



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2018

Ms. Christina Callahan
Owner/Administrator
Heartland Retirement Personal Care Home Inc.
PO Box 210
Woolrich, Pennsylvania 17779

RE: Heartland Retirement Personal Care Home
46 Elementary Lane, Box 210
Woolrich, Pennsylvania 17779
License #: 227120

Dear Ms. Callahan:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 1, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 56 Pa.Code 52800
 2600.26(c) - The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

2a. DESCRIPTION OF VIOLATION
 The homes quality management plan indicates the plan will be reviewed annually, the most recent meeting was conducted on 2/9/17.

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.

- This is important to ensure the home identifies and address's any problems with care and management in the home.
- The home put a set date on the quality management plan which but a set date annually to be done on or before that date.
- The Administrator did not have to quality management plan done on or before the date.
- The Administrator will do a quality management plan as soon as possible. - send copy 7 review when complete YES
- When doing a quality management plan the Administrator will no long put a date. The plan will state annually.
- Administrator will be completed w/in 365 days from last QMP meeting


on-site 5-11-18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Callahan* Date *4-12-18*

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

The above plan of correction is approved as of <u>4-17-18</u> (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>5-23-18</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: 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #1, who was not evacuated during the fire drill conducted on 08/23/17 at 9:45am, does not have a written certification from a doctor that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THIS REGULATION IS IMPORTANT DUE TO NOT PUTTING EXTRA STRESS ON THE HOPICE PATIENT WHO IS ACTIVELY DYING. RESIDENT #1 WASN'T REMOVED DURING AN ACTIVE FIRE DRILL DUE TO ACTIVELY DYING. THE HOME DIDN'T HAVE A WRITTEN CERTIFICATION FROM A DOCTOR THAT SHE MAY NOT PARTICIPATE. WITH RESIDENT #1 PASSING THE FACILITY IS NO LONGER ACCEPTING HOPICE IN FOR THE ACTIVELY DYING. ONCE THE RESIDENT GETS TO THE POINT OF NOT ABLE TO PARTICIPATE IN A FIRE DRILL THEN THE RESIDENT WILL BE REMOVED TO ANOTHER FACILITY THAT IS ABLE TO MEET THERE NEEDS. ADMINISTRATOR AND ASSISTANT WILL BE RESPONSIBLE FOR THE PLACEMENT OR THE HELP PLACING RESIDENT TO DIFFERENT FACILITY.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan Date 4-12-18

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 (Date)

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 (Initials)

Plan of correction implementation status as of 5-23-18
 (Date)

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

Violation Report: 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION
 There is no statement of informed consent from resident #1 and the power of attorney regarding the resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on 8/23/17 at 9:45am.

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.

THIS REGULATION IS IMPORTANT DUE TO NOT PUTTING EXTRA STRESS ON THE HOSPICE PATIENT WHO IS ACTIVELY DYING. RESIDENT #1 WASN'T REMOVED DURING AN ACTIVE FIRE DRILL DUE TO ACTIVELY DYING. THE HOME DIDN'T HAVE A WRITTEN CERTIFICATION FROM THE POWER OF ATTORNEY THAT SHE MAY NOT PARTICIPATE, WITH RESIDENT #1 PASSING THE FACILITY IS NO LONGER ACCEPTING HOSPICE IN FOR THE ACTIVELY DYING. ONCE THE RESIDENT GETS TO THE POINT OF NOT ABLE TO PARTICIPATE IN A FIRE DRILL THEN THE RESIDENT WILL BE REMOVED TO ANOTHER FACILITY THAT IS ABLE TO MEET THERE NEEDS. ADMINISTRATOR AND ASSISTANT WILL BE RESPONSIBLE FOR THE PLACEMENT OR THE HELP PLACING RESIDENT TO DIFFERENT FACILITY.

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Violation Report: 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION

Staff person A, who conducted the fire drill on 8/23/17 at 8:46am, did not inform resident #1 or the staff person responsible for evacuating the resident, that the alarm indicated a fire drill rather than an actual fire. Resident #1 was not evacuated during this fire drill.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THIS REGULATION IS IMPORTANT DUE TO THEM HAVING KNOWLEDGE OF WHAT IS GOING ON IN THE FIRE DRILL. STAFF PERSON A DIDN'T LET THE RESIDENT #1 KNOW THAT SHE WOULDN'T BE REMOVED DURING FIRE DRILL DUE TO HER NOT BEING COHERENT. ONCE THE RESIDENT #1 PASSED THE FACILITY IS NO LONGER ACCEPTING HOSPICE IN FOR THE ACTIVELY DYING. ONCE THE RESIDENT GETS TO THE POINT OF NOT ABLE TO PARTICIPATE IN A FIRE DRILL THEN THE RESIDENT WILL BE REMOVED TO ANOTHER FACILITY THAT IS ABLE TO MEET THERE NEEDS. ADMINISTRATOR AND ASSISTANT WILL BE RESPONSIBLE FOR THE PLACEMENT OR THE HELP PLACING RESIDENT TO DIFFERENT FACILITY.

