



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to HEATHER GLEN SENIOR LIVING LLC  
LEGAL ENTITY

To operate HEATHER GLEN SENIOR LIVING  
NAME OF FACILITY OR AGENCY

Located at 415 BLUE BARN ROAD, ALLENTOWN, PA 18104  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 120  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)  
**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 48**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 29, 2018 until January 29, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226820**

Robert E. Robinson  
ISSUING OFFICER

Tina L Long  
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**JAN 29 2018**

Mr. Richard M. Koze,  
Owner  
Heather Glen Senior Living, LLC  
5930 Hamilton Boulevard  
Wescosville, Pennsylvania 18106

RE: Heather Glen Senior Living  
415 Blue Barn Road  
Allentown, Pennsylvania 18104  
License #: 226820

Dear Mr. Koze:

As a result of the Department of Human Services' (Department) annual licensing inspections on October 17, 2017 and December 14, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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,



Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

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 home does not have the Influenza poster posted as required by The Influenza Awareness Act.

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 home's administration was not aware of The Influenza Awareness Act that was enacted prior to licensure.

Posters required by The Influenza Awareness Act were posted upon being informed. Posted on 10/17/2017.

Influenza posters will remain posted.

Administrator will be responsible for preventing future violations.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Daniel C Frost Executive Director Date 11/9/17

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

The above plan of correction is approved as of 11-29-17  
 (Date)

Plan of correction implementation status as of 12-14-17  
 (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: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION  
 The home has not provided Resident #1 & #2 or the residents' POA's with an itemized account of financial transactions made on the resident's behalf for the June to September, 2017 quarter.

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.

2600.20(b)(8)

The home began allowing resident accounts in June 2017.

The forms for quarterly accounts were given to resident and the resident's responsible party for the June to September quarter. Completed on 11/01/2017.

Quarterly statements will be presented in January, April, July, and October each year.

Administrator or designee will be responsible for assuring statements are presented.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost Executive Director</i>	Date <i>11/9/17</i>
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 (Date)

Plan of correction implementation status as of 12-14-17  
 (Date)

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

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

Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION  
 The cupboard doors under the sink in the Secured Dementia Care Unit were left unlocked with the following chemicals being stored in the cupboard: Uni dry Heavy Duty Acid, Destroyer for dishwashers, and Dawn dish liquid. The residents of the SDCU have been assessed incapable of recognizing and using poisons safely.

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.

2600.82(c)

During the dinner meal the cabinet was unlocked to use the dish detergent and was left unlocked.

Chemicals are secured in the locked cabinet. Locking cabinets containing chemicals have been posted with a notice to "Please Keep Locked When Not in Use"

Cabinets containing chemicals will be monitored on a daily basis to assure chemicals are secured and cabinets are locked.

Administrator or designee will be responsible for assuring cabinets are locked.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Daniel C Frost Executive Director* Date *11/9/17*

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Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The garbage can in the kitchen was uncovered allowing for the the penetration of insects and rodents.

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.

2600.85(d)

During the dinner meal the trash can was removed from the cabinet and left without a lid.

A trash can with lid has been purchased for use during meal times.

Trash can with lid will be used when in open area.

Administrator or designee will be responsible for assuring trash can with lid to prevent penetration of insects and rodents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Daniel C Frost, Executive Director* Date *11/9/17*

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 The first aid kit in the SDCU did not contain protective eye coverings.

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.

2600.96(a)

The first aid kit contained an eye patch as the eye covering.

A pair of protective goggles were inserted into the first aid kit during the survey as requested.

Protective goggles have been added to the first aid kit and the inventory sheet.

Administrator or designee will be responsible for assuring protective eye coverings are in the first aid kit.

*as well as all other required items. Cf. 11-29-17*

Repeat Violation; No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Daniel C Frost Executive Director* Date *11/9/17*

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 (Initials)

Plan of correction implementation status as of 12-14-17  
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22882 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 56 Pa.Code §2600  
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION  
 The walk in cooler contained 3 plates of spaghetti and meatballs that were not covered.

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.

2600.96(a)

Plates were placed in the walk-in refrigerator without covering.

Food Service Director discarded the 3 plates of uncovered spaghetti and meatballs.

Food service staff have been instructed on protecting food from contamination while being stored, prepared, transported, and served.

Food Service Director or designee will be responsible for assuring stored food is covered.

Administrator will oversee to ensure ongoing compliance.

