



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

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' annual licensing inspection on March 31, 2016 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,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

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 SIXTH 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 21825		
Certificate(s) of Occupancy C2DO 12/05/2000 Dept. of Labor & Industry		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 120	Waking Staff: 90
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
03/31/2016: Rushin, Julienne; OHaire, Anne		
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: 90 Secured Dementia Care Unit in Home: Yes Area: Shepard's Garden Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 25 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 23	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 0	

Violation Report: 22512 - 03/31/2016 - Rushin, Julienne
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 The home obtained an FBI criminal background check for staff person (A) (hired [redacted] 16) but did not obtain a PA criminal background check which was also required for the staff person's employment.

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.

2600.51

The violation occurred due to a misunderstanding that a PA criminal check was needed along with the FBI check. This was corrected at the time of inspection, (attachment # 1a). We have updated our Pre-Orientation checklist, (attachment # 1b), to clarify this for any future Business Office staff. The current employee was in-serviced on this error and understands the importance of the regulation.

Executive Director or designee will monitor for on-going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Denise M. Langman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise M. Langman, Executive Director</i>	Date <i>4-22-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>4/28/16</u> (Date)
The above plan of correction was approved by <u><i>M</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

Violation Report: 22512 - 03/31/2016 - Rushin, Julienne
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

A bottle of Major brand ear drops prescribed to resident #1 was noted in the medication cart but not on the MAR. Staff determined that it was discontinued but not removed from the cart.


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.

2600.183d

The violation occurred as the ear drops were missed during a recent cart check audit. The cart check audit tool has been updated to assist in meeting regulatory requirements, (attachment # 2a). The medication administration staff have been in-serviced, (attachment # 2b, 2c) on the importance of performing the scheduled cart checks accurately to avoid errors like this from occurring, (attachment # 2d).

Resident Care Director or designee will monitor weekly for on-going compliance.


The administrator shall monitor for ongoing compliance.

 4/28/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Derise M. Langman, Executive Director* Date *4-22-16*

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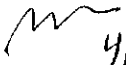
Violation Report: 22512 - 03/31/2016 - Rushin, Julianne
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 A bottle of OTC Vitamin C (500mg) was noted in the medication cart not labeled with a resident's name.

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.

2600.184(b)
 The violation occurred due to an oversight by staff. The OTC was labeled at the time of inspection. The staff have been in-serviced, (attachment # 2b), that upon receipt of an OTC, it will be immediately labeled with the resident's name. No medications can be placed into the medication cart without proper identification. Weekly cart checks will be performed to insure on-going compliance.
 Resident Care Director or Designee will monitor for continued compliance

The administrator shall monitor and assure ongoing compliance.
 4/28/16

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 *4-22-16*

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22512 - 03/31/2016 - Rushin, Julienne
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2800

2800.187(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

On 3/26/16 at 10:33am, resident #1's glucometer indicates a blood glucose level of 139; 131 is indicated on the MAR.
 On 3/30/16 at 9:45pm, resident #1's glucometer indicates a blood glucose level of 282; 268 is indicated on the MAR.
 Volterin Gel 1% PRN prescribed to resident #2 is listed on the MAR but was discontinued on 2/25/16.
 On 3/27/16 at 12:00pm, resident #2's glucometer indicates a blood glucose level of 220; 164 is indicated on the MAR.
 On 3/23/16 at 11:37am, resident #3's glucometer indicates a blood glucose level of 191; 192 is indicated on the MAR.
 On 3/25/16 at 4:33 pm, resident #3's glucometer indicates a blood glucose level of 216; 212 is indicated on the MAR.

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.

See Attachment # 3a

Cont →

Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/10/2015	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Denise M. Langman</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise M. Langman Executive Director</i>		Date <i>4-22-16</i>
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Cont.

2600.187(a)

The blood glucose errors were data entry errors into the newly implemented EMAR system.

*All medication administrators have been re-in serviced, (Attachment 2b, 2c), on the importance of double checking their entries based on these findings. The importance of blood glucose monitoring is the basis of proper diabetes management. Staff is able to print off the daily recordings of the blood glucose readings per resident on the new EMAR system. These will be monitored on a daily basis by the Resident Care Director or designee and staff will be assisted in correcting these errors in the EMAR system.

*The Voltaren gel was discontinued on 2/25/16. Our staff did remove the medication from our med carts per protocol at that time. It was not removed from the EMAR by pharmacy. Staff have been instructed to complete weekly cart checks as assigned and to continue to fax all orders to pharmacy as received.

The cart check procedures were reviewed and updated to insure all areas of error have been included. Cart checks will be monitored by the RCD or designee weekly, the pharmacy was made aware of the error at time of inspection and was removed from the EMAR immediately.

Executive Director or designee will monitor for on-going compliance.

P

M
4/28/16

Denise M. Langman
Denise M. Langman, Executive Director
4-22-16

License # 225120
Attachment # 3a

Violation Report: 22512 - 03/31/2016 - Rushin, Julianne
 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 MAR for resident #2 indicates a blood sugar level is to be tested 4 times daily. Review of resident #2's glucometer indicates that testing was not done on 3/24/16 at bedtime and on 3/28/16 at noon.

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.

2600.187(d)

Staff was in-serviced, (attachment # 2b, 2c), on the importance of blood glucose monitoring and following physician's orders as prescribed. Readings on the glucometers are being checked on a daily basis against the EMAR to insure on-going compliance.

The Resident Care Director or Designee will monitor for on-going compliance.

• The administrator shall monitor and assure ongoing compliance. *M* 4/28/16

Repeat Violation: Yes	Date(s) of Previous Violation(s)	03/10/2015
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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: *4-22-16*

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