



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HERITAGE SPRINGS MEMORY CARE INC
LEGAL ENTITY

To operate HERITAGE SPRINGS MEMORY CARE
NAME OF FACILITY OR AGENCY

Located at 327 FARLEY CIRCLE, LEWISBURG, PA 17837
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 64
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 64

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 13, 2018 until March 13, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **225981**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEP 13 2018

Ms. Colleen E. Fritz
Chief Executive Officer/President
Heritage Springs Memory Care Inc.
327 Farley Circle
Lewisburg, Pennsylvania 17837

RE: Heritage Springs Memory Care
License # 225981

Dear Ms. Fritz:

As a result of the Department's Bureau of Human Services Licensing inspection on May 2, 2018, February 20, 2018, April 26, 2018 and May 21, 2018 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 225980 dated June 25, 2018 to June 25, 2019 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 25, 2018 to June 25, 2019 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Ms. Fritz

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<u>55 Pa.Code Chapter 2600 Section no.</u>	<u>Class of Violation</u>	<u>Census at Inspection X</u>	<u>Fine Per resident Per day</u>	<u>Calculated Fine = Per day</u>	<u>Mandated Correction Date (to avoid Fine)</u>
15a	II	59	\$5	\$295	5 calendar days from mailing date of this letter
16c	II	59	\$5	\$295	5 calendar days from mailing date of this letter
42b	II	59	\$5	\$295	5 calendar days from mailing date of this letter
227d	III	59	\$3	\$177	15 calendar days from mailing date of this letter
234d	III	59	\$3	\$177	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Fritz

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 22598 - 02/20/2018 - Dumas, Gerald
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 reported to staff on 2/19/18 the resident was raped. The allegation of abuse was not reported to the local area agency on aging.

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 2600.15(a)

Resident #1 reported to the staff on 2/19/18 that the resident was raped. The allegation of abuse was not reported to the local area agency on aging.

Resident #1 Was diagnosed with end stage dementia. Right after his morning care was done resident stated he was raped. When staff questioned resident, when did this happen? He stated "5 minutes ago" Which staff stated was while he was getting bathed and dressed.

Staff did not report because it didn't rise to the level of abuse as trained.

Plan of correction will be *See p 181 of the RCH. allegations must be reported and investigated. Re train pls. w/this. interpro tation. conducted on 05-16-18*
 Staff to be educated on abuse and neglect
 Staff to have updated training re: p 181.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/05/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Valerie Myers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Valerie Myers* Received 5/23/18 Date 5-17-18

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

The above plan of correction is approved as of 5-23-18 (Date)

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

Plan of correction implementation status as of 7/29/18 (Date)

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

Violation Report: 22598 - 02/20/2018 - Dumas, Gerald
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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
 Resident # 1 reported to staff on 2/19/18 the resident was raped. The allegation of abuse was not reported to the Department.

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 2600.16.(c)

Resident #1 reported to the staff on 2/19/18 that the resident was raped. The allegation of abuse was not reported to the department

Resident #1 Was diagnosed with end stage dementia. Right after his morning care was done resident stated he was raped. When staff questioned resident, when did this happen? He stated "5 minutes ago" Which staff stated was while he was getting bathed and dressed.

Staff did not report because it didn't rise to the level of abuse as trained.

Plan of correction will be *See p. 181 of the RC & report & investigated. Retrain pls with this violation.*

Staff to be educated on abuse and neglect - training conducted on 05-16-18

Will attach training

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/05/2017

Signature of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers* rec'd 5-23-18
 Date *5-17-18*

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

The above plan of correction is approved as of 5-23-18
 (Date)

Plan of correction implementation status as of 7/27/18
 (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: 22598 - 02/20/2018 - Dumas, Gerald
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

There is no documentation in resident #2's R.A.S.P. dated 2/7/18, that the resident or his/her designee refused or was unable to sign the R.A.S.P.

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 2600.227

To prevent future occurrence. The administrator will review RASP upon completion to ensure the document is completed for compliance.