*CP* 11-29-17

Repeat Violation: No	Data(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Daniel C Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost Executive Director</i>	Date <i>11/9/17</i>
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Violation Report: 22882 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2800  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 The refrigerator/freezer located in the SDCU community D & C did not contain a thermometer.

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.*

2600.103(f)

Thermometers were missing from some of the refrigerators and freezers in the SDCU kitchens.

Thermometers were inserted into each refrigerator and freezer in the SDCU.

Refrigerators and Freezers will be monitored to assure thermometers are present

Resident Care Coordinator or designee will be responsible for assuring thermometers are present.

*Admission Director will oversee to ensure ongoing compliance.*

*Op 11-29-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Daniel Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C. Frost, Executive Director</i>	Date <i>11/9/17</i>
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Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The following food items were not sealed or in a sealed container: corn meal, no lid on the container in the dry storage; Hershey's Cocoa, the bag was not sealed in the dry storage; and, bag of chicken tenders, not sealed in the freezer.

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.*

2600.103(g)

Food items in the kitchen were not in sealed containers.

Food items not stored in closed or sealed containers were closed or placed into sealed containers.

All food items will be stored in closed or sealed containers.

Food Service Director or designee will be responsible for assuring food items are in closed or sealed containers.

*The Administrator will oversee to ensure ongoing compliance. Cf. 11-29-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniel C Frost Executive Director* Date *11/9/17*

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Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION  
 5 bags of frozen chicken chili was located on the counter of memory care unit E.

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.

2600.103(h)

5 bags of frozen chicken chili were removed from the freezer and placed on the counter to be thawed.

Frozen items were placed into the refrigerator to be thawed.

All food will be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Food Service Director or designee will be responsible for assuring food items are thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

*Administrators will oversee to ensure ongoing compliance*  
*OP. 11-29-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost, Executive Director</i>	Date <i>11/9/17</i>
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 (Date)

Plan of correction implementation status as of 12-14-17  
 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22882 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 The following food items were not labeled or dated: container of sesama seeds, container of silvered almonds, bags of pasta, bag of Hershey's Cocoa, chicken tenders in the freezer.

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.

2600.103(i)

The effected food items were not labeled or dated.

The effected items were discarded.

All food items will be labeled and dated.

Food Service Director or designee will be responsible for assuring food items are labeled and dated.


Administrator will oversee to ensure ongoing compliance.  
 11-29-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost, Executive Director</i>	Date <i>11/9/17</i>
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Violation Report: 22882 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

**2a. DESCRIPTION OF VIOLATION**  
 The gas fired fire place located in the lobby of the home measured 147 degrees Fahrenheit on the metal perimeter of the fireplace, no screens were in place.

**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.*

2600.103(i)  
 The fireplace has a secure front and guard.

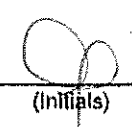
Three paneled fireplace screens have been placed in front of fireplace.  
 Fireplace will have screen placed in front of secured front and guard.  
 Administrator or designee will be responsible for assuring screens are placed in front of fireplace.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Daniel C Frost Executive Director	Date 11/9/17
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Violation Report: 22882 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION  
 The ansul fire extinguisher system over the stove/grill has not been inspected.

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.

2600.131(f)  
 The ansul fire extinguisher system was not inspected timely.

The contract to inspect the ansul system was signed on 10/16/17. The inspection has been scheduled for 11/10/17.

The fire extinguishers and ansul system will be inspected annually.

Administrator or designee will be responsible for assuring inspections are completed annually.

*The Administrator will send a copy of the current inspection performed post 10-16-17 to the Northeast Regional office 11-29-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Daniel C Frost*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Daniel C Frost, Executive Director* Date *11/9/17*

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Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3's previous medical evaluation on 5-22-17 does not have a blood pressure or temperature recorded. The current medical evaluation completed on 9-11-17 does not have medications attached or diagnoses listed.

**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.*


2600.141(a)(2)

The medical evaluations were not reviewed for completeness.


The medical evaluations will be audited by the Resident Care Coordinator and/or Director of Wellness to assure all required information is contained on the DME.

All DMEs will be reviewed to assure completeness by RCC and/or DOW.

Director of Wellness or designee will be responsible for assuring DME is complete.

*Administrator will oversee to ensure ongoing compliance*  
  
 11-29-17


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Daniel Frost, Executive Director	Date 11/9/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-29-17  
 (Date)  
*new violation*

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 1-5-18  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress - ERROR

Not Implemented

Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION  
 At approximately 12:20pm staff person A was observed smoking in the home's parking lot; the facility does not allow smoking on the property.

