



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 17 2018

Ms. Susan Keefer
Owner
Heritage Mills Personal Care Center LLC
401 Moltke Avenue
Scranton, Pennsylvania 18505

RE: Heritage Mills Personal Care Center
846 East Wiconisco Avenue
Tower City, Pennsylvania 17980
License #: 226360

Dear Ms. Keefer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 19, 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,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over the printed name and title.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22636 - 07/19/2018 - O'Haire, Anne
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1 who was over 60 years of age, died in the home on [redacted] 18. The home issued a refund from [redacted] 18, the date the room was cleared to the end of the month. The refund was not issued in compliance with the Elder Care Payment Restitution Act.

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

Resident #1 passed away on Saturday [redacted] 18 at the hospital (not the home as violation is written). The home was notified by resident's daughter on Monday [redacted] 18 of resident #1's passing. The family cleared the room out on Monday afternoon. A refund in the amount of \$1625 was given. Rent for the month is \$3150 (\$105/day). 8 days in room = \$840, bed held days 7 days = \$665. (\$840 + \$665 = \$1505) - \$3150 = \$1645. Resident was underpaid by \$10. A check in the amount of \$10 will be forwarded to PCH by 8.17.18. A copy of the check will be submitted.

Moving forward administrator and administrative secretary will complete the report forms together to ensure compliance with regulation 2600.28(e) in the event of a resident 60 years or older the home shall provide a refund in accordance with the elder care payment restitution Act 2012-171 (copy of act attached.)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Alice Dudek*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alice Dudek* Date *8/10/18*

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

The above plan of correction is approved as of <i>8/14/18</i> (Date)	Plan of correction implementation status as of <i>8/14/18</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22636 - 07/19/2018 - O'Haire, Anne
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident Room # 211 had an enabler bar with no covering. The opening was approximately 12-inch-long by approximately 6 inches, allowing for potential entrapment, risking bodily harm.

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.

ROOM #211 enabler bar was temporarily covered (photo attached) on 7.19.18. A new enabler bar was purchased (receipt attached) on 8.8.18. Bar will be replaced with regulation bar as soon as it is received.

Moving forward administrator and nursing supervisor will do weekly room checks on Fridays to ensure compliance with regulation 2600.81(b); wheelchairs, walkers, prosthetic devices, and other apparatus used by residents must be clean and in good repair/free of hazards.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alice Duedick* Date *8/16/18*

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The above plan of correction is approved as of 8/14/18 (Date)

Plan of correction implementation status as of 8/14/18 (Date)

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

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

Violation Report: 22636 - 07/19/2018 - O'Haire, Anne
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The floor in the bathroom adjacent to room #109 was heavily stained with black, ground in dirt from the resident's wheel chair. The area needed to be cleaned.

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.

Room #109 stained with black, ground in dirt from wheel chair. Maintenance/housekeeping can not get area cleaned. Flooring in those areas will be replaced by 10.31.18. An updated photo after repairs will be submitted following completion.

Moving forward administrator instructing supervisors provide weekly checks on Friday to ensure compliance with regulation 2600.88(a) floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alice Dudick</i>	Date <i>8/10/18</i>
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 (Date)

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 (Date)

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

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- Not Implemented

Violation Report: 22636 - 07/19/2018 - O'Haire, Anne
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

2a. DESCRIPTION OF VIOLATION
 5 portions of what appeared to be chicken or fish was found in the walk-in freezer with no label stating what the item was and dated when the food product 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.

Portions of what appeared to be chicken or fish found in walk-in freezer with no labels stating what the items was, now dated when it was opened.
 moving forward kitchen manager and dietary aid will do weekly checks of the refrigerated/freezer items and document (form is attached).
 administrator will oversee that these checks are being completed to ensure compliance with regulation 2600.103(i) outdated or spoiled food or dented cans may not be used.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alice Dudek</i>	Date <i>8/10/18</i>
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Violation Report: 22636 - 07/19/2018 - OHaire, Anne
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

Out dated Lorazepam which expired 04/2018 was stored in the medication cart for resident #2.
 The medication Zicam for Resident #3, was discontinued on 06/25/18 was stored in the medication cart.

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

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

Outdated Lorazepam which expired 4.2018 for resident # 2 and Zicam discontinued on 6.25.18 for resident #3 was stored in medication cart.
 Moving forward when medication is discontinued the nursing supervisor will remove the medication from the cart and fill out the disposition form to have medication returned to pharmacy or dispose of drug in drug bucket. The nursing supervisor will then document in the residents chart that the medication was removed from the cart and how it was disposed or returned.
 On the days that medications are ordered (mon/wed) med-tech and nursing supervisor will conduct expired med checks
 Administrator will oversee compliance of regulation 2600.183(d) only current prescriptions, OTC sample and CAM for individuals living in the home may be kept in the home.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/28/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Alice Dudick*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alice Dudick* Date *8/10/18*

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Plan of correction implementation status as of 8/14/18 (Date)

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

Violation Report: 22636 - 07/19/2018 - O'Haire, Anne
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 The cognitive screening for Resident #4 who was admitted to the secured unit on 01-18-18 was completed on 01-12-18.

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.

Resident #4 was admitted to the secured unit on 1.18.18 the prescreen was completed on 1.12.18,
 Moving forward a checklist (attached) will be placed in the front of the admissions chart specifically for our secured unit to ensure ^{that the proper} paperwork is completed in a timely manner.
 Administrator will monitor compliance of regulation 2600.1836a where a written cognitive preadmission screening completed with a physician or a geriatric assessment team and documented on the department's preadmissions screening form shall be completed for each residents with 72 hours prior to admission to a secured dementia unit

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Alice Dudick*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alice Dudick* Date *8/10/18*

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Violation Report: 22636 - 07/19/2018 - O'Haire, Anne
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 The RASP completed for Resident #4, that was completed for the resident's admission to the secured unit on 01-18-18, was completed on 01-23-18.

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.

Resident #4 was admitted to the secured unit 1.18.18 the RASP was completed on 1.23.18.
 Moving forward a checklist (attached) will be placed in the front of the admissions chart specifically for our secured unit to ensure that the proper paperwork is completed in a timely manner.
 Administrator will ensure compliance of regulation 2600.234(a) within 72 hours of admission or within 72 hours prior to the residents admission to the secured unit, a support plan shall be developed, implemented and documented in the residents record.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Alice Dudeck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alice Dudeck* Date *8/10/18*

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 (Date)

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

Plan of correction implementation status as of 8/14/18
 (Date)

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