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

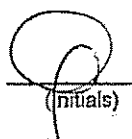
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Valerie Myers

Date 5-5-18

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

The above plan of correction is approved as of 5-23-18
 (Date)

Plan of correction implementation status as of 7/27/18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22598 - 02/20/2018 - Dumas, Gerald
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident # 1's initial DME dated 2/6/18 does not indicate the need for the resident to reside on the secured memory care unit.

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 2600.231 (b)

Initial DME does not indicate the need for a secure memory care unit.

To prevent future occurrence, Administrator will review DME upon completion to ensure residents are appropriate for secure memory care. And that the DMEs marked correctly.

The home will correct the DME for Resident # 1 via communication w/ the physician's office to ensure the record is updated. Op

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers* Date *5-3-18*

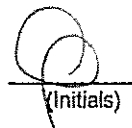
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-23-18
 (Date)

Plan of correction implementation status as of 7/27/18
 (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: 22598 - 02/20/2018 - Dumas, Gerald PCH Name: HERITAGE SPRINGS MEMORY CARE	
1. REGULATION 55 Pa.Code §2600 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.	
2a. DESCRIPTION OF VIOLATION Resident # 1's RASP dated 2/8/18 has not been updated regarding the resident's irritability, aggression or agitation. The RASP notes the resident does not have a problem with any of the above noted items. Resident # 2 was admitted to hospice services on 2/6/18. The resident was considered "bed bound" at this time. The resident's assessment and support plan (R.A.S.P.), dated 2/7/18 incorrectly lists the resident as requiring moderate physical or oral assistance to evacuate in an emergency.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Regulation 2600.234 (d)	
Resident #1s RASP was not updated to include irritability, aggression or agitation. Resident #2s RASP indicated resident was requiring moderate physical assist to evacuate in an emergency. In fact the resident was bedbound. To ensure staff are well informed of resident care needs, the RASP will be update as needs change. RCD will <u>review charts monthly</u> and as needed to ensure updates are included. Administrator will oversee to ensure ongoing compliance.	
The administrator shall keep documentation of record reviews and make them available to the department upon request. <i>M 7/27/18</i>	
Repeat Violation: Yes <input checked="" type="checkbox"/>	Date(s) of Previous Violation(s): 05/06/2017 11/20/2017
Signature of Legal Entity Representative (Required on EVERY Page) <i>Valerie Myers</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Valerie Myers</i>	Date <i>5-3-18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-23-18</u> (Date)	Plan of correction implementation status as of <u>7/27/18</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22598 - 04/26/2018 - O'Haire, Anne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 kicked Resident #2 in the left knee and stomach on 4/10/18. Resident #1 hit Resident #3 in the chest on 4/14/18. The home did not report this abuse to the local area agency on aging.

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 2600.15(a)

Resident #2 with moderate dementia stated that Resident #1 kicked her. Was not witnessed and was not reported to Area agency on aging.

Resident #3 was hit in the chest by Resident #1 this was witnessed and noted in chart but not reported to RCD or administrator.

* Going forward RCD will review nurses notes daily and report any suspected abuse to the agency as well as administrator. Administrator will oversee to ensure compliance.

Within 30 days and on going:

* All staff shall be trained on abuse reporting and the Older Adult protective Services Act. Training shall be provided by an approved training source within 30 days and documentation of training shall be maintained by the home and available to the department upon request

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/05/2017		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Valerie Myers</i>	<i>7/27/18</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Valerie Myers</i>	Date	<i>6-6-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/25/18
 (Date)

Plan of correction implementation status as of 7/27/18
 (Date)

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

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

Violation Report: 22598 - 04/26/2018 - O'Haire, Anne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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

Resident #1 kicked Resident #2 in the left knee and stomach on 4/10/18. Resident #1 hit Resident #3 in the chest on 4/14/18. The home did not submit an incident report to the Department regarding the abuse.

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 2600.16(c)

Resident #2 with moderate dementia stated that Resident #1 kicked her. Was not witnessed and was not reported to Area agency on aging.

Resident #3 was hit in the chest by Resident #1 this was witnessed and noted in chart but not reported to RCD or administrator.