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.*

2600.144(c)(1)

Smoking is not allowed on the property. Staff are instructed to smoke in their vehicle or off property.

Staff have been re-educated on the smoking policy.

Staff will smoke in their vehicle or off property.

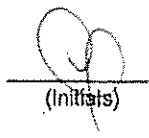
Administrator or designee will be responsible for assuring compliance with smoking policy.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Danell Frost Executive Director	Date 11/9/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>11-29-17</u> (Date)	Plan of correction implementation status as of <u>12-14-17</u> (Date)
The above plan of correction was approved by  (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: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**  
 The menu posted was for 10/8/17-10/22/17, the home did not have the following weeks menu posted.

**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.

2600.162 (c)

Two weeks menus were posted but the following week had not been changed.

Current week and following week menus will be posted.

Menus will be changed on a weekly basis to include the current week and following week.

Dining Service Director or designee will be responsible for assuring menus are posted.

*Administrator will oversee to ensure ongoing compliance. 11-29-17.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C. Frost, Executive Director</i>	Date <i>11/9/17</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>11-29-17</u> (Date)  The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>12-17-17</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: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

**2a. DESCRIPTION OF VIOLATION**  
 Staff person B who is the driver has not been trained as a direct care staff person.

**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.

2600.171 (b)(4)

Staff person B had not been trained as a direct care staff person.

Staff person B has been trained as a direct care staff person.

Staff persons or volunteers providing transportation will be trained on the new hire direct care staff training.

Administrator or designee will be responsible for assuring drivers are trained on the direct care staff person training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Daniel C Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost Executive Director</i>	Date <i>11/9/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-29-17  
 (Date)

Plan of correction implementation status as of 12-14-17  
 (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: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION  
 It has been determined through staff interviews that the following is done when a resident leaves the facility for a period of time and needs their medications: If the medications are packaged in blister packs or bottles the home will remove the medication from its original container and pop or pour the appropriate amount of pills into a plastic bag label it and give it to the family members.

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.*

2600.183 (a)(1)

Staff did not follow the home policy for Medication Release.

Staff have been instructed and educated to the home policy for Medication Release.

Staff will follow the home's policy for Medication release.

Director of Wellness or designee will be responsible for assuring Medication Release policy is followed.

*Policy included.  
 Administrator will oversee to ensure ongoing compliance. 11-29-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost Executive Director</i>	Date <i>11/9/17</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>11-29-17</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>12/14/17</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: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2500  
 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 #4's medications were located in the medication cart, the resident has been in the hospital since 10/10/17.

Resident #6's PRN tylenol was discontinued on 10/4/17 but was still present in the medication 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.

2600.183 (d)

Staff did not follow the home policy for Medication Disposal.

Staff have been instructed and educated to the home policy for Medication Disposal.

Staff will follow the home's policy for Medication Disposal.

Director of Wellness or designee will be responsible for assuring Medication Disposal policy is followed.

*Policy included.*

*Administrator will oversee to ensure ongoing compliance. Cp. 11-29-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Daniel C Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost, Executive Director</i>	Date <i>11/9/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-29-17  
 (Date)

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

Plan of correction implementation status as of 12-14-17  
 (Date)

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

Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #6's lantus solostar insulin pen was not initiated by the staff person who opened the pen.

**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 (a)  
 Staff did not follow the home policy for Labeling Medications.

Staff have been instructed and educated to the home policy for Labeling Medications.  
 Staff will follow the home's policy for Labeling Medications.  
 Director of Wellness or designee will be responsible for assuring Labeling Medications policy is followed.  
*Policy included*  
*The Administrator will oversee to ensure ongoing compliance. Op. 11-29-17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost, Executive Director</i>	Date <i>11/9/17</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>11-29-17</u> (Date)	Plan of correction implementation status as of <u>12-14-17</u> (Date)
The above plan of correction was approved by <u>Op</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: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

**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 #7's glucometer is not calibrated to the correct time and date, the blood glucose reading completed on 10/16/17 indicates the reading was completed on 1/20 at 12:04pm in the glucometer.

The home's narcotic policy notes the oncoming and offgoing staff person will sign the controlled medication log. On 10/14/17 & 10/15/17 the on coming staff person did not sign the log.

**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)

Staff did not follow the home policy for Glucometer Testing.