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Violation Report: 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

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

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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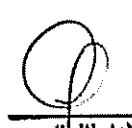
THIS REGULATION IS IMPORTANT DUE TO THE STAFF MEMBERS KNOWING WHAT HAS CHANGED IN THE CARE OF THE RESIDENT. THE ASSISTANT DIDN'T UPDATE THE RESIDENTS ASSESSMENT AND SUPPORT PLAN OF NOT REMOVING THEM FROM EVACUATION DURING FIRE DRILLS DUE TO STATUS IN AN ACTIVE DYING PROCESS. WITH RESIDENT #1 PASSING THE FACILITY IS NO LONGER ACCEPTING HOSPICE IN FOR THE ACTIVELY DYING. ONCE THE RESIDENT GETS TO THE POINT OF NOT ABLE TO PARTICIPATE IN A FIRE DRILL THEN THE RESIDENT WILL BE REMOVED TO ANOTHER FACILITY THAT IS ABLE TO MEET THERE NEEDS. ADMINISTRATOR AND ASSISTANT WILL BE RESPONSIBLE FOR THE PLACEMENT OR THE HELP PLACING

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Christina Callahan</u>	Date <u>4-12-18</u>
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Violation Report: 31815 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:

- (i) A copy of the Department of Health license for the hospice agency.
- (ii) Written certification by the physician as specified in § 2600.29a(b)(1).
- (iii) Written informed consent as specified in § 2600.29a(b)(2).
- (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION

The homes fire drill documentation does not include a copy of the hospice agency's license from the Department of Health, the written certification from the physician and the consent from the resident and the residents power of attorney. Resident #1 was not evacuated during the fire drill conducted on 8/23/17 at 9:45am.

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 TO DIFFERENT FACILITY.

THIS REGULATION IS IMPORTANT DUE TO THE INFORMATION BEING KEPT IN ONE PLACE TOGETHER. THE ASSISTANT DIDN'T HAVE ALL INFORMATION NEEDED FOR DOCUMENTATION ON RESIDENT #1 IN THE FIRE DRILL RECORD, AS WELL IN THE RESIDENTS RECORDS. WITH RESIDENT #1 PASSING THE FACILITY IS NO LONGER ACCEPTING HOSPICE IN FOR THE ACTIVELY DYING. ONCE THE RESIDENT GETS TO THE POINT OF NOT ABLE TO PARTICIPATE IN A FIRE DRILL THEN THE RESIDENT WILL BE REMOVED TO ANOTHER FACILITY THAT IS ABLE TO MEET THERE NEEDS. ADMINISTRATOR AND ASSISTANT WILL BE RESPONSIBLE FOR THE PLACEMENT OR THE HELP PLACING RESIDENT TO DIFFERENT FACILITY.

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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) Christina Callahan Date 4-12-18

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Violation Report: 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the home's administrator, completed only 17 hours of annual training in training year 2017.

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.

- THIS REGULATION IS IMPORTANT SO THAT THE ADMINISTRATOR KEEPS UP WITH THE KNOWLEDGE TO HELP THE RESIDENTS AND STAFF, ALSO HERSELF.
 - ADMINISTRATOR TOOK 24 HOURS OF ANNUAL TRAINING ONLINE INSTEAD OF 12 HOURS ONLINE AND 12 IN CLASS.
 - ADMINISTRATOR WAS TOLD THROUGH COLUNS LEARNING CENTER THAT SHE WAS ABLE TO COMPLETE ALL 24 HOURS CEU'S ONLINE.
 - TO FIX THE PROBLEM RIGHT AWAY THE ADMINISTRATOR WILL COMPLETE THE 7 EXTRA CEU'S BY THE END OF APRIL.
 - TO PREVENT FUTURE VIOLATIONS THE ADMINISTRATOR WILL CONTACT DPW IF SHE HAS ANY QUESTIONS THAT SHE IS IN DOUBT OF INSTEAD OF TAKING IT FROM SOMEONE OUTSIDE DPW.
 - TO PREVENT FUTURE VIOLATIONS THE ADMINISTRATOR WILL BE RESPONSIBLE FROM THIS HAPPENING AGAIN.
- Adm will fax or e-mail the copies of 7 hrs of training completed by 04-30-18 no later than 05-10-18 - CP

