



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: August 15, 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's Bureau of Human Services Licensing inspection on May 16, 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22512 - 05/16/2018 - Deluca, Amy
PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 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
On 3/14/2018 staff noted that resident #1 had a black eye of unknown origin. The home failed to report the injury to the Department's regional office

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.

2600.16(c)

Any unexplained marks discovered on any resident will be reported to the department as regulated by the state 2600.16.
To prevent this type of occurrence from re-occurring, we have re-in serviced all staff on OAPSA, Mandatory reporting, Managing Resident Behaviors. We have also reviewed our internal incident investigation to insure any undetermined marks found are investigated fully and reported as such.
In-service was completed on April 4, 2018 and will continue to be in-serviced with all new employees and as our on-going annual training plan.
See Attachments A1-A26
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 *7-11-18*

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

The above plan of correction is approved as of 7/26/18
(Date)

Plan of correction Implementation status as of 7/26/18
(Date)

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

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

Violation Report: 22512 - 05/16/2018 - Deluca, Amy
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 3/25/2018 at approximately 3:30pm staff person A was witnessed by staff person B slapping resident #1 after the resident had punched staff person A in the stomach. Residents shall not be abused in any way. .

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.

2600.42(b)

Staff person A was placed on immediate suspension pending the results of the investigation. She was subsequently terminated. All staff was re-in serviced on Wednesday April 4th on OAPSA, Mandatory Abuse Reporting & Managing Resident Behaviors.

All staff had all been in-serviced in November through our annual staff training plan as required by DHS. All new staff are also in serviced on same. Attachment A1-A26 & Attachments B1-B2

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

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

Printed Name and Title of Legal Entity Representative <i>Denise M. Langman</i> (Required on EVERY Page) <i>Executive Director</i>	Date <i>7-11-18</i>
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Violation Report: 22512 - 05/16/2018 - Deluca, Amy
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

On 5/6/2018 staff person C, who was administering medications in the home's memory care unit, crushed Resident #2's medications into a cup of juice and handed the medications to Resident #2. Staff person C looked away from the resident prior to the resident finishing the cup of juice and when the staff person turned back to the resident the cup of juice was empty and was observed on the table next to Resident #3 who had been sitting next to Resident #2. Staff person(A) could not determine which resident ingested the medications due to the staff person failing to observe Resident #2 drink the juice. C

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

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

2600.182(c)

Staff person C was remediated on proper medication administration by our train the trainer. She was also disciplined for not following proper procedures, 5 Rights, for the medication error. Attachments C1-C4

All medication administrators have also reviewed the proper steps, 5 Rights, in medication administration and are aware of the repercussions if the steps are not followed appropriately. This review will be completed quarterly for all existing medication administrators. Attachments D1, D2, D3

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

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Violation Report: 22512 - 05/16/2018 - Deluca, Amy
 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

Through interview and care notes it was determined that the home administers some residents' medications by crushing the medications and placing them in juice or by mixing the medications in apple sauce. The home does not address their policy on crushing medications and/or administering medications through alternate means in their written medication administration policy.

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

Includes 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)

Our Medication Administrators follow the orders as prescribed by the physician and as regulated through the safe practices of medication administration. We have updated our medication administration policy to include protocols for alternate forms of medication. Attachment D1, D2, D3

All Medication Administrators have reviewed these practices to insure ongoing compliance. Attachments D1-D3

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

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Executive Director Date 7-11-18

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1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #2's medications are currently being crushed and placed in the resident's juice and/or mixed in with the resident's apple sauce. The home did not update the resident's Resident Assessment and Support Plan (RASP) to address the need to administer the resident's medications in this manner.

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

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2600.227(d)

Resident #2's RASP has been updated to include the need to administer the resident's medications per physician's orders to crush all meds. Attachment E1

We have updated our medication administration policy to include protocols for alternate forms of medication including updates to the RASP. Attachment D1, D2, D3

Moving forward all instructions, including the alteration of a medication per physician and pharmacy orders will be placed on the Residents RASP.

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

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Derise M. Langman

Printed Name and Title of Legal Entity Representative
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Derise M. Langman
 Executive Director

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