



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(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 November 10, 2015 until May 10, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316151

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: NOV 10 2015

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

RE: Heartland Retirement Personal Care Home
License #: 316151

Dear Ms. Bailey:

As a result of the Department of Human Services' (Department) licensing inspections on April 29, 2015 and May 14, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #316150 dated August 4, 2015 to August 4, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated August 4, 2015 to August 4, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132d	II	14	\$5	\$70	5 calendar days from mailing date of this letter
65g	III	14	\$3	\$42	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

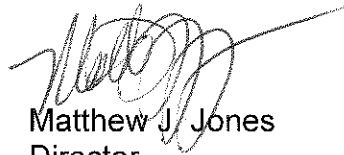
Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Judy Bailey

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal line extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 31615 - 04/20/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 4/25/15 the home implemented their emergency procedures due to a boil water advisory. The home did not submit an incident report to the Department.

On 3/12/15 around 11:30 am the fire department responded to the home to investigate a report of smoke in the office area of the home. The home did not submit an incident report to the Department.

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.

Effective immediately, and on an ongoing basis thereafter, the administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. In addition, all staff will be provided with training necessary to either to communicate to one of the home's management staff, or to the Administrator directly, all reportable incidents so the events may be reported within the required 24 hours to the Regional Office, including overnight, on weekends and holidays.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina Callahan

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

Christina Callahan

Date 9/17/15

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

The above plan of correction is approved as of

9-18-15
(Date)

Plan of correction implementation status as of

10-15-15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 31615 - 04/29/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 56 Pa.Code 52800

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations

2a. DESCRIPTION OF VIOLATION

Direct care staff person A's Pennsylvania State Police Criminal Record check completed on 1/19/15 indicates 2 prohibited offenses under the Older Adult Protective Services Act.

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 home will obtain a valid criminal history check for Staff Person A. Staff Person A will not work until the results of the check are returned. If the staff person has a prohibitive offence, the staff person will be terminated immediately.


The administrator will develop and implement a system to ensure that hiring and retention of staff is done in accordance with the Older Adults Protective Services Act.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan Date 9/17/15

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

The above plan of correction is approved as of <u>9-18-15</u> (Date)	Plan of correction implementation status as of <u>9-15-15</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>RN</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31615 - 04/29/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 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

Department Representatives conducted an announced fire drill on 5/14/15 at 3:54 pm with 2 staff persons participating. The home routinely staffs the 12:30 am-6 am shift with 2 staff persons. Resident #1 required one staff person to transfer the resident to a wheelchair and then needed to be pushed out of the building. Resident #2 required one staff person to transfer the resident to a walker and then needed constant physical assistance to exit the building. Resident #3 required constant verbal cuing to exit the building. Resident #4 required one staff person to transfer the resident to a walker and then needed constant physical assistance to exit the building. The home is unable to meet the residents needs during 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.

Effective immediately, and on a bi-weekly basis thereafter, the Administrator will review the mobility needs of all residents, note any changes in mobility or cognitive status, and complete the home's staffing schedule for the upcoming two (2) week period. This will be completed with particular attention paid to the overnight hours of 11 PM to 7 AM. The Administrator will ensure that there are adequate staff on every shift to meet residents' needs based on their assessment and support plan. Additionally, there will be sufficient staff on duty in the home at all times to safely evacuate residents to the designated fire safe areas or outside of the building to the designated meeting place safely and efficiently, noting the time permitted to evacuate by the home's fire safety expert.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/11/2014
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Signature of Legal Entity Representative (Required on EVERY Page) Christina Callahan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan Date 9/17/15

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

The above plan of correction is approved as of <u>9-18-15</u> (Date)	Plan of correction implementation status as of <u>10-15-15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>RN</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31818 - 04/29/2018 - Navak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
Staff person D, the home's administrator, completed only 23 hours of the required 24 hours of annual training for 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.

Effective immediately and ongoing throughout the 2015 Training Year (and annually thereafter):
The administrator will have 25 total hours (24 + the 1 missing hour from 2014) of training from a source approved by the Department.
In the future, the administrator will have at least 24 hours of training from a source approved by the Department in each training year.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan Date 9/17/15

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

The above plan of correction is approved as of 9-18-15 (Date)
The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 10-18-15 (Date)

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

Violation Report: 31015 - 04/29/2016 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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

Direct Care staff person C hired [redacted]/14 did not receive the general fire safety orientation until [redacted]/14 and [redacted]/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.

The identified staff persons will have all of the training required by this regulation; training must be completed no later than October 2, 2015. Documentation of training will be kept in accordance with 2600.65i.

The administrator will develop and implement a system to ensure that all newly-hired staff persons receive the training required by this regulation on or before the first work day.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan Date 9/17/15

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

The above plan of correction is approved as of 9-18-15 (Date)
No tool implemented

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

Plan of correction implementation status as of 10-7-15 (Date)

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

Violation Report: 31815 - 04/29/2015 - Novak, Ryan
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 D hired [redacted] 13 and direct care staff person E hired [redacted] 13 did not receive training in emergency preparedness for training year 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.

