



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 25, 2018**

Ms. Cindy A. 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' licensing inspection on October 24, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Patricia Adams". The signature is written in a cursive style with a large, stylized "P" and "A".

Patricia Adams  
Regional Licensing Director

Enclosure  
Licensing 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: LaMia Johnson		Region: SOUTHEAST
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 LP 12/31/1984 Labor and Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/24/2017: Gray, Dean		
<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: 25 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: 11	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 10455 - 10/24/2017 - Gray, Dean  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
 The home has a well developed policy on reportable incidents including the necessary procedures to follow to prevent, report, notify, investigate and manage reportable incidents. The home has not fully implemented this policy.

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.*

On, 11/22/17, all associates received reeducation from the Executive Director on the written policies and procedures on the prevention, reporting, notification, investigation, and management of reportable incidents and conditions. Please see attached education sign-in sheet.

Reportable incidents policy was implemented immediately by Executive Director.

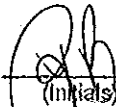
In addition, all incidents are discussed during 9:30a daily stand up meeting to maintain compliance.

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) Latikia Johnson, Executive Director	Date 12/18/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>1/16/18</u> (Date)	Plan of correction Implementation status as of <u>1/12/18</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: 10456 - 10/24/2017 - Gray, Dean  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

**1. REGULATION 56 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 - Approximately two months ago Resident #1 reported that money went missing from their room. The home did not submit an incident report to the Department.  
 - Somewhere between three and five months ago Resident #2 reported that money went missing from their room. The home did not submit an incident report to the Department.

**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.*

Incident was reported to the state police when the incident occurred.  
 Incident was reported to the Department's regional office on 11/10/17. Please see attached incident report.  
 Reportable incidents will be reported by the Executive Director or designee within 24hr of occurrence.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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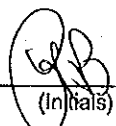


Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Laminia Johnson, Executive Dir Date 12/18/17

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 (Date)

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 (Date)

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 (Initials)

- Fully Implemented
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Violation Report: 10455 - 10/24/2017 - Gray, Dean  
 PGH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2800  
 2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION

None of the residents interviewed on 10/24/17 have been educated on the fact that the home offers a lock box to safeguard valuables.

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.*

We believe this violation is incorrect.

Upon admission, all residents receive as part of their residency agreement a copy of the PA Resident Rights. These rights are reviewed with the resident during the agreement signing process. Please see attached Appendix E.

Resident's will be re-educated on their rights at the next Resident's Council meeting on 1/8/18.

Ongoing, all new residents will continue to be apprised of their rights during the residency agreement signing.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lamia Johnson, Executive Director	12/18/17

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 (Date)

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 (Initials)

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Violation Report: 10455 - 10/24/2017 - Gray, Dean  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

**2a. DESCRIPTION OF VIOLATION**  
 Staff member A, hired on 05/08/17, did not have a criminal background check 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.

We believe this violation is incorrect.  
 Staff Member A was hired on 5/8/17. Criminal check was completed 5/5/17. Please see attached criminal check.  
 Ongoing, all new hires will continue to have a criminal background check completed prior to hire.

Moving forward all records will be audited monthly to ensure criminal checks are in staff records.  
 During the Exit Conference the administrator will inform the department representative of any oversights.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Carliia Johnson, Executive Director Date 12/18/17

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Violation Report: 10455 - 10/24/2017 - Gray, Dean  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

- Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.
- Direct care staff person B does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

**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.*

A copy of Staff person A's emergency medical responder registration was added to her employee's personnel file. Please see attached.

A copy of Staff Person B's high school diploma has been added to employee's personnel file. Please see attached.

On 10/30/17, the Business Office Manager received reeducation by the Executive Director on the need to obtain proof of education prior to hiring potential employees.

Ongoing, all new hires over the age of 18 will be required to provide proof of education for inclusion in their personnel file.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Calvin Johnson Date 12/18/17

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Violation Report: 10455 - 10/24/2017 - Gray, Dean  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**


- Staff person B, whose first day of work was 05/01/17, did not receive orientation in general fire safety and emergency preparedness until 05/10/17.  
 - Staff person C, whose first day of work was 06/19/17, did not receive orientation in general fire safety and emergency preparedness until 07/12/17.

**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.*

On 10/30/17, the Business Office Manager received reeducation by the Executive Director on the need for employees to receive general fire safety and emergency preparedness training prior to or during the first work day.  
 Ongoing, all new hires will receive orientation in general fire safety and emergency preparedness prior to or during the first work day.

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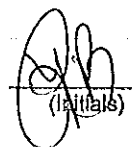
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Larnia Johnson, Executive Director Date 12/18/17

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Violation Report: 10455 - 10/24/2017 - Gray, Dean  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person B, hired on 05/01/17, has not completed the department approved direct care training course.

**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.*

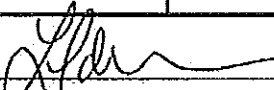
Direct care staff person B completed the department approved direct care training course and competency test on 11/9/17. Please see attached.

On 10/30/17, the Business Office Manager received reeducation by the Executive Director on the need for all direct care staff persons to complete the department approved direct care training course and competency test prior to performing ADL job duties. Ongoing, all new hire direct care staff persons will provide proof of completing the department approved direct care training course and competency test to the Business Office Manager prior to performing ADL job duties for inclusion in their personnel file.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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


Camia Johnson, Executive Director

Date 12/18/17

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Violation Report: 10455 - 10/24/2017 - Gray, Dean  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

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

2a. DESCRIPTION OF VIOLATION

On 10/24/17 approximately three dozen 4 ounce strawberry ice cream cups with an expiration date of 02/28/15 were located in the home's bistro 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.*

Strawberry ice cream cups were discarded immediately.

The bistro freezer has been added to the weekly kitchen inspection form to ensure compliance.

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) <b>LAMIA JOHNSON Executive Director</b>	Date <b>12/18/17</b>
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Violation Report: 10456 - 10/24/2017 - Gray, Dean  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent medical evaluation was completed on 12/21/16. The resident's prior medical evaluation was completed on 10/05/15.

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.*

Resident #2 had a medical evaluation on 12/16/16.

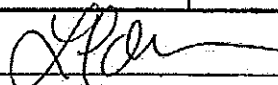
Resident #2 had a medical evaluation this year on 11/6/17.

On 11/15/17, the Resident Care Director received reeducation from the Executive Director and Regional Director of Operations on the need to ensure medical evaluations are completed annually.

A tickler schedule has been created with all current resident last medical evaluation to ensure compliance.

Upon admission, new residents will be added to the medical evaluation tickler schedule.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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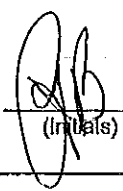
Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Laminia Johnson Executive Dir Date 12/18/17

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Violation Report: 10455 - 10/24/2017 - Gray, Dean  
 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 10/24/17 resident #2's PRN medications; Promethazine HCL Syrup and Milk of Magnesia, were not in the home's 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.

Resident #2 PRN medications were reordered and placed on the cart immediately.  
 Med techs were reeducated to our medication administration policy on 11/15/17. Please see attached education sign-in sheet.  
 Ongoing, med audits will be completed and reviewed weekly by Resident Care Director.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Lamia Johnson, Executive Director			12/18/17
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