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

Signature of Legal Entity Representative (Required on EVERY Page) Christina Callahan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan Date 4-12-18

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

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

Plan of correction implementation status as of 5-23-18 (Date)

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

Violation Report: 31815 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B hired 10/2/13 did not receive the required 12 hours of annual training in 2017.

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.

THIS REGULATION IS IMPORTANT DUE TO THE KNOWLEDGE OF THE DIRECT CARE STAFF PERSON KNOWING THE JOB DUTIES REQUIRED AND A DAILY BASIS. STAFF PERSON B WAS ON MEDICAL LEAVE AND UPON RETURNING SHE DID NOT COMPLETE THE 12 HOURS OF ANNUAL TRAINING. STAFF PERSON B WILL COMPLETE THE ANNUAL TRAINING THAT WASN'T FINISHED BEFORE THE END OF MARCH, 2018. THE ADMINISTRATOR AND HER ASSISTANT WILL GO THROUGH ONCE A MONTH TO MAKE SURE ALL ANNUAL TRAINING IS BEING DONE AS SCHEDULED ON A MONTHLY BASIS.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Callahan

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

Christina Callahan

Date 4-12-18

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Violation Report: 31815 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Resident #2's glucometer was used to test Resident #3's blood glucose on 2/21/18.

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.

THIS REGULATION IS IMPORTANT FOR THE SAFETY OF THE RESIDENT AND THE CROSS CONTAMINATION OF VIRUSES. RESIDENT #2 GLUCOMETER WAS USED TO TEST RESIDENT #3 BLOOD GLUCOSE. THE CAUSE OF THIS VIOLATION WAS THE LACK OF LOOKING AT THE NAMES ON THE GLUCOMETER BAG. THE ADMINISTRATOR CALLED THE PHARMACY AND HAD THEM DELIVER A NEW GLUCOMETER AT THE HOMES EXPENSE FOR RESIDENT #2. FAMILY WAS NOTIFIED OF THIS ERROR. TO MAKE SURE THIS DOESN'T HAPPEN AGAIN THE STAFF WILL ONLY TAKE ONE GLUCOMETER WITH THEM WHEN CHECKING SUGARS. ADMINISTRATOR AND ASSISTANT WILL GO THROUGH AND MAKE SURE THIS IS BEING FOLLOWED THROUGH ON A REGULAR BASIS.

The home must also ensure both residents 2 & 3 are free of communicable diseases certified by their PCP or local health clinic. CP


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Callahan* Date *4-12-18*

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Violation Report: 31815 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The faucet located in the bathroom of Room #12 is leaking from the base of the faucet.

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.

IT IS IMPORTANT TO MAKE SURE ALL EQUIPMENT IN GOOD REPAIR DUE TO THE RESIDENTS SAFETY AND THE RESIDENTS DESERVE TO HAVE WORKING EQUIPMENT, THE FAUCET LOCATED IN ROOM #12 WAS LEAKING FROM THE BASE OF THE FAUCET, THE MAINTENANCE STAFF WAS UNAWARE AND NOT TOLD OF THIS LEEK, WHEN MAINTENANCE WAS AWARE THIS SMALL SLOW LEEK WAS FIXED RIGHT AWAY. TO PREVENT FUTURE FAULTY EQUIPMENT THE MAINTENANCE DEPARTMENT WILL DO WEEKLY WALK THROUGHS TO MAKE SURE ALL DAILY EQUIPMENT IS WORKING PROPERLY. THE ADMINISTRATOR AND ASSISTANT WILL FOLLOW THROUGH AS WELL MAKING SURE THIS IS BEING COMPLETED ON A WEEKLY BASIS.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Callahan* Date *4-12-18*

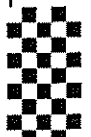
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Violation Report: 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 3 boxes of frozen vegetables were not sealed in the walk in freezer of the home.

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.

