE: Heritage Hill Senior Community
License #: 225120

Dear Ms. Langman:

As a result of the Department of Human Services' licensing inspection on March 10, 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 April 18, 2015 to April 18, 2016 was issued on January 8, 2015. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director
JSH

Enclosure
License Inspection Summary

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

PCH Name: Heritage Hill Senior Community	License Number: 22512
Address: 800 6th Street, Weatherly, PA 18255	County: Carbon
Administrator: Denise Langman	Region: NORTHEAST
Legal Entity Name: Care HSL Heritage Hill OPCO LLC	
Legal Entity Address: 800 SIXTH STREET, WEATHERLY, PA 18255	

Certificate(s) of Occupancy
C-2 LP
12/05/2000
PA Dept. of L&I

Staffing Hours
Resident Support: 37 | Total Daily Staff: 159 | Waking Staff: 119

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
03/10/2015: Yellenic, Cindy; Hummel, Jesse

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: 143
Number of Residents Served: 85
Secured Dementia Care Unit in Home: Yes
Area: SEPARATE WING
Secured Dementia Unit Capacity, if Applicable: 42
Number of Residents Served in Secured Dementia Care Unit, If applicable: 24
Number of Current Hospice Residents: 7
Number of Hospice Residents in past year: 31

Number of Residents who:
Receive Supplemental Security Income: 0
Are 60 Years of Age or Older: 85
Have Mental Illness: 0
Have an Intellectual Disability: 0
Have a Mobility Need: 37
Have a Physical Disability: 1

DM Langman
3-24-15

Violation Report: 22512 - 03/10/2015 - Yellenic, Cindy
PCH Name: Heritage Hill Senior Community

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
Resident #1 has a Physicians order to have a blood glucose test done 2 x's daily. On March 7, 2015 the resident's blood glucose was tested at 5:48pm and it was 133. The resident's glucometer was then used at 5:50pm - BG#144, 5:52pm - BG# 126, 5:55pm - BG# 166, 6:03pm - BG# 252, and 6:51pm - BG# 402.

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 violation occurred due to the staff who used a glucometer for more than one person as opposed to using individual glucometers.

New glucometers have been ordered through our Diabetic supplier for each resident to insure we meet the CDC standards of sanitation guidelines.

All medication administrators have been in-serviced on proper use of individual glucometers per 2600.85 as of March 11, 2015. (attachment #1,2,3,4,5)

Our certified diabetic educator will re-in-service all medication administrators on 3/26/15 at 3:30pm on sanitation procedures necessary with blood glucose monitoring. Documentation to follow upon completion of training.

Administrator or designee will monitor for on-going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Denise M Langman			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Denise M Langman Executive Director		**Date** 3-24-15	

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

The above plan of correction is approved as of 3/26/15 (Date)

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

Plan of correction implementation status as of 3/26/15 (Date)

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

Violation Report: 22512 - 03/10/2015 - Yellenic, Cindy
PCH Name: Heritage Hill Senior Community

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
Resident #2 is prescribed Pepto-Bismol. The resident's medication was in the medication cart and it expired 2/2015.

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 violation occurred as an oversight on behalf of the residence. It was corrected at the time of inspection. A new bottle of Pepto Bismol was placed in cart as it was on hand. Cart audits will be completed weekly to insure this does not re-occur. (attachment #6)

Administrator or designee will monitor for on-going compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Denise M. Langman. Executive Director — **Date** 3-24-15

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Violation Report: 22512 - 03/10/2015 - Yellenic, Cindy
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

Resident #1 has a Physicians order to have a blood glucose test completed 2 x's daily. This resident's blood glucose was not completed on the following days and times; however test results were documented on the resident's MAR (medication administration record) indicating the tests were completed. The blood glucose test at 8:00am was not completed on 3/1/15, 3/3/15, 3/6/15, 3/7/15, 3/8/15, 3/10/15 and the 5:00pm blood glucose test was not completed on 3/1/15, 3/2/15, 3/3/15, 3/4/15, 3/5/15, 3/6/15, 3/8/15, and 3/9/15.

