pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2018

Ms. Denise M. Langman
Executive Director
Care HSL Heritage Hill OPCO LLC
800 Sixth Street
Weatherly, Pennsylvania 18255

RE: Heritage Hill Senior Community
License #: 225120

Dear Ms. Langman:

As a result of the Department of Human Services' (Department) annual licensing inspection on March 6, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: HERITAGE HILL SENIOR COMMUNITY	License Number: 22512
Address: 800 SIXTH STREET, WEATHERLY, PA 18255	County: Carbon
Administrator: Denise Langman	Region: NORTHEAST
Legal Entity Name: CARE HSL HERITAGE HILL OPCO LLC	
Legal Entity Address: 800 SIXTH STREET, WEATHERLY, PA 18255	

Certificate(s) of Occupancy

C-2
11/02/2000
PA Dept of L&I

Staffing Hours

Resident Support: 0	Total Daily Staff: 114	Waking Staff: 86
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

03/06/2018: Foulkes, Kimberli; Dumas, Gerald

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:

Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 143

Number of Residents Served: 87

Secured Dementia Care Unit in Home: Yes

Area: n/a

Secured Dementia Unit Capacity, if Applicable: 42

Number of Residents Served in Secured Dementia Care Unit, if applicable: 25

Number of Current Hospice Residents: 6

Number of Hospice Residents in past year: 22

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 87

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 27

Have a Physical Disability: 0

Violation Report: 22512 - 03/06/2018 - Foulkes, Kimberli
PCH Name: HERITAGE HILL SENIOR COMMUNITY

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

On 2/28/18 from 6:30am to 3:00pm and on 3/3/18 from 3:00pm to 11:00pm, staff person A administered medications to residents. This staff person is not a medical professional and has not completed the Department's medication administration training timely. This staff persons last completed annual practicum was on 7/1/15. Since that time this staff did not have any Medication Administration Record (MAR) reviews or any observations for training year 7/1/15 through 7/1/16. This staff had one MAR review and one observation in July 2017 for the training year 7/1/16 through 7/1/17.

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 [illegible]

2600.182(b)

Upon further review, it was found that staff person A did have MAR reviews dated 10/2015,12/2015, 3/2016, 4/2016, 10/2016, 1/2017. 4/2017. (Attachment A1,A2,A3,A4,A5,A6,A7,A8,A9)

Med Observations were completed on the following dates; 10/2015,3/2016, 4/2016,9/2016,1/2017, 7/2017 (Attachment B1,B2,B3) The training records were copied without the two sides leading to missed pages in the binder.

We have a Medication Trainer in house who will be responsible for oversight and documentation of all medication administrators. She has developed a tickler sheet to insure all required regulatory documentation is complete and updated as written. *(Request of the department to fine tune the documentation portion of Medication Training to better follow and remain in compliance. The formats changed twice since the implementation and is now being completed on-line.)*

The staff person in question will be retrained as a new medication administrator upon return from her maternity leave to insure she has all required documentation moving forward.

A copy of the tickler we will use to insure all medication administrators are properly reviewed per regulatory requirements is (Attachment C1,C2)

Executive Director or designee will monitor for on-going compliance.

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

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

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

Date 4·19·18

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

The above plan of correction is approved as of 4/27/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

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

Violation Report: 22512 - 03/06/2018 - Foulkes, Kimberli
PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
The home's medication cart contained Z guard paste belonging to resident #1 that expired 2/2017.

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.

2600.183 (d)

The Z guard was not expired; the bag that held the Z guard was from the previous tube. The Home Health Agency who administered the paste placed it in the wrong bag when opening the new tube. Current, unexpired tube was on hand - not in correct bag. This was addressed at our Medication Administrators meeting on 3/19/18. (Attachment D1, D2,D3)

Home Health Agencies now need to request the medication from our med staff and our med staff will check the medication prior to releasing and when receiving back from agency. This will be added to our cart check system to insure there are no expired medications or orders in house.

A copy of the cart check updated protocol is attached. (Attachment E)

Executive Director or designee will monitor for on-going compliance.

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Violation Report: 22512 - 03/06/2018 - Foulkes, Kimberli
PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for accuchecks four times a day, morning, afternoon, evening and bedtime. On 3/2/18 at bedtime the blood glucose in the glucometer was 345 and it was documented on the MAR as 325.

