



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 18 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' annual licensing inspection on March 22, 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.

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: 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 18255		
Certificate(s) of Occupancy C-2 12/05/2000 Department of L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 121 Waking Staff: 91		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/22/2017: Hummel, Jesse; 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: 85 Secured Dementia Care Unit in Home: Yes Area: Secured wing Secured Dementia Unit Capacity, if Applicable: 42 Number of Residents Served in Secured Dementia Care Unit, if applicable: 27 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 23		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 36 Have a Physical Disability: 1

Denise M Langman, Executive Director

Denise M Langman 3-29-17

Violation Report: 22512 - 03/22/2017 - Hummel, Jesse
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The facility is heated by liquefied petroleum gas fired boiler systems. The facility has installed carbon monoxide detectors near each boiler, however the detectors are installed closer than 15 feet of each boiler. The Care Facility Carbon Monoxide Alarms Standards Act requires each fossil fuel burning device have a carbon monoxide detector installed in close proximity of the device but no closer than 15 feet from the device.

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.

2600.18
 The Carbon Monoxide Detectors will be moved to 16 feet from each affected fuel burning device to meet the recommendations of the Care Facility Carbon Monoxide Alarms Standards Act. Attachment 1A


This will be completed by April 14, 2017.
The home will send a digital photo of the change to the Northeastern Regional Office upon completion. 4-4-17

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 Denise M Langman, Executive Director Date *3-29-17*
 (Required on EVERY Page)

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

The above plan of correction is approved as of <u>4-3-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>4-4-17</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 - 03/22/2017 - Hummel, Jesse
 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
 Resident #1 is Prescribed Humalog Insulin based on a sliding scale of the resident's blood glucose levels. The resident's current insulin bottle was opened on 2/15/17. The manufacturer's instruction indicate to discard any unused medication 28 days after opening the container. The insulin expired on 3/14/17. It was determined the facility administered expired insulin to the resident on ~~2/16/17~~ at bedtime, ~~2/19/17~~ at 5:00pm, ~~2/19/17~~ at bedtime and ~~2/19/17~~ at bedtime. 3/18/17

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.
Please note the above violation is documented incorrectly based on my exit interview I plan the following:


2600.183(d)
 *All medication administrators have been re-in serviced, (Attachment #2A), on Insulin shelf life and our updated protocols with cart checks (attachment #2B, 2C) to insure on-going compliance.
 Reminders have been set in Tabulapro for each person receiving insulin as to when the insulin must be reordered based on date opened to maintain compliance with expiration dates per manufacturers recommendations.
 The Resident Care Director has reviewed all cart checks and updated them based on these findings. The cart check procedures were reviewed and updated (Attachment # 2B,2C) to insure all areas of error have been included. Cart checks will be monitored by the RCD or designee weekly.
 The expired insulin was removed from the building.
 Executive Director or designee will monitor for on-going compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/31/2016

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

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

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Violation Report: 22512 - 03/22/2017 - Hummel, Jesse
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed two loose individual tablets at the bottom of the medication cart drawer. The tablets were determined to be a ferrous sulfate 325mg tablet as well as a Tylenol 325mg tablet. The facility is responsible for the safe, organized and sanitary storage of resident medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.183(e)

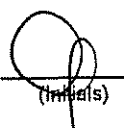
The community will work with the pharmacy in maintaining the medication carts organization when changing over cycle fill.
 PRN medications will be reviewed and monitored monthly by the RCD or designee for non-usage and follow through with prescribing physician to eliminate unnecessary cards/meds in the drawers.
 We have discussed a stronger packaging option for the medications with the pharmacy to help eliminate medications popping out in the carts.
 Monitoring of carts for lost pills were added to the weekly cart check procedures. (Attachment #2B)
 Executive Director or designee will monitor for on-going compliance.

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

Printed Name and Title of Legal Entity Representative Denise M Langman, Executive Director Date *3-29-17*
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Violation Report: 22512 - 03/22/2017 - Hummel, Jesse
 PCH Name: HERITAGE HILL SENIOR 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
 Resident #2 is prescribed Codeine/GG Solution 10-100/5 - take 1 teaspoonful by mouth three times a day as needed for cough.
 Resident #3 is prescribed Acetaminophen 325mg - 2 tablets every 4 hours as needed for elevated temperature.
 The facility does not have either of these medications on hand for the residents they are prescribed for.

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.


2600.185(a)
 The violation was corrected on site at the time of the inspection as the physician was contacted and discontinued the cough syrup due to non-use. The cart check audit tool has been updated to assist in meeting regulatory requirements, (Attachment # 2B/2C). The medication administration staff have been in-serviced, (attachment # 2A) on the importance of performing the scheduled cart checks accurately to avoid errors like this from occurring.
 PRN medications will be reviewed and monitored monthly by the RCD or designee for non-usage and follow through with prescribing physician to eliminate unnecessary medications in the drawers.
 Executive Director or designee will monitor for on-going compliance.

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Violation Report: 22512 - 03/22/2017 - Hummel, Jesse
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

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

Resident #4 is prescribed Humalog Insulin based upon a sliding scale of the resident's blood glucose level. The facility is not documenting the number of units of insulin administered to the resident on the resident's Medication Administration Record (MAR) as required.

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(a)

The violation occurred due to the pharmacist who entered the medication neglected to check the box that shows number of units and site of administration on the printed EMAR.

The system itself does not allow a medication administrator to move forward in the EMAR medication system without properly documenting the number of units given and site of administration of the insulin. This was noted with inspectors upon the pharmacy correcting their error.

The Resident Care Director will monitor new orders for accu-checks or insulin on our MARS to insure the information is printable.

Executive Director or Designee will monitor for continued compliance

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/31/2016


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