Going forward RCD will review nurses notes daily and report any suspected abuse to the agency as well as administrator. Administrator will oversee to ensure compliance

*Within 30 days + ONGOING:
 The administrator shall review the incidents required to be reported by 2600.16a with all staff. Documentation of the review shall be maintained by the home and made available to the department upon request.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/05/2017	<i>[Signature]</i>
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers* Date *6-6-18*

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

The above plan of correction is approved as of 6/25/18
 (Date)

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

Plan of correction implementation status as of 7/27/18
 (Date)

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

Violation Report: 22598 - 04/26/2018 - O'Haire, Anne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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

Through staff interviews and a review of resident records, it was determined that the home was unable to prevent resident #1 from physically assaulting other residents on the following occasions:
 On 04-02-18, when Resident #1 entered Resident #2's room and began rummaging through their belongings, Resident #2 was slapped across the face when they asked resident #1 to leave the room. Resident #1 was reported by staff to have constantly entered Resident #2's room causing Resident #2 to become anxious and distressed to the point where they required medication to ease this anxiety.
 On 04-08-18, Resident #1 wandered into an unidentified resident's room and when staff attempted to redirect them out of the area, resident #1 grabbed the other resident's arm. Resident #1 also hit and kicked resident #2 during an increased state of agitation.
 On 04-10-18, Resident #1 was observed by staff to have kicked Resident #2 in the knee and stomach.
 On 04-14-18, at 5:00AM, Resident #1 was found sleeping in another resident's room. Staff attempted to redirect the resident and he/she became combative with staff and punched Resident #3 in the chest.
 On 04-21-18, Resident #1 entered Resident #4's room and began to rummage through their belongings. When Resident #4 attempted to stop Resident #1 from doing this, Resident #1 slapped Resident #4 across the face.

 On 4/8/18, Resident #1 was very agitated as per interviews with staff. The resident was non-compliant with medications. The resident was attempting to go in another resident's room and was grabbing the other residents' belongings. Resident #1 also hit and kicked Resident #2. Staff person "A" as directed by the home's administrator, Staff person "B" - took the resident into the courtyard and left the resident outside. Staff interviews indicate that the resident was trying to get back in the building but could not as the doors were locked. A video recording of the incident showed the resident attempting to get in a door. The resident was walking around the courtyard with his/her arms crossed. Staff interviews indicated the weather was cool on the above noted date. Staff interviews indicated that staff member "A" told staff - "you let his/her in; you deal with him/her." The home locked the resident in the courtyard and restrained the resident by physically preventing the resident from re-entering the home. This is considered unreasonable confinement.

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.

See Attached Addendum B

Repeat Violation: <u>Yes</u>	Date(s) of Previous Violation(s):	<u>07/05/2017</u>	<u>10/04/2017</u>	<u>11/20/2017</u>
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers* Date 6-6-18

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

The above plan of correction is approved as of <u>6/25/18</u> (Date)	Plan of correction implementation status as of <u>7/27/18</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Addendum B

Regulation 2600.42(b)

Resident #1 was new to facility and adjusting was not easily redirected.

Staff person A was instructed by staff person B to take resident #1 out for a walk in the courtyard to help calm her as she was banging on the doors to go out. Resident had a coat on and walked outside for 5 minutes. When resident #1 tried the door to come in staff member watching from another door called to her to come in and she did. Resident #1 was calmer after the walk per interviews with staff that day.

Going forward will add more positive interventions including walks outside. These will be added to the support plan. RCD will follow up with staff to ensure interventions are working and update as needed.

We will work towards improving the screening process prior to admission.

* The administrator shall monitor and be responsible for
Valerie Myers
Valerie Myers 6/6/18
ongoing compliance
62518
M

*

Within 30 days:

Residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

All staff, shall be trained on the use of positive intervention techniques aimed at reducing resident behaviors.

All staff, including the administrator, will receive training from an approved training source and within 30 days. All documentation of training shall be maintained by the home and be made available to the department upon request.