THIS REGULATION IS IMPORTANT DUE TO THE FOOD BEING PROTECTED FROM SPOILAGE AND FREEZER BURNED, OR INFESTATION BY INSECTS OR RODENTS. THREE BOXES OF FROZEN VEGETABLES WERE NOT SEALED IN THE WALK IN FREEZER. THE CAUSE OF THIS VIOLATION WAS DUE TO STAFF NOT CLOSING THE LIDS WHEN FINISHED USING THEM. THE LIDS WERE CLOSED RIGHT AWAY WHEN STATE WAS IN, AND AFTER STATE HAD LEFT ADMINISTRATOR WENT BACK AND HAD STAFF PUT REMAINING VEGETABLES IN ZIPLOCK BAGS LABBLED. ADMINISTRATOR AND ASSISTANT WILL PURCHASE SINGLE BAGGED VEGETABLES THIS WAY THEY WILL BE USED IN ONE SERVING.


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Violation Report 31616 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The external dryer duct that exits the building has a large accumulation of lint on the side of the building as well as under the duct on the ground, posing a possible fire hazard.

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.

THIS IS IMPORTANT DUE TO POSSIBLE FIRE HAZZARD.THERE WAS AN ACCUMULATION OF LINT ON THE SIDE OF THE BUILDING AS WELL AS UNDER THE DUCT ON THE GROUND.THE CAUSE OF THIS VIOLATION IS THE STAFF NOT GOING OUT ON A WEEKLY BASIS AS STATED AND SIGNED FOR AND MAKING SURE THIS IS CLEANED. THE PROBLEM WAS FIXED THE DAY THE STATE WAS HERE AND CLEANED. THE ADMINISTRATOR WILL CONTINUE TO PUT THE CHECK OFF LIST TO BE SIGNED BY STAFF WEEKLY AND WILL INFORCE THIS LIST. ADMINISTRATOR AND ASSISTANT WILL CHECK WEEKLY AS WELL TO INSURE THIS IS FOLLOWED THROUGH WITH.

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Violation Report: 31615 - 03/01/2018 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

Violation Report: 31615 - 03/01/2018 - Novak, Ryan
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
The homes most recent notice to the fire department dated 11/16 notes 1 resident with mobility needs, the home does not currently serve any residents with mobility needs.

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.

THIS REGULATION IS IMPORTANT DUE TO IF THERE IS A FIRE THE FIRE DEPARTMENT KNOWS WHERE TO GO FOR THE EXTRA HELP. THE HOME DIDN'T HAVE A RECENT NOTICE TO THE FIRE DEPARTMENT STATING WHERE THE RESIDENT WAS LOCATED IN WHAT ROOM. THIS WAS CAUSE BY THE ADMISTRATOR NOT FOLLOWING THROUGH AND MAKING SURE THIS WAS DONE. NOTHING WAS DONE RIGHT AWAY DUE TO THE FACILITY HAVING NO MOBILITY NEEDS. AS TO PREVENT FUTURE VIOLATIONS THE ADMINISTRATOR WILL HAVE A NOTICE SENT TO FIRE DEPARTMENT ONCE THE CHANGE OF THE SUPORT PLAN HAS BEEN CHANGED.


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

Signature of Legal Entity Representative
(Required on EVERY Page) Christine Callahan

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Christine Callahan Date 4-12-18

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

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

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 5-23-18
(Date)

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

Violation Report: 31815 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 Upon entering the home licensing representative observed a staff member throw an extinguished cigarette butt in the dumpster, posing a possible fire hazard.

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.

THIS REGULATION IS VERY IMPORTANT DUE TO POSSIBLE FIRE HAZZARD. WHEN A STAFF MEMBER WAS FINISHED SMOKING SHE PUT HER EXTINGUISHED CIGARETTE BUTT IN THE DUMPSTER.THE STAFF MEMBER WAS VERBALLY WARNED AND UNDERSTANDS HER WRONG DOING, IF COUGHT DOING THIS AGAIN WITH ANY STAFF MEMBER SMOKING WILL BE BANNED PERMENTALY FOR ALL EMPLOYEE'S. ALL SUPERVISORS WILL BE KEEPING EYES OPENED FOR THIS ISSUE NOT TO HAPPEN AGAIN ON A DAILY BASIS.

Administrator will
 Oversee to ensure ongoing compliance. *Op*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Callahan* Date *4-12-18*

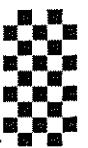
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 (Date)

The above plan of correction was approved by *Op*
 (Initials)

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Violation Report: 31615 - 03/01/2018 - Novak, Ryan
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1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 11/30 & 12/13 do not include the year.