Glucometer was calibrated to correct date and time. Staff have been instructed and educated to the home policy for Glucometer Testing.

Staff will follow the home's policy for Glucometer Testing.

Director of Wellness or designee will be responsible for assuring Glucometer Testing policy is followed.

*Policy included.*

*Administrator will oversee to ensure ongoing compliance. Of 11-29-17.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Daniel C Frost, Executive Director*

Date

*11/9/17*

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

The above plan of correction is approved as of

*11-29-17*  
 (Date)

*New unrelated violation*

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

Plan of correction implementation status as of *10/17/17*  
 (Date)

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

Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

**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 #7 has an order for blood glucose readings 3x weekly. On 10/11/17 at 10am the MAR indicated a reading of 126 however 132 was noted in the glucometer. On 10/13/17 at 10am the MAR indicated a reading of 76 however no reading was in the glucometer.

**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)

Staff did not follow the home policy for Glucometer Testing and Physician Orders.

MAR and Glucometer audit was completed. Staff have been instructed and educated to the home policy for Glucometer Testing and Physician Orders.

Staff will follow the home's policy for Glucometer Testing and Physician Orders.

Director of Wellness or designee will be responsible for assuring Glucometer Testing and Physician Order policy is followed.

*Policy included  
 Administrator will oversee to ensure ongoing compliance*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Danell Frost Executive Director</i>	Date <i>11/9/17</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>11/29/17</u> (Date)	Plan of correction implementation status as of <u>12/14/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #8 refused the prescribed levothyroxine and risperdone on 10/9/17; the prescriber was not notified regarding the refusals.

**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 (c)

Staff did not follow the home policy for Medication Refusal.

Staff have been instructed and educated to the home policy for Medication Refusal.

Staff will follow the home's policy for Medication Refusal.

Director of Wellness or designee will be responsible for assuring Medication Refusal policy is followed.

*Policy included.  
 Administrator will oversee to ensure ongoing compliance. CP. 11-29-17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Daniel Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniel C Frost Executive Director*      Date *11/9/17*

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

The above plan of correction is approved as of 11-29-17 (Date)  
*new violation*

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

Plan of correction implementation status as of 12/4/17 (Date)  
*1-5-18*

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress *ERROR*

Not Implemented

Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa. Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #7 has an order for blood glucose readings 3x weekly. On 10/13/17 at 10am the blood glucose reading was not completed.  
 Resident #5 has an order for fentanyl patch every 72 hours remove old patch, on 10/13/17 2 patches were found on the residents body.  
 Resident #8 has a physician's order for Lorazepam 0.5mg to be administered one tablet by mouth at bedtime. On the following days the resident received an additional dose in the morning: 8/9, 8/10, 8/11, 8/12, 8/13, & 8/14/17. On 8/22/17 the resident did not receive any of the medication.

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 did not follow the home policy for Physician Orders.  
 Staff have been instructed and educated to the home policy for Physician Orders.  
 Staff will follow the home's policy for Physician Orders.  
 Director of Wellness or designee will be responsible for assuring Physician Orders policy is followed.

Policy included.  
 Administrator will oversee to ensure ongoing compliance. Cp. 11-29-17.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Samuel C Frost, Executive Director*      Date *11/9/17*

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

The above plan of correction is approved as of 11/29/17  
 (Date)

*new violators*

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

Plan of correction implementation status as of 12-14-17  
 (Date)

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

*1-5-18 CP*

Violation Report: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
 Resident #3's medical evaluation dated 9-11-17, states the resident can self-medicate his/her medications. The resident's Resident Assessment and Support Plan has not been updated to reflect the physician's order.

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.

2600.227 (d)

Staff did not document in the Resident's support plan for a change in Physician Orders related to self-medicate of medications.

RASP was updated immediately to reflect resident ability to self-medicate.

Staff will update the RASP to include services provided and reflect physician orders.

Director of Wellness or designee will be responsible for assuring RASP updated and policy is followed.

*Policy included  
 Administrator will oversee to ensure ongoing  
 compliance. D. 11-29-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C. Frost Executive Director</i>	Date <i>11/9/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11-29-17  
 (Date)

Plan of correction implementation status as of 12-14-17  
 (Date)

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

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

Violation Report: 22882 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa. Code §2600  
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
 None of the resident's living in the Secure Dementia Care Unit have documentation that the residents or their designees did not object to the residents transfer to the secure dementia care unit.