M
7/27/18

Violation Report: 22598 - 04/26/2018 - O'Haire, Anne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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

It has been determined through staff interviews that Resident # 1's medications are crushed and put in a cup of coffee. The coffee will be left for the resident to drink. The person administering the medications does not wait to see the resident's medications were administered.

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 2600.187 (c)

Resident#1 medication were crushed and place in a cup of coffee. This was how her family gave her medications at home. The staff are instructed to watch to be sure medications are taken. Medtech or nurse would sometimes watch from a distance as resident #1 would get upset if staff are to close. If resident refused staff would get another nurse/med tech to try to give medicine.

Going forward all staff giving medication will stay near the resident as they take the medication. RCD will oversee to ensure this happens.

The administrator shall monitor for ongoing compliance. m 6/25/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valeriemya* Date *6/6/18*

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

The above plan of correction is approved as of <u>6/25/18</u> (Date)	Plan of correction implementation status as of <u>7/27/18</u> (Date)
The above plan of correction was approved by <u><i>m</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: 22598 - 04/26/2018 - O'Haire, Anne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 65 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

The home's medication policy notes crushed medications are not to go in liquid. The home is administering Resident # 1's medication in coffee.

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.

2600.185A

The nurse gave the resident her medications in a cup of coffee per the families request. Our policy stated that it was not to be given a liquid.

Going forward the home's policy was updated to coincide with the 2600.185A regulation, and the medication train the trainer book. That states medications may be crushed and administered in a liquid.

See Attached updated medication policy.

Repeat Violation: <u>Yes</u>	Date(s) of Previous Violation(s): <u>05/05/2017</u>		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Valerie Myers

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Valerie Myers Executive Director Date 7-10-18

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The above plan of correction is approved as of 7/13/18
 (Date)

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

Plan of correction implementation status as of 7/13/18
 (Date)

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

Policy Crushing Medications

Medications will be crushed in accordance with physician's orders and state regulation, without infringing on the resident's personal right to refuse medications.

Procedure:

1. The designated staff person obtains a physician's order prior to crushing a resident's medications.
2. The physicians order is maintained in the resident's record.
3. The order is placed on the MAR and on their RASP
4. During medication pass, the nurse will crush the medications using the appropriate approved device.
5. The completely crushed medication is mixed with the appropriate substance such as applesauce, a liquid or modified liquid. (See Med tech trainer manual)
6. The nurse or med tech stays with the resident to ensure they take and swallow the medication.

[Handwritten signature]
7/13/18

Valecie Myers 7/10/18
Valecie Myers
Executive Director

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

The home failed to implement positive intervention strategies to stop Resident #1 from becoming assaultive towards others in the facility. The home placed the resident on q 30 min. monitoring checks, which had no effect in decreasing resident #1's intrusive and assaultive behavior towards other residents. On 4/8/18, the home's staff placed the resident in a courtyard alone with no direct supervision in an attempt to get the resident to calm down after an episode where the resident was exhibiting increased agitation and aggressive behavior. The home also utilized psychotropic medications to address the resident's aggressive behaviors but failed to demonstrate that they utilized other means.

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.

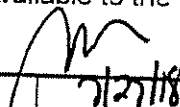
Regulation 2600.201

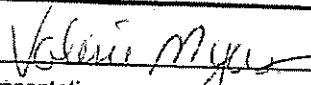
The home recognizes that positive interventions are important to reduce inappropriate behavior and increase appropriate behaviors.



Within 30 days:


- The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others.
- All staff, shall be trained on behavioral management and positive interventions, focusing on **prohibition of chemical restraints** and the use of positive intervention techniques aimed at reducing resident behaviors.
- All staff, including the administrator, will receive training from an approved training source and all documentation of training shall be maintained by the home and be made available to the department upon request.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Valerie Myers	6-6-18

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The above plan of correction is approved as of <u>6/25/18</u> (Date)	Plan of correction implementation status as of <u>7/27/18</u> (Date)
The above plan of correction was approved by  (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: 22598 - 04/26/2018 - O'Haire, Anne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a PRN order for 0.5mg of Lorazepam every 6 hours for anxiety. Nursing notes indicate the following: On 3/29/18, the home administered the medication with the resident's routine medications. The PRN Lorazepam was administered again on 3/29/18 because the resident was going through other resident's belongings. On 3/30/18, it was administered because the resident was wandering in other residents' rooms and was difficult to redirect. The home is chemically restraining Resident #1 by administering a medication to try to control an unwanted behavior.