Resident #3 has a Physicians order to have a blood glucose test completed 4 x's daily. This resident's blood glucose was not completed on the following days and times; however test results were documented on the MAR indicating the tests were completed. The blood glucose test at 7:00am was not completed on 3/7/15, 3/10/15, at 11:00am the blood glucose test was not completed on 3/1/15, 3/7/15, and at 9:00pm the blood glucose test was not completed on 3/3/15, 3/6/15, 3/7/15, and 3/8/16.

Resident #4 has a Physicians order to have a blood glucose test completed 1 x daily. This resident's blood glucose was not completed on the following days; however test results were documented on the resident's MAR indicating the tests were completed. The blood glucose test was not completed on 3/1/15, 3/2/15, 3/3/15, 3/4/15, 3/5/15, 3/7/15, 3/8/15, 3/9/15, and 3/10/15.

Resident #5 has a Physicians order to have a blood glucose test completed 1 x daily. This resident's blood glucose was not completed on the following days; however test results were documented on the resident's MAR indicating the tests were completed. The blood glucose test was not completed on 3/1/15, 3/2/15, 3/3/15, 3/4/15, 3/5/15, 3/6/15, 3/8/15, and 3/9/15.

Resident #6 has a Physicians order to have a blood glucose test completed 1 x daily. This resident's blood glucose was not completed on the following days; however test results were documented on the resident's MAR indicating the tests were completed. The blood glucose test was not completed on 3/2/15, 3/3/15, 3/4/15, 3/7/15, 3/8/15, and 3/10/15.

Resident #7 has a Physicians order to have a blood glucose test completed 2 x's daily. This resident's blood glucose was not completed on the following days and times; however test results were documented on the resident's MAR indicating the tests were completed. The blood glucose test at 8:00am was not completed on 3/1/15, and the 4:00pm blood glucose test was not completed on 3/1/15, 3/2/15, 3/3/15, 3/4/15, 3/5/15, 3/7/15, 3/8/15, and 3/9/15.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DM Langman
3-24-15

Violation Report: 22512 - 03/10/2015 - Yellenic, Cindy
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.

The violation occurred due to staff using one glucometer as opposed to individual glucometers. Therefore, the readings were completed according to physician orders but not with the correct machines.

- All medication administrators have been in-serviced on proper use of individual glucometers per 2600.85 and 2600.187 as of March 11, 2015. (attachment #1,2,3,4,5)
- Our procedures for glucose monitoring were updated and reviewed with staff. They will also become a part of our annual training requirements for staff to know and understand. (attachment #7)
- Our certified diabetic educator will re-in-service all medication administrators on 3/26/15 at 3:30pm on procedures necessary with blood glucose monitoring. Documentation to follow upon completion of training.
- Administrator or designee will monitor for on-going compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Denise M Langman, Executive Director — Date 3-24-15

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Violation Report: 22512 - 03/10/2015 - Yellenic, Cindy
PCH Name: Heritage Hill Senior Community