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.*

2600.231 (e)

Addendum I "Consent to Live in a Secured Dementia Unit" was not included in the original resident agreement.

"Consent to Live in a Secured Dementia Unit" has been reviewed with the residents and residents' designated person.

Addendum I "Consent to Live in a Secured Dementia Unit" has been added the Home Contract for future admissions to the SDCU.

Administrator or designee will be responsible for assuring that Addendum I "Consent to Live in a Secured Dementia Unit" is reviewed with SDCU residents and residents' designated person at time of admission.

document included. *CP* 11-29-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Daniel Frost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel Frost Executive Director</i>	Date <i>11/9/17</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>11-29-17</u> (Date)	Plan of correction implementation status as of <u>12-14-17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 22682 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

**1. REGULATION 65 Pa.Code §2600**

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**2a. DESCRIPTION OF VIOLATION**

The home has a courtyard outside of its secured dementia unit with a gate to exit. The door to come back into the home and the gate is locked by a keypad and the code to the keypad is not posted near the device.

The exit door in C wing of the memory care unit that is equipped with a key pad which exits to the parking lot does not have the code posted to operate the key locking 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.*

2600.233 (c)

Codes were not present on the gate to the Fire Lane, Entry into the building, or exit to the Parking Lot.

Encrypted exit door codes have been posted with labels on the keypads and/or magnetic locking device.

Directions for operation will be posted near the device.

Administrator or designee will be responsible for assuring posting of directions for operation of locking device.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 04/26/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Daniel C Frost, Executive Director

Date 11/9/17

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

The above plan of correction is approved as of 11-29-17  
 (Date)

Plan of correction implementation status as of 12-14-17  
 (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: 22882 - 10/17/2017 - Novak, Ryan  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION  
 Resident #8 was admitted into Hospice on [redacted] 17. The resident's RASP, dated 6-9-17 has not been updated to reflect the resident is currently receiving hospice services.

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.

2600.234 (d)

The home was aware and brought to the attention of the surveyors that the RASP for the resident had not been updated regarding the resident receiving Hospice services.

The RASP was updated on 10/17/2017 to reflect that the resident was receiving Hospice services.

The Support Plans will be revised as the resident's condition changes.

Director of Wellness or designee will be responsible for assuring resident condition changes are revised in the RASP.

*document included.*

*Administrator will oversee to ensure ongoing compliance. [Signature] 11-29-17*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/26/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Samuel Frost Executive Director</i>	<i>11/9/17</i>

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

The above plan of correction is approved as of 11-29-17  
 (Date)

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

Plan of correction Implementation status as of 12-7-17  
 (Date)

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



Violation Report: 22682 - 12/14/2017 - Foulkes, Kimberli  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluations for resident # 1 dated 9/11/17, resident # 2 dated 9/5/17, and resident # 3 dated 7/19/17, do not include section (4) medication addendum. These were not attached to the medical evaluations, nor were they in the same section of the resident's records.

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.*

2600.141(a)(2)

Staff removed the medication addendum and placed it in the orders section of the chart.

Chart audits have been completed on all Personal Care and Memory Care charts.

Corrections have been made to all charts to ensure medication addendum and diagnosis are attached to all DMEs.

(Please see attached audits and documentation) *450*

Audits will be conducted on all new admissions to ensure medication addendum and diagnosis are attached to all DMEs.

Director of Wellness will be responsible for preventing future violations.

*Administrator will oversee to ensure ongoing compliance. Op*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniel C Frost, Administrator* Date *1/3/2018*

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

The above plan of correction is approved as of <u>01-05-18</u> (Date)	Plan of correction implementation status as of <u>1-5-18</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 22682 - 12/14/2017 - Foukes, Kimberl

PCH Name: HEATHER GLEN SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

Resident #4 requires medication administration. On 11/30/17 the resident was prescribed Xeroform dressing to right knee wound bed once daily. According to the home the nurse administered, however due to it not appearing on the medication administration record the nurse did not document the administration.

**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.*

2600.182(c)

Meeting held with Pharmacy to educate Director of Wellness on procedure for entering Physician orders into EMARs when pharmacy is closed.

Staff educated to notify DOW when orders are received after pharmacy business hours.

Orders since education was conducted, have been entered by DOW. *Training done 1-2-18 (Cp)*

(Please see attached education and documentation) *Yes*

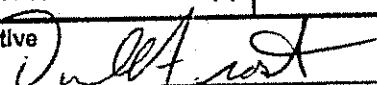
Director of Wellness will be responsible for preventing future violations.