In addition, it was determined through staff interviews and MAR documentation on 4/8/18, that Resident #1's medications are crushed and put in a cup of coffee. The coffee is left for the resident to drink. This is a chemical restraint. Medications include Haloperidol 2mg for agitation and Lorazepam 0.5mg for anxiety.

On 4/8/18, Resident #1 was very agitated as per interviews with staff. The resident was non-compliant with medications. The resident was attempting to go in another residents' room and was grabbing the other residents' belongings. Resident #1 also hit and kicked Resident #2. Staff person "A" as directed by the home's administrator, Staff person "B", took the resident into the courtyard and left the resident outside. Staff interviews indicate that the resident was trying to get back in the building but could not as the doors were locked. A video recording of the incident showed the resident attempting to get in a door. The resident was walking around the courtyard with his/her arms crossed. Staff interviews indicated the weather was cool on the above noted date. Staff interviews indicated that staff member "A" told staff - "You let him/her in; you deal with him/her." The home locked the resident in the courtyard and restrained the resident by physically preventing the resident from re-entering 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.

Attached

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers Executive Director* Date *6/27/18*

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 (Date)

Plan of correction implementation status as of 7-27-18
 (Date)

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

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

2600.202

Resident #1 was given as needed medications on several occasions without having documented interventions tried first. Resident #1 was also given medication crushed in her coffee as she had taken it at home.

Going forward Heritage Springs has added an intervention system in Quickmar (electronic medical record) At least 3 positive interventions need to be tried before giving an as needed medication. Residents will be given crushed medications in a substance approved by pharmacy, such as applesauce.

We disagree with the violation on seclusion of the resident #1

On 4/8/2018 Resident was seen and heard pounding on the door to get out by several staff members. She was exit seeking all morning according to staff. Staff member took resident outside but did not stay outside with resident. Staff monitored from inside while resident was calming down. When resident attempted to open a side door staff directed her to correct entrance door from courtyard. Resident was calmer when she came in.

Going forward all residents will not only be supervised but have a staff or family member with them while in the courtyard. All staff were trained on this new policy.

Within 30 days:

A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.

-All staff, shall be trained on behavioral management and positive interventions, focusing on **prohibition of chemical restraints** and the use of positive intervention techniques aimed at reducing resident behaviors.

-All staff, including the administrator, will receive training from an approved training source and all documentation of training shall be maintained by the home and be made available to the department upon request.

-The administrator shall monitor and be responsible for ongoing compliance.

M
7/27/18

4/27/18

Valerie Myers

Valerie Myers Executive Director

Violation Report: 22598 - 04/26/2018 - O'Haire, Anne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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 #1's RASP dated 03-26-18 stated a plan to utilize resident's family for one to one supervision when needed to address his/her behaviors related to dementia; however, the home did not implement this plan. The home addressed Resident #1's agitated and aggressive behavior through observation and monitoring and later administered psychotropic medications. The home did not develop a plan were less restrictive methods were attempted to decrease Resident #1's aggressive and agitated behavior.

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 2600.227

RCD in conjunction with staff, family will develop and follow a plan to address unwanted behaviours. Specific redirection techniques and positive reinforcements. RCD will follow up with staff to determine if effective or not and update as needed.

Repeat Violation: <u>Yes</u>	Date(s) of Previous Violation(s): <u>07/05/17</u>
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Signature of Legal Entity Representative
 (Required on EVERY Page) Valerie Myers

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Valerie Myers</u>	Date <u>6-6-18</u>
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The above plan of correction was approved by <u>M</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
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Violation Report: 22598 - 05/02/2018 - Deluca, Amy
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The batteries in the home's Carbon Monoxide monitor near the fire place were not labeled with the date the batteries were installed. Also, the Carbon Monoxide monitor was plugged into the wall approximately 1 foot away from the gas Fireplace. The Care Facility Carbon Monoxide Alarms Standards Act requires the monitor to be placed no less than 15 feet from the fossil fuel burning device.