1. **REGULATION 55 Pa.Code §2600**
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
The home is not following prescribes orders for the following Residents:
Resident #1 has a Physicians order to have a blood glucose test completed 2 x's daily. This resident's blood glucose was not completed on the following days and times: 8:00am blood glucose test was not completed on 3/1/15, 3/3/15, 3/6/15, 3/7/15, 3/8/15, 3/10/15 and the 5:00pm blood glucose test was not completed on 3/1/15, 3/2/15, 3/3/15, 3/4/15, 3/5/15, 3/6/15, 3/8/15, and 3/9/15.
Resident #3 has a Physicians order to have a blood glucose test completed 4 x's daily. This resident's blood glucose was not completed on the following days and times: 7:00am blood glucose test was not completed on 3/7/15, 3/10/15, at 11:00am the blood glucose test was not completed on 3/1/15, 3/7/15, and at 9:00pm the blood glucose test was not completed on 3/3/15, 3/6/15, 3/7/15, and 3/8/15.
Resident #4 has a Physicians order to have a blood glucose test completed 1 x daily. This resident's blood glucose was not completed on the following days: on 3/1/15, 3/2/15, 3/3/15, 3/4/15, 3/5/15, 3/7/15, 3/8/15, 3/9/15, and 3/10/15.
Resident #5 has a Physicians order to have a blood glucose test completed 1 x daily. This resident's blood glucose was not completed on the following days: on 3/1/15, 3/2/15, 3/3/15, 3/4/15, 3/5/15, 3/6/15, 3/8/15, and 3/9/15.
Resident #6 has a Physicians order to have a blood glucose test completed 1 x daily. This resident's blood glucose was not completed on the following days: on 3/2/15, 3/3/15, 3/4/15, 3/7/15, 3/8/15, and 3/10/15.
Resident #7 has a Physicians order to have a blood glucose test completed 2 x's daily. This resident's blood glucose was not completed on the following days and times: 8:00am blood glucose test was not completed on 3/1/15, and at 4:00pm the blood glucose test was not completed on 3/1/15, 3/2/15, 3/3/15, 3/4/15, 3/5/15, 3/7/15, 3/8/15, and 3/9/15.
Resident # 3 has a Physicians order to have insulin coverage on a sliding scale. On the following dates and times the resident was given the wrong amount of insulin: at 11:00am on 3/5/15 – required 8 units – received 2 units, 3/6/15 – required 2 units – received 6 units, 3/7/15 – BG not tested – received 2 units, at 4:00pm on 3/1/15 – required 0 units – received 2 units, 3/5/15 – required 2 units – received 0 units, at 9:00pm on 3/1/15 – required 4 units – received 0 units, 3/3/15 – BG not tested – received 4 units, 3/4/15 – required 0 units – received 4 units, 3/5/15 – required 0 units – received 2 units, and 3/7/15 – BG not tested – received 2 units.

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 violation occurred due to staff using one glucometer as opposed to individual glucometers. Therefore, the readings were completed according to physician orders but not with the correct machines. All medication administrators have been in-serviced on proper use of individual glucometers per 2600.85 and 2600.187 as of March 11, 2015. (attachment #1,2,3,4,5)Our procedures for glucose monitoring were updated and reviewed with staff. They will also become a part of our annual training requirements for staff to know and understand. (attachment #7) Our certified diabetic educator will re-in-service all medication administrators on 3/26/15 at 3:30pm on procedures necessary with blood glucose monitoring.
Documentation to follow upon completion of training.Administrator or designee will monitor for on-going compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) Denise M Langman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Denise M Langman, Executive Director — **Date** 3-24-15

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Violation Report: 22512 - 03/10/2015 - Yellenic, Cindy
PCH Name: Heritage Hill Senior Community

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #8 was admitted to the facility's Secured Dementia Care Unit on 1/29/15. The resident's medical evaluation completed on 1/19/15 does not indicate the need for secured dementia care.

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 unchecked box was an oversight by the physician. The documentation of the need for a secured dementia unit is noted on multiple forms, signed and dated by the physician (attachment # 8,9,10). The DME was corrected by the physician at the time of the inspection. (attachment #11)

Chart audits will be completed by administrator or designee prior to a resident moving into the secured dementia residence to insure all required regulated documents are in place. (attachment #12).

Administrator or designee will monitor for on-going compliance.

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Violation Report: 22512 - 03/10/2015 - Yellenic, Cindy
PCH Name: Heritage Hill Senior Community

1. REGULATION 55 Pa.Code §2600
2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
Resident #9 was admitted to the facility's Secured Dementia Care Unit on 12/2/2014. The resident's cognitive screening completed on 11/17/2014 was completed more than 72 hours prior tot he resident's admission to the Secured Dementia Care Unit.

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 violation occurred due to the resident changing physicians during her transition into the secure dementia unit. The physician completed the pre-screening for the date he last saw her as opposed to the date she was admitted to the unit.

Chart audits will be completed by administrator or designee prior to a resident moving into the secured dementia residence to insure all required regulated documents are in place. (attachment #12).

Administrator or designee will monitor for on-going compliance.

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