



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: May 2, 2017

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 January 27, 2017 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: 22512 - 01/27/2017 - Novak, Ryan  
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

**2a. DESCRIPTION OF VIOLATION**

Resident #1, who was not evacuated during the fire drill conducted on 10/17/16, does not have a written certification from a doctor that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

Resident #2, who was not evacuated during the fire drill conducted on 5/11/16, does not have a written certification from a doctor that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

**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.*

2600.29a(b)(1)

Both residents had documentation to state that they were not to be evacuated during a fire drill as they were currently actively dying. The documents were signed by the resident's responsible party and their physician. The documents have since been updated to clearly state that the resident may suffer bodily injury or a hastened death as a result of participation in a fire drill. A copy of new document is attached and will be utilized in the event we have a hospice resident who is actively dying and may not be evacuated due to the possibility of a hasten death or injury from participation. **Attachment #1A**

Executive Director 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 Repres  
 (Required on EVERY Page)

Denise M Langman, Executive Director

Date **3-29-17**

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

The above plan of correction is approved as of

4/29/17  
 (Date)

Plan of correction implementation status as of

4/29/17  
 (Date)

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

The above plan of correction was approved by

  
 (Initials)

Violation Report: 22512-01/27/2017 - Novak, Ryan  
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

**2a. DESCRIPTION OF VIOLATION**  
 During the fire drill conducted on 10/17/16 Resident #1 was not evacuated. The staff person responsible for simulating the evacuation did not simulate the level of effort needed to evacuate the resident.  
 During the fire drill conducted on 5/11/16 Resident #2 was not evacuated. The staff person responsible for simulating the evacuation did not simulate the level of effort needed to evacuate 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.

2600.29a(b)(5)(ii)  
*(by use of a substitute person) Cf. 5/2/17*  
 Staff do simulate the level of effort it takes to evacuate a resident who is actively dying and not being evacuated during a fire drill from starting point of resident's room to evacuation point. This is noted in the fire safety training upon hire and annually thereafter. See attachment **2A**  
 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) Denise M Langman, Executive Director  
 Date *3-29-17*

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

The above plan of correction is approved as of <u>4/29/17</u> (Date)  The above plan of correction was approved by <u><i>DL</i></u> (Initials)	Plan of correction implementation status as of <u>5/2/17</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:** 22512 - 01/27/2017 - Novak, Ryan  
**PCH Name:** HERITAGE HILL SENIOR COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's assessment and support plan dated 10/7/16 and resident #2's dated 4/29/16 do not address the resident's exclusion from evacuation during fire drills due to status in an active dying process.

**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.

2600.29a(b)(10)

Resident #1's RASP was updated to meet the required regulation. If the event should occur that a resident is actively dying and should not evacuate during a fire drill the resident RASP will be updated accordingly.

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

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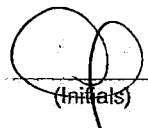
Signature of Legal Entity Representative (Required on EVERY Page) *Denise M Langman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Denise M Langman, Executive Director	Date	3-29-17
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**Violation Report:** 22512 - 01/27/2017 - Novak, Ryan  
**PCH Name:** HERITAGE HILL SENIOR COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:  
 (i) A copy of the Department of Health license for the hospice agency.  
 (ii) Written certification by the physician as specified in § 2600.29a(b)(1).  
 (iii) Written informed consent as specified in § 2600.29a(b)(2).  
 (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

**2a. DESCRIPTION OF VIOLATION**  
 The homes fire drill record does not include the following information for Resident #1 and #2: the hospice agency's license from the Department of Health, the written certification that the resident is actively dying and the informed consent from the family that the resident will not be evacuated during fire drills.

**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.*

2600.29(b)(11)

The home will follow the attached protocols in the event that a resident requires non-evacuation due to actively dying status if on hospice. Attachment # 2A

All documents were readily available at the time of inspection and were updated accordingly. We will follow our in-house procedure for a do not evacuate event per attached. The home's fire drill record was updated at the time of inspection. See attachment # 3A,3B,4A,4B

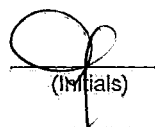
Executive Director or designee will monitor for on-going compliance.

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

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) Denise M Langman, Executive Director	<b>Date</b> 3-29-17
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