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.


THE REGULATION IS IMPORTANT DUE TO KNOWING THE YEAR IT WAS TAKEN, THERE WERE TWO MONTHS ON 11/30 & 12/13 THAT DIDN'T HAVE THE YEAR OF 2017 ON THEM, THE YEAR WAS PUT ON TOP OF THE FIRE DRILL RECORD THE DAY THE STATE WAS HERE. INSTEAD OF PUTTING THE YEAR NEXT TO THE DATE WE WILL PUT THE YEAR AT THE TOP OF THE FIRE DRILL. THIS WILL BE DONE BY THE ASSISTANT OR THE ADMINISTRATOR IN THE BEGINNING OF THE YEAR.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Callahan</i>	Date <i>4-12-18</i>
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Violation Report 31815 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
 2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #4's DME dated 11/09/17 does not include blood pressure.

Resident #5's DME dated 9/22/17 notes N/A for blood pressure, height, weight, and temperature.

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.

THIS IS IMPORTANT DUE TO KNOWING ALL THE CORRECT VITAL INFORMATION ON EACH RESIDENT. RESIDENT #4 & 5 DIDN'T HAVE BLOOD PRESSURE, HEIGHT, WEIGHT, AND TEMPERATURE. ASSISTANT AND ADMINISTRATOR AND STAFF WILL GO THROUGH ALL MAR'S TO MAKE SURE THERE ISN'T ANY EMPTY SPOTS. IF THERE IS ANY EMPTY SPOTS THEN ADMINISTRATOR WILL CONTACT THE DR. FOR THE INFORMATION. A PAPER WILL BE SENT IN WITH EVERY RESIDENT STATING ALL INFORMATION MUST BE FILLED OUT WITH NO EMPTY SPOTS. IF THERE IS A N/A PROVIDED IN THE SPOT THEN ADMINISTRATOR WILL GET PAPER STATING WHY THERE IS A N/A.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Callahan

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

Christina Callahan

Date

2-12-18

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4-17-18
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Plan of correction implementation status as of

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 (Initials)

Violation Report: 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

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

The designated staff smoking area does not have a receptacle to discard extinguished cigarettes.

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.

THIS IS IMPORTANT DUE TO THE PREVENTION OF FIRE HAZARDS INVOLVED IN SMOKING. AT THE TIME OF THE VIOLATION THERE WAS A NEW ASHTRAY BEING PLACED AS THE OLD ONE WAS JUST DISPOSED OF. THIS ISSUE WAS CORRECTED AT THE TIME OF THE VIOLATION. TO PREVENT FUTURE VIOLATION THE STAFF WILL MAKE SURE THE NEW ONE IS PLACED BEFORE PULLING THE OLD ONE. ADMINISTRATOR AND ASSISTANT WILL BE CHECKING TO MAKE SURE ASHTRAY IS PROVIDED FOR THE STAFF.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine Callahan Date 4-12-18

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(Date)

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

Plan of correction implementation status as of 5-23-18
(Date)

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- Partially Implemented - Inadequate Progress
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Violation Report: 31815 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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 is dated 2/25/18-3/3/18, the following weeks menu is not 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.

THIS REGULATION IS IMPORTANT SO THE RESIDENTS KNOW WHAT THEY WILL HAVE TO EAT IN ADVANCE. WEEK NUMBER TWO WAS NOT POSTED FOR THE RESIDENTS TO KNOW WHAT THEY WOULD BE EATING. THE MENUES WERE IN THE OFFICE READY TO BE POSTED. THEY WERE POSTED WHEN STATE WAS HERE TO CORRECT THE PROBLEM RIGHT AWAY. ADMINISTRATOR WILL HAVE A FULL MONTH POSTED OF THE MENUES SO THIS WILL NOT HAPPEN IN THE FUTURE.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Callahan</i>	Date <i>2-12-18</i>
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Plan of correction implementation status as of 5-23-18
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Violation Report: 31816 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Administrator A is not currently trained in the medication administration course, the staff person administered medications on 2/10/18.

The home currently serves residents that have PRN medications. On 2/10 & 2/11/18 staff person C worked the overnight shift and has not been trained in the medication administration 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.