Resident #3 has a physician's order for Lorazepam tablet 0.5mg, take one tablet by mouth twice a day. This resident also has a physician's order for Lorazepam tablet 0.5mg, take one tablet by mouth every 8 hours as needed for anxiety. In the home's medication cart there were three different bubble packs containing Lorazepam. The home had two narcotic count sheets in their log book. The two that did have narcotic count sheets matched the correct counts and had the correct prescription number. The third bubble pack did not have a narcotic count sheet. Staff stated it was filed because the count was at zero and they weren't counting. This narcotic count sheet was located. It was at zero and there was still 3 tablets left in the bubble pack. Throughout the log there were multiple cross outs, incorrect documentation and counting. Staff were signing off on a "Control Drug Count" log daily at each shift indicating they were completing a narcotic count.

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)

Resident #1 was a transcription error. Med Administrators are now required to print and check their glucometer readings from the E-mar against the glucometers. This will then be forwarded to the Resident Care Director or designee daily for review. Every Thursday, 3rd shift will do a weekly double check system and forward to RCD for continued follow through.

Resident #2 glucometer reading was so low that staff automatically rechecked the blood sugar to insure the glucometer was working properly. Staff was instructed to utilize the PRN Accu-check to document all PRN readings regardless of the reason.

Resident #3 Current Medication Administrators have been reinstructed on the importance of narcotic counting, what to do in the event a pill becomes missing or in this incident if the pills are expired. They will follow the policy on narcotic destruction. RCD or designee will be monitoring narcotic books daily for continued compliance. This information will also be included with the Medication Trainers training on the importance of proper documentation and narcotic counts.

Resident Care Director, Executive Director or designee will monitor for on-going compliance.

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Violation Report: 22512 - 03/06/2018 - Foulkes, Kimberli
PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Furosemide tablet 40mg, take one tabelt by mouth daily. On 2/28/18 the home received a verbal order to "Hold" until next lab work. The home did not get a signed physician's order as of 3/6/18.

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.

2600.186 (c)

Resident #1 Her lab-work was returned with critical results. When we faxed to the Physician and followed through with a phone call, physician's office gave our Nurse a verbal order to hold the Lasix and sent the order directly to the pharmacy.

It was reviewed with all Med Administrators (attachment D1,D2,D3) any verbal orders must also have a hard copy signed by the physician for the resident's record within 48 hours of receiving the order. Upon receiving a verbal order staff will request a faxed copy from the physician to be sent immediately for our records.

Resident Care Director, Executive Director or Designee will monitor for continued compliance

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Violation Report: 22512 - 03/06/2018 - Foulkes, Kimberli
PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #4 has a physician's order for sliding scale insulin 4 times a day at 9am, 12pm, 5pm and 9pm. The resident also has a physician's order for a standing insulin dose three times a day with meals at 8am, 12pm, and 5pm. On 3/4/18 at 12pm staff person B documented the 4 units/standing order on the sliding scale order on the Medication Administration Record (MAR) and documented the 10 units/sliding scale order on the standing order on the MAR.

Resident #1 has a physician's order dated 6/23/17 stating "Z Guard paste, apply BID and PRN to open areas on sacrum and buttocks". The Medication Administration Record (MAR) states, "Z Guard paste apply paste to buttocks twice daily". The label on the medication states, "Apply paste two times daily as needed." The MAR does not match the physician's order. The medication label doesn't match the physician's order. The MAR and the medication label don't match each other.

Resident #3 has a physician's order for Lorazepam tablet 0.5mg, take one tablet by mouth twice a day. This resident also has a physician's order for Lorazepam tablet 0.5mg, take one tablet by mouth every 8 hours as needed for anxiety. The home's Medication Administration Record had Lorazepam tab 0.5mg, take one tablet by mouth twice a day written twice. According to staff they were not administering it twice at those times, but they were not documenting correctly on the MAR. They were either initialing administration in both spots or circling and documenting "held for parameters" because the electronic MAR did not offer other choices.

The home is not maintaining the Medication Administration 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.

cont...

Denise M. Langman 4-19-18

Violation Report: 22512 - 03/06/2018 - Foulkes, Kimberli
PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600

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(1) Resident's name.
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(3) Name of medication.
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(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.

2600.187(a)

Resident #4 This was a transcription error where the coverage order and the straight order were documented backwards. Based on the findings, we have discussed with the pharmacy consultant a way to address a more concise documenting of this type of order on the E-mar to alleviate this type of error.

