



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: December 13, 2018

Ms. Christina Callahan
Owner
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 inspection on August 28, 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,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22712 - 08/28/2018 - Palermo, Michael
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

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
There were no initials of the staff person indicating whether the medication Tramadol 50 mg tablet was administered to resident #1 at 12 PM on 8/8/18 and at 12 AM on 8/24/18.

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.

On 8-18-2018 & 8-24-2018 there were two empty spots of a staff person on the medication log indicating whether or not the medication was given (Tramadol 50mg tablet) for resident #1. When Administrator/Medication trainer was made aware of this at time of inspection she went back to confirm that the medication was given by checking the narcotic log book, and it was confirmed it was given and signed for, but was missed being signed for in the medication log book.

The medication caregiver that didn't sign for the initials in the medication log book no longer works for us, and was unable to go over the issue with her, and retrain the proper way on passing medication.

Administrator did speak in a meeting with the other caregivers that are trained in passing medications about the importance of putting the initials into the medication log book and if it is a narcotic being counted for and signed for at each end of and before shift so this would most likely not happen again.

*The Administrator will perform periodic reviews of the home's Medication Administration Records in order to ensure ongoing compliance. 11-8-18 *AG*

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 / Administrator* Date *10/23/2018*

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|---|---|
| The above plan of correction is approved as of <u>11-8-18</u> (Date) | Plan of correction implementation status as of <u>11-8-18</u> (Date) |
| The above plan of correction was approved by <u><i>AG</i></u> (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: 22712 - 08/28/2018 - Palermo, Michael
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

According to resident #1, staff person A, who has not successfully completed the Department-approved medications administration course, administered medication to this resident of the home during the 6AM to 6PM shift.

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 inspection was done for this reason and was to be unfounded. I am appealing this violation due to medications were not passed by this Staff person A. Resident #1 no longer resides with Heartland Personal Care Home.

If there was a situation where there wasn't a medication certified caregiver the Administrator would make sure it was covered by calling another medication caregiver in for that shift. Heartland certified another caregiver to pass meds since this investigation.

*The Administrator will review the schedule at minimum every two (2) weeks to ensure that every shift is covered by a qualified med tech. This will assist the administrator in ensuring ongoing compliance. 11-30-18 *AG*

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| 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 *11-8-18*

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|---|---|
| The above plan of correction is approved as of <u>11-30-18</u> (Date) The above plan of correction was approved by <u><i>AG</i></u> (Initials) | Plan of correction implementation status as of <u>11-30-18</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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