THIS REGULATION IS IMPORTANT DUE TO THE RESIDENT GETTING THE RIGHT MEDICATION AND RECEIVES A MEDICATION WHEN NEEDED. ADMINISTRATOR A PASSED MEDICATIONS DUE TO BEING ABLE TO TRAIN A PERSON IN MEDICATION PASSING BUT WAS NEVER TOLD THAT SHE HAD TO BE CERTIFIED TO PASS THEM HERSELF. THIS WAS NOT EVEN SPOKEN OF WHEN SHE WAS TRAINED TO PASS MEDICATIONS. ADMINISTRATOR WILL NOT PASS MEDICATION UNTILL SHE IS TRAINED BY ANOTHER TRAINER TO PASS MEDICATION. NOT SURE THIS SHOULD BE A VIOLATION DUE TO NOT BEING TOLD AT CLASS TO HAVE TO DO SO. TOOK CLASS TWICE AND NEVER TOLD. ON 2/10 & 2/11/18 STAFF PERSON C WORKED OVERNIGHT AND NOT TRAINED IN MEDICATION. ASSISTANT LIVES CLOSE BY AND COMES IN IF NEEDED WHEN THE RESIDENTS NEED A MEDICATION. IN THE PROCESS OF TRAINING THE OVERNIGHT STAFF TO PASS MEDICATIONS. THIS SHOULD BE COMPLETED BY THE END OF APRIL 2018.

Adm will send in staff training documentation upon completion.

YES

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


Signature of Legal Entity Representative (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christina Callahan* Date *2-12-18*

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(Date)

Plan of correction implementation status as of 5-23-18
(Date)

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(Initials)

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Violation Report: 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #6's Novolin N and Novolin R were noted dated when the insulin was opened.

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.

THIS REGULATION IS IMPORTANT DUE TO MAKING SURE THE PRESCRIPTION IS CURRENT DUE TO ONLY BEING GOOD FOR SO MANY DAYS WHEN OPENED. RESIDENT #6 INSULIN WAS OPENED BY A DIABETIC TRAINED STAFF MEMBER, AND NOT DATED WHEN IT WAS. THE INSULIN IS ONLY GOOD FOR SO MANY DAYS. STAFF MEMBERS WERE RETRAINED IN A DIABETIC CLASS ON MARCH 6, 2018. ADMINISTRATOR AND ASSISTANT WILL DRAW UP A CALANDER WITH THE INSULIN ROTATION OF DISCARDING THE OLD TO THE NEW.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christina Callahan

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

Christina Callahan

Date

4-12-18

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4-17-18
 (Date)

Plan of correction implementation status as of 5-23-18
 (Date)

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[Signature]
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- Fully Implemented
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Violation Report 31615 - 03/01/2018 - Novak, Ryan
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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 #6's carvedilol did not include a diagnosis or purpose on the MAR.

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.

REGULATION IS IMPORTANT DUE TO KEEPING ALL THE IMPORTANT INFORMATION NEEDED FOR ALL RESIDENTS SAFETY WHEN TAKING A MEDICATION. RESIDENT #6 MEDICATIONS DIDN'T INCLUDE A DIAGNOSIS OR PURPOSE ON THE MAR. THIS WAS CAUSED BY THE PHARMACY FORGETTING TO PUT THIS ON THE MAR. THE DIAGNOSIS AND PURPOSE WAS HAND WRITTEN THE DAY THE STATE WAS IN. WHEN MAR'S COME INTO THE FACILITY THE ADMINISTRATOR OR ASSISTANT AND THE MEDICATION TRAINED STAFF WILL MAKE SURE THERE ISN'T ANY EMPY SPACES.


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) Christine Callahan Date 4-12-18

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Violation Report: 31615 - 03/01/2018 - Novak, Ryan
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1. REGULATION 55 Pa.Code §2600
 2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION
 Administrator A is not currently trained in the diabetic administration course, the staff person administered medications on 2/10/18.

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.

REGULATION IS IMPORTANT DUE TO KEEPING UP WITH THE KNOWLEDGE OF DIABETIC INFORMATION ON AN ANNUAL BASIS. ADMINISTRATOR A WASN'T CURRENTLY TRAINED DUE TO THE EXPIRED CERTIFICATE. CLASSES WERE SET UP AND ADMINISTRATOR WAS RECERTIFIED IN DIABETIC TRAINING ON MARCH 6, 2018. CLASSES WERE PUT ON AN AUTOMATIC RECERTIFICATION FOR THE FOLLOWING YEAR 2019. ADMINISTRATOR HAD SET THESE UP TO MAKE SURE THIS DOESN'T HAPPEN AGAIN.


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) *Christina Callahan* Date *4-12-18*

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