*Administrator will oversee to ensure ongoing compliance. Cp*

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Daniel C Frost Administrator*

Date

*1/3/2018*

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*1-5-18*  
(Date)

Plan of correction implementation status as of

*1-5-18*  
(Date)

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(Initials)

Violation Report: 22882 - 12/14/2017 - Foulkes, Kimberli  
 PCH Name: HEATHER GLEN SENIOR LIVING

**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 #5 has a physician's order for blood glucose monitoring daily. On 12/10/17 at 9:31am the resident's blood glucose in the resident's glucometer was 162 and 164 was documented on the resident's medication administration record.

**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)

Staff educated to document glucose reading immediately to ensure they are documenting correctly.

Staff educated to notify DOW when documented incorrectly for immediate corrections. *Training 01-2-18- (cc)*

Resident Care Coordinator will conduct monthly audit of all glucometers and accucheck documentation for four (4) months. All findings from audits will be reviewed by DOW.

(Please see attached education and documentation) *Yes*

Director of Wellness will be responsible for preventing future violations.

*Administrator will oversee to ensure ongoing compliance. CP*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost Administrator</i>	Date <i>1/3/2018</i>
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Violation Report: 22682 - 12/14/2017 - Foulkes, Kimberli  
 PCH Name: HEATHER GLEN SENIOR LIVING

**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 on 11/30/17 was prescribed Xeroform dressing to right knee wound bed once daily. This order did not appear on the resident's medication administration record until 12/7/17.

Resident #6 has a physician's order dated 12/14/17 for Quetiapine Fumarate 25mg tablet, take one tablet by mouth two times daily, 8am and 8pm. Staff person A initiated the medication was administered on 12/13/17 at 8am however the medication had yet to be delivered to the home at this time.

Resident #7 is prescribed Fluticasone Prop 50 mcg spray every day at 8am. On 12/14/17 staff person B could not locate the resident's medications and did not administer it. This staff documented on the medication administration twice, indicating "12/14/17 9:37am withheld per doctors orders" and "12/14/17 9:37am not available to give". There was no physician's orders to withhold the medication.

**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 see attached response and documentation*

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

*Daniel C Frost, Administrator*

Date

*1/3/2018*

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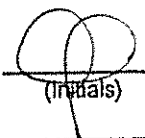
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2600.187(a)

Resident #7 physician was notified of missed dose and reported to state.

Meeting held with Pharmacy to educate Director of Wellness on procedure for entering physician orders into EMARs when pharmacy is closed.

Staff educated on procedure for ordering medications when not available and notifying the physician when refill scripts are needed. Training 1-2-18 C

Staff educated on obtaining hold orders when medication is not available as well as notifying physician for missed doses.

(Please see attached education and documentation) Yes

Director of Wellness will be responsible for preventing future violations.

Administrator will oversee to ensure ongoing compliance.

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1-5-18

Violation Report: 22682 - 12/14/2017 - Foulkes, Kimberli  
 PCH Name: HEATHER GLEN SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

On 21/2/17, 12/0/17, and 12/11/17 at 5pm, resident #6 refused to take a scheduled dose of Fish Oil 1,000mg. The home did not report the refusal to the resident's doctor 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(c)

Staff Reeducated on procedure for notifying physician for all medication refusals until physician states they do not wish to be notified.

Staff educated to document when physician requests to not be notified to document in the resident chart. *Training 1-2-18*


(Please see attached education and documentation) *Yes.*

Director of Wellness will be responsible for preventing future violations.

Repeat Violation: No

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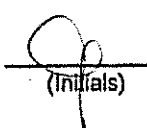
*Daniel C Frost Administrator*

Date *1/3/2018*

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Violation Report: 22682 - 12/14/2017 - Foulkes, Kimberli  
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2800  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed Fluticasone Prop 50 mcg spray every day at 8am. On 12/14/17 staff person B could not locate the resident's medications and did not administer it.

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 educated to notify the pharmacy immediately if medication is not available.

Staff educated to notify ordering physician when an ordered dose is missed.

Staff educated on steps to follow when medication is not made available at the time for medication to be administered. *All training on 1-2-18*

(Please see attached education and documentation) *yes*

Director of Wellness will be responsible for preventing future violations.

*Administrator will oversee to ensure ongoing compliance. CP*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniel C Frost, Administrator* Date *1/3/2018*

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