



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2015

Ms. Becky Hissong, Executive Director
Heritage Hills Retirement Community, Inc.
4138 Fletcher Drive
Greencastle, Pennsylvania 17225

RE: Heritage Hills Retirement Community
2256 Shanks Church Road
Greencastle, Pennsylvania 17225
License #: 301690

Dear Ms. Hissong:

As a result of the Department of Human Services' licensing inspection on March 18, 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 20, 2015 to June 20, 2016 was issued on March 18, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 30169 - 03/18/2015 - McCloskey, Jason
 PCH Name: Heritage Hills Retirement Community

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 3-18-15, there was an accumulation of lint in the lint trap of the dryer against the right wall of the laundry room.

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.

Immediate Action:

Lint was immediately removed from the lint trap of the dryer against the right wall of the laundry room.

To prevent violation from future occurrence: Effective immediately:

On each shifts End-of-Shift/Task Checklist form, we have added " ___ Removed lint from lint trap of dryers following each load". Administrator will review these forms each weekday to ensure this task is completed. Administrator will also do random on the spot inspections to be sure it is being completed. Administrator will record any inspections that find lint in the lint trap with a written reprimand to employee, and re-education on fire safety with appropriate employee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Tina L Williams LPN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina L Williams LPN / Administrator Date 4-2-2015

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

The above plan of correction is approved as of <u>4/15/15</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>4/15/15</u> (Date) <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
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Violation Report: 30169 - 03/18/2015 - McCloskey, Jason
 PCH Name: Heritage Hills Retirement Community

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 #1 had a medical evaluation completed on 5-15-14. The previous medical evaluation was completed on 4-23-13.

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.

Immediate Action:

Reviewed said residents records and acknowledge that annual evaluation did not fall into 360 + 15 day allowance.

To prevent violation from future occurrence: Effective immediately:

Administrator will give more advance notice to resident and POA of upcoming due date of annual medical evaluation. Administrator will notify resident/POA at the beginning of month previous to the month the evaluation is due. Additionally, we are now using an electronic record keeping system that alerts us well in advance of upcoming due dates. This will enable us to better monitor dates coming due.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tina L Williams LPN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina L Williams LPN/Administrator* Date *4-2-2015*

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The above plan of correction is approved as of 4/15/15
 (Date)

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

Plan of correction implementation status as of 4/15/15
 (Date)

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

Violation Report: 30169 - 03/18/2015 - McCloskey, Jason
PCH Name: Heritage Hills Retirement Community

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for Resident #2 does not include a determination that the home can meet the service needs of the resident.

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.

Immediate Action:

Reviewed Residents Preadmission Form. Corrected error by placing a checkmark in appropriate box, indicating that this residents needs can be met by this Personal Care Home.

To prevent violation from future occurrence: Effective immediately:

Administrator will review Pre-Admission form prior to putting into resident binder to be sure all areas were correctly completed. When annual medical evaluation is completed, Administrator will review Pre-Admission form to be sure all areas are complete.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Dina Williams LPN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina L Williams LPN / Administrator	Date 4-2-2015
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