



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]

**MAILING DATE: September 25, 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' licensing inspection on October 15, 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 31615 - 10/15/2015 - Novak, Ryan  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A hired [redacted] 15 and direct care staff person B hired [redacted] 15 does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

**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 upon hiring of any staff member they will be required to show proof of Diploma or GED and provide a copy upon first day of hiring. If the staff persons listed as A & B don't have burden of proof then they will be terminated from their position.

The administrator will develop and implement a system to ensure that hiring and retention of staff is done in accordance with the Department of Human Services.

The system is to include a checklist of required items for employees based on the 2600 regulations, including 2600.54(a).  
 [Signature] 11-16-15

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      11/12/15

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

The above plan of correction is approved as of 11-16-15 (Date)      Plan of correction implementation status as of 11-16-15 (Date)

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

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

Violation Report: 31615 - 10/15/2015 - Novak, Ryan  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(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 fire drill conducted on 6/30/15 at 2pm took 4 minutes to evacuate the residents. The home's letter from the fire safety expert dated 1/9/15 indicates a maximum safe evacuation time as 3 minutes and 5 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, and 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.

7/7/2015 Fire chief was at personal care home and updated the fire evacuation time/fire safe area designation. On-site inspection date was 10/15/2015. Violation was fixed right away prior to 10/15/2015 on-site inspection.

Repeat Violation: Yes      Date(s) of Previous Violation(s):      04/29/2015

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

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page)      *Christina Callahan*      11/12/2015

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

The above plan of correction is approved as of 11-13-15  
 (Date)

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

Plan of correction implementation status as of 11-13-15  
 (Date)

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

Violation Report: 31615 - 10/15/2015 - Novak, Ryan  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 Based on an interview with staff person A the majority of the residents are sleeping by 11:00pm. The home's most recent sleeping hours fire drill was conducted on 2/24/15 at 11:32pm. A fire drill was conducted on 5/5/15 at 10:00pm which is not during the sleeping hours.

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 conduct a fire drill during the residents sleeping hours. This will be done 30 minutes after more than half the residents are sleeping or 30 minutes prior before waking hours. Administrator will conduct this fire drill once every six months during sleeping hours.


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

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 *11/12/2015*

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

The above plan of correction is approved as of <u>11-13-15</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>11-13-15</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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