



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 24 2017

Ms. Cindy S. Cross,  
Assistant Secretary  
Heatherwood Retirement Investors LLC  
Attn: Teresa Thigpen  
3570 Keith Street NW  
Cleveland, Tennessee 37312

RE: Heatherwood Retirement Community  
3180 Horseshoe Pike  
Honeybrook, Pennsylvania 19344  
License #: 104550

Dear Ms. Cross:

As a result of the Department of Human Services' annual licensing inspection on March 1, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: HEATHERWOOD RETIREMENT COMMUNITY		License Number: 10455
Address: 3180 HORSESHOE PIKE, HONEY BROOK, PA 19344		County: Chester
Administrator: Susan Cacioppo		Region: CENTRAL
Legal Entity Name: HEATHERWOOD RETIREMENT INVESTORS LLC		
Legal Entity Address: 3570 KEITH STREET NW, CLEVELAND, TN 37312		
<b>Certificate(s) of Occupancy</b>		
C-2 12/31/1984 Labor and Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
03/01/2017: Heemer, Laura; Rosenblat, Dale		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50 Number of Residents Served: 19 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 10455 - 03/01/2017 - Heemer, Laura  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contracts for Residents 1, 2, and 3 were not signed by the Residents.

**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.*

*Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.*

- A. **With Respect to the Specific Residents Cited:**  
 Resident 1-signed [redacted] residency agreement (copy of signature page attached)  
 Residents 2 and 3-POA's requested that resident not sign the agreement as they were concerned that their parents would be upset by the details and amounts contained therein.
- B. **With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action:**  
 Moving forward, when/if a resident's Power of Attorney requests that the resident *not* sign the residency agreement, a separate documentation will be obtained and signed by the Power of Attorney to substantiate and document that request.
- C. **With Respect to What Systemic Measures have been put in place to Address the Stated Concern:**  
 All residency agreement signings are done by the Executive Director, or in the absence of the Executive Director, the Business Office Manager may serve as a designee.
- D. **With Respect to How the Plan of Corrective Measures will be Monitored:**  
 All residency agreements will be reviewed by Business Office Manager to verify proper signatures are in place and/or documentation of request *not* to obtain resident's signature if requested by resident's Power of Attorney. If Executive Director is not able to take part in the signing of the residency agreement and the Business Office Manager serves as surrogate, the Executive Director will review upon return to the community before the file is completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan W. Cacioppo, RN*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Susan W. Cacioppo, RN, PCA, ED* Date *3.23.17*

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

The above plan of correction is approved as of 4/18/17  
 (Date)

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

Plan of correction implementation status as of 4/18/17  
 (Date)

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

Violation Report: 10455 - 03/01/2017 - Heemer, Laura  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 3/1/2017, the 200 ML Bottle of Cheratussin prescribed to Resident 2 contained 140 ML of the remaining medication. The actual amount in the bottle did not match the Resident's Narcotic Record Sheet that recorded 125 ML of the medication as remaining.

**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.*

*Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.*

**A. With Respect to the Specific Residents Cited:**  
 Resident #2

**B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action:**

All liquid medications in a multidose vial will utilize a syringe for dosing to ensure accurate measurement of liquid with each dose. Staff will be educated to set liquid vials on a level surface and visualize the level of the liquid at eye level to ensure accuracy.

**C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:**

Staff will be educated to set liquid vials on a level surface and visualize the level of the liquid at eye level to ensure accuracy. Staff will be educated to bring any discrepancies controlled substances, including those measured in milliliters to the Resident Care Director's attention immediately so that an investigation as to cause can be initiated. Mandatory staff meetings are scheduled for March 29 to make sure all staff are aware and competent in the dosing accuracy and apprised of the imperative to communicate any discrepancies in controlled substances to the Resident Care Director.

**D. With Respect to How the Plan of Corrective Measures will be Monitored:**

Resident Care Director will participate in Resident's Narcotic Count for each resident utilizing controlled substances at least once/week to be able to identify any procedural errors.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Susan W. Cacioppo, RN*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Susan W. Cacioppo, RN, PCA, ED* Date *3.23.17*

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

The above plan of correction is approved as of 3/27/17  
 (Date)

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

Plan of correction implementation status as of 4/18/17  
 (Date)

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

Violation Report: 10465 - 03/01/2017 - Heemer, Laura  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

**2a. DESCRIPTION OF VIOLATION**

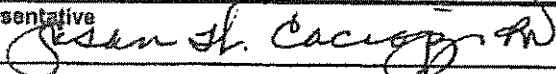
The preadmission screening form for Resident 3 does not include the date the form was completed.

**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.*

*Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.*

- A. With Respect to the Specific Residents Cited:**  
Resident #3
- B. With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action:**  
Executive Director will review all prescreening admission forms for completion prior to completing resident file to identify any errors/omissions.
- C. With Respect to What Systemic Measures have been put in place to Address the Stated Concern:**  
Community has adapted the standard of second review for all DHS forms prior to completion of the resident's chart.
- D. With Respect to How the Plan of Corrective Measures will be Monitored:**  
Executive Director will audit the initial and annual DHS forms, prescreening and RASP upon completion and prior to completion of resident's chart.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/11/2016	
Signature of Legal Entity Representative (Required on EVERY Page)			
			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Susan W. Caciaro, RN, PCA, ED			3.23.17
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of		<u>3/27/17</u> (Date)	Plan of correction implementation status as of <u>4/18/17</u> (Date)
The above plan of correction was approved by		<u>BS</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