Med Administrators are now required to print and check their glucometer readings from the E-mar against the glucometers. This will then be forwarded to the Resident Care Director or designee daily for review. Every Thursday, 3rd shift will do a weekly double check system and forward to RCD for continued follow through. (Attachment D1, D2,D3)

Resident #1 The PRN portion of the order for the Z-guard paste was initially omitted from the EMAR by the pharmacy, this was corrected at the time of inspection.

Resident #3 The pharmacy had the order documented twice on the EMAR. They had been contacted but did not remove the second order. Our Med Administrators were documenting on one or the other order, so consistency was not evident.

Med Administrators were instructed to double check that the actual order matches the medication verbatim. If they discover an error, pharmacy will be immediately notified to correct the error. Our Med Administrators will bring it to the RCD or designee for immediate correction if the pharmacy does not correct the error when notified. (Attachment D1,D2, D3)

Resident Care Director, Executive Director or Designee will monitor for continued compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/22/2017		

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

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

Date 4-19-18

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Violation Report: 22512 - 03/06/2018 - Foulkes, Kimberli
PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
Resident #1 was prescribed Furosemide tablet 40mg, take one tablet by mouth daily. On 2/28/18 the home received a verbal order to "Hold" until next lab work. It was initialed as administered from 3/1/18 through 3/3/18 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.

2600.187(b)

Resident #1 The medication continued to show up on the Med techs med pass, so it was administered. It is unclear as to where the fault lies.

We have now put into place a two- step system so that all orders are reviewed twice. The second time reviewed by a nurse.

All daily orders received will be processed per facility protocol and placed into the Nurse's file for double check system to insure they are processed correctly by both staff and pharmacy.

Resident Care Director, Executive Director or Designee will monitor for continued compliance.

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Violation Report: 22512 - 03/06/2018 - Foulkes, Kimberli
PCH Name: HERITAGE HILL SENIOR COMMUNITY

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

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed Systane Gel Dro 0.4-0.3%, Instill 2 drops both eyes daily. The bottle in the home's medication cart had a date opened as 12/18/17. At the time of the inspection on 3/6/18 approximately 1/2 the bottle remained. According to the pharmacy there are 200-250 drops in the bottle. If there are 250 drops per bottle and 4 drops are administerd daily, this medication should have required a refill in approximately 62.5 days. Accounting for the 4 days the resident was in the hospital and not administered, if administered correctly the bottle should have been empty. There should have been 75 days of administration as of 3/6/18.

On 3/1/18 at 8am resident #2's blood glucose level was 204. The resident receives sliding scale insulin and when the blood glucose level is between 201-300, 6 units of insulin should be administered. It was documented that 4 units of insulin was administered.

Resident #5 has a physician's order for Lorazepam 0.5mg, take one tablet by mouth twice a day, morning and bedtime. From 3/1/8 through 3/6/18 the resident was not administered the morning dose and the home did not have a physician's order to hold the dose.

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)

Resident #1 We have addressed the accuracy and importance by which eyedrops, nose sprays and topicals shall be administered by Med Techs during our in-service on 3/19/18. Nurse's will review all topicals, eye drops and nose sprays to insure the orders are still necessary and follow through accordingly.

Resident #2 After speaking to the Med Tech who administered the Insulin, it was discovered that it was a transcription error. The required 6 units were given as prescribed, but she documented incorrectly. This conversation took place during the Inspection. The staff person has been remediated regarding the transcription error. She will be required to retake the diabetic educators class prior to administration of any insulin or Accu-checks.

Resident #5 The dose was held because the resident was sleeping. We had contacted the physician previously to request the order to be changed to hold for sedation. It has since been corrected to hold for sedation. Moving forward, we will request from physicians to place parameters on all narcotic medication for the safety of our residents. (AttachmentD1,D2,D3)

Resident Care Director, Executive Director or Designee will monitor for continued compliance

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Violation Report: 22512 - 03/06/2018 - Foulkes, Kimberli
PCH Name: HERITAGE HILL SENIOR COMMUNITY

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

The resident's assessment and support plan (R.A.S.P.) for resident #6 dated 8/23/17 didn't list the formal support of home health services, which started on 11/29/17.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.227(d)

Resident #6 Home Health Services not identified on RASP/ corrected at the time of inspection. We will add formal supports to the RASP as needed. Copy of updated addendum is attached for Resident #6 (Attachment F)

Resident Care Director, Executive Director or Designee will monitor for continued compliance

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