Effective immediately, for the remainder of the 2015 Training year, and annually thereafter:

The administrator will develop a staff training plan that includes the following information:

- (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
- (2) The required training courses for each person identified in (1).
- (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.

Direct Care Staff Persons D and E will complete Emergency Preparedness Training no later than October 2, 2015.

The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c.

Repeat Violation: No YES Date(s) of Previous Violation(s): 5-14-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan Date 9/17/15

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of 10-15-15 (Date)

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

Violation Report: 31615 - 04/29/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home did not submit their emergency procedures to the local emergency management agency for 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.

Within twenty (20) days after the receipt of the Directed Plan of Correction the Administrator shall:

The procedures developed in 2600.107b will be reviewed, updated, and submitted to the local emergency management agency. Any recommendations made by that agency will be adopted immediately.

Documentation of submission shall be kept.


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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Callahan* Date: *9/17/15*

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

The above plan of correction is approved as of 9-18-15
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction Implementation status as of 10-15-15
(Date)

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

Violation Report: 31615 - 04/29/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
The exit doors labeled A & B would not immediately open when pushed upon, preventing immediate egress 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.

Immediately upon the receipt of the Directed Plan of Correction, and ongoing thereafter:

Repairs will be made to the doors A and B as identified in the violation. If necessary, they will be re-examined by a fire safety expert in order to determine that their effectiveness has not been compromised by any subsequent repairs or alterations. Documentation of this review will be kept by the home.

The identified area will be unobstructed, as will all stairways, hallways, doorways, passage ways and egress routes from rooms and from the building. The Administrator will oversee any necessary care or repair needed in order that all egress doors in the home open immediately and without effort in the event of an emergency.

The Administrator will make weekly rounds throughout the building to ensure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan Date: 9/17/15

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

The above plan of correction is approved as of 9-18-15
(Date)

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

Plan of correction implementation status as of 10-15-15
(Date)

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

Violation Report: 31615 - 04/29/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

On 4/29/15 resident and staff interviews indicated the home was not conducting monthly fire drills. Administrator B reported to licensing representatives that the home was completing fire drills monthly. Administrator B reported that he/she will call the alarm monitoring company and take the system off line for a period of time so the fire department would not respond to the home when the alarms were activated. A review of the fire alarm activity from 2014-2015 from the home's monitoring company indicates that the fire alarm system was taken off line on 10/29/14 and 5/4/15 to test the system.

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.

Within five (5) calendar days of the receipt of this Directed Plan of Correction, and monthly thereafter:

The home will hold an unannounced fire drill in accordance with 2600.132a-j.

The Administrator will review the home's monthly fire drill log monthly in order to ensure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Callahan* Date *9/17/15*

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

The above plan of correction is approved as of 9-18-15
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 10-15-15
(Date)

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

Violation Report: 31615 - 04/29/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 56 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

According to the fire drill logs the home conducted a fire drill on 5/4/15 at 9:50am. According to the fire alarm activity report the system was taken off line from 8:42am-9:42am. The fire drill log does not accurately indicate the actual time the fire drill was conducted.

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.

Immediately upon the receipt of this Directed Plan of Correction, and monthly thereafter, the home will:

The home will use the Department's model fire drill log to record fire drill information. The log will be completed in its entirety.

The home's Administrator will review the home's fire drill log monthly to ensure ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/11/2014

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Callahan* Date *9/17/15*

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

The above plan of correction is approved as of 9-18-15
(Date)

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

Plan of correction implementation status as of 10-15-15
(Date)

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

Violation Report: 31815 - 04/29/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600

2800.132(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

The home's designated evacuation time according to the letter from the fire safety expert dated 1/8/15 is 3 minutes and 5 seconds. The home's fire drill evacuation times are: 2/24/15 at 11:32pm 3 minutes and 28 seconds, 3/12/15 at 11:20am 3 minutes and 23 seconds, and 4/8/15 at 2:16pm 3 minutes and 12 seconds.

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.

Immediately upon receipt of the Directed Plan of Correction, the Administrator will:

The Administrator will contact the local fire department and arrange for the fire safety expert to make an on-site appointment at the Personal Care Home in order to review the structure and fire safety enhancements regarding building construction, and specify in writing, an evacuation time for all persons in the building to safely evacuate to a public thoroughfare, or to a fire safe area in the building that has been designated as such.

The home will conduct fire drills weekly until the home's residents, staff and visitors are able to safely evacuate to the designated fire safe areas within the time specified by the fire safety expert.

The home will provide a copy of the letter to the Regional Office, and retain the original in the home's file.


Repeat Violation: Yes Date(s) of Previous Violation(s): 05/14/2014

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Callahan* Date *9/12/15*

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

The above plan of correction is approved as of 9-18-15
Now v on 6-20-15 (Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 10-15-15
(Date)

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

Violation Report 31615-04/29/2016 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 68 Pa.Code §2800
2600.132(f) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION
On 5/1/16 after requesting the fire alarm activity report from the home's monitoring company, Administrator B reported that he/she will not always take the fire alarm system off line. He/she will go in a residents bathroom and pull the call bell system the residents use to call staff members for assistance. He/she will then yell fire to the residents instead of activating the fire alarms.

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.

Immediately, and monthly thereafter:

The fire alarm will sound during every drill.

The Administrator will review the home's Fire Drill Log on a monthly basis to ensure ongoing compliance.


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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Callahan* Date *9/17/15*

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

The above plan of correction is approved as of 9-18-15
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 10-15-15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *RW*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 31615 - 04/29/2015 - Novak, Ryan
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 #5's most recent DME was completed on 1/22/15, the previous one was completed on 12/2/13.

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.

Within 30 days of the receipt of the Directed Plan, and then annually thereafter:

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter.


Repeat Violation: Yes Date(s) of Previous Violation(s): 05/14/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Callahan* Date *9/17/15*

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

The above plan of correction is approved as of 9-18-15
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 10-15-15
(Date)

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

Violation Report: 31615 - 04/29/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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 glucometer readings were incorrectly recorded on the medication administration record (MAR) for resident #2. On 4/3/15 the resident's glucometer reading was 153. It was recorded on the MAR on 4/3/15 at 8am as 169. On 4/4/15 the resident's glucometer reading was 157. It was recorded on the MAR on 4/4/15 at 5pm as 134. On 4/19/15 the resident's glucometer reading was 106. It was recorded on the MAR at 8am as 107. On 4/29/15 the resident's glucometer reading was 183. It was recorded on the MAR at 8am as 186.

The medication administration record for resident #4 does not include the diagnosis or purpose for Seconal XR 50mg and Namenda XR 28mg.

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.

Immediately and ongoing:

The home will amend residents' MARs to ensure that all of the required information is captured correctly, and there are no omissions of required documentation.

The Administrator will perform audits on a monthly basis to ensure that all MARs have a diagnosis or purpose for every medication.

The Administrator will work with the direct care staff that are med trained/licensed staff to ensure accurate recording of glucometer readings.

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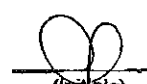
Signature of Legal Entity Representative (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Callahan* Date *9/17/15*

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

The above plan of correction is approved as of 9-18-15
(Date)

Plan of correction implementation status as of 10-15-15
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 31615 - 04/28/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 58 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home did not complete an assessment for Resident #6 admitted to the home on [redacted] 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.

The Administrator will complete the assessment for Resident # 6 within five (5) days of the receipt of this Directed Plan of Correction.

The identified resident(s) will have a detailed, comprehensive assessment that identifies all of the resident(s)'s personal care needs. The assessment(s) will be documented on the Department's required form. Forms will be filled out in their entirety, including signatures and dates.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan Date 9/17/15

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The above plan of correction is approved as of 9-18-15
(Date)

Plan of correction implementation status as of 10-15-15
(Date)

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

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

Violation Report 31616 - 04/20/2016 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #4 requires constant physical assistance and cuing to evacuate during an emergency. The RASP dated 1/12/15 notes the resident needs limited physical or oral assistance in the event of an emergency. The RASP does not indicate the resident's current care needs.

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 Administrator will update the RASP (support plan) for Resident # 4 within five (5) days of receipt of this Directed Plan of Correction. Particular attention will be noted for mobility and assistance needed in an emergency.

Within thirty (30) days upon receipt of this DPOC, the Administrator will audit the support plan sections of all current residents' RASPs. These will be updated as needed, and then updated based on individual resident's needs annually thereafter.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina Callahan

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

Christina Callahan

Date

9/17/15

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

The above plan of correction is approved as of

9-18-15
(Date)

Plan of correction implementation status as of *10-15-15*
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *RN*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]

(Initials)

Violation Report: 31818 - 04/29/2018 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
Resident #7's RASP dated 1/29/15 does not indicate the residents refusal to participate in the development of the assessment and support plan.

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.

Within five (5) days of receipt of this DPOC, the Administrator will review with Resident # 7 whether or not they wish to participate in the development or review of their assessment and support plan (RASP).

Within thirty (30) days upon receipt of this DPOC, the Administrator will audit all existing resident RASPs to insure current compliance with this regulation and ensure ongoing compliance.

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

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

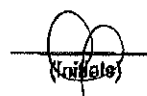
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Callahan* Date *9/17/15*

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The above plan of correction is approved as of 9-18-15
(Date)

Plan of correction implementation status as of 10-15-15
(Date)

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

The above plan of correction was approved by 
(Date)

Violation Report: 31815 - 04/29/2015 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #8's record does not include anything for identifying marks if any.

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.

Within thirty (30) days of receipt of this DPOC, the Administrator will review Resident # 8's RASP and address identifying marks, or note "None" if the resident has no identifying marks.

The Administrator will also audit all existing resident's RASPs regarding all of the items noted in this Regulation from Number 1 through Number 26, inclusive.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Callahan* Date *9/17/15*

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The above plan of correction is approved as of 9-18-15 (Date)

Plan of correction implementation status as of 10-18-15 (Date)

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

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