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 2600.18

The home recognizes the need to follow Federal, state and local laws and ordinances to protect the safety of the residents.

The Co2 detector was moved to a location 15' from the gas fireplace. The batteries have been dated. (picture attached)

Co2 monitor will be checked monthly by administer or designee to ensure proper placement and date on battery. (attached flow sheet)

The administrator shall monitor and be responsible for ongoing compliance



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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers* Executive Director Date: *5/25/18*

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The above plan of correction is approved as of 5/29/18
 (Date)

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

Plan of correction implementation status as of 7-27-18
 (Date)

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

Violation Report: 22598 - 05/02/2018 - Deluca, Amy
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

The temperature of the top of the metal grate placed in front of the fireplace measured 214.1° F, posing a safety risk to the residents.

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 2600.84

To protect the residents the home had maintenance lower the flame height on the fire place so it could not get as warm. Administrator tested for degree and found it to be 97.9 degrees Fahrenheit. (photo attached)

Administrator or designee will monitor temperature monthly to be sure Temperature is below 120 degrees.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers Executive Director* Date *5/25/18*

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 (Date)

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

Plan of correction implementation status as of 7-27-18
 (Date)

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

Violation Report: 22598 - 05/02/2018 - Deluca, Amy
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

The home's Memory Lane activity area contains a door which leads to a courtyard with a gate that can be used for egress. The door in the activity area did not have an exit sign placed near it to identify it as an exit.

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 2600.133(a)

The home added an Exit sign above door the day of the activity area the day of inspection. Inspectors observed this.

Administrator will do frequent walks through the building to ensure signs remain in place.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers Executive Director* Date *5/25/18*

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The above plan of correction is approved as of <u>5/29/18</u> (Date)	Plan of correction implementation status as of <u>7.27.18</u> (Date)
The above plan of correction was approved by <u><i>m</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: 22598 - 05/02/2018 - Deluca, Amy
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The Memory Lane dining room has a door leading to the parking lot which is marked as an exit. The door leading to this dining area did not have an exit sign placed near it to indicate the room leads to an exit.

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.

2600.133(a)2

The home added an Exit sign above the dining room door the day of inspection. Inspectors observed this.

Administrator will do frequent walks through the building to ensure signs remain in place.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers executive director* Date *5/25/18*

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 (Date)

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

Plan of correction implementation status as of *7.27.18*
 (Date)

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


Violation Report: 22598 - 05/02/2018 - Deluca, Amy
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 The Heritage Hall treatment cart contained a tube of Calmoseptine lotion that was not labeled with a resident's name.

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 2600.184(b)
 Medication that was not labeled was disposed of the day of inspection.
 Quarterly audits of med cart will be done by Diamond pharmacy.
 All medications will be checked by nurse or med-tech prior to putting in the medcart.
 All medications will be kept in their original/labeled containers. Staff educated.

The administrator shall monitor and be responsible for ongoing compliance.

 5/29/18


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Valerie Myers executive director</i>	Date <i>5/25/18</i>
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Plan of correction implementation status as of 7.27.18
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Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 22598 - 05/02/2018 - Deluca, Amy
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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 #1's Medication Administration Record (MAR) did not list a diagnosis for the medication Cefuroxime 250mg Tablets.

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 2600.187(a)

Pharmacy failed to list diagnosis in emar system.

Staff educated to make sure a diagnosis is listed with all medications before they approve the order. This ensures the Med-tech or nurse know why they are administering that medication.

The administrator shall monitor and be responsible for ongoing compliance - M 5/29/18

Repeat Violation: <u>Yes</u>	Date(s) of Previous Violation(s): <u>05/05/2017</u>	
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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) *Valerie Myers Executive Director* Date 5/25/18

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22598 - 05/02/2018 - Deluca, Amy
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician's order for blood glucose checks 3 times daily with insulin to be administered according to a sliding scale. On 4/27/2018 there is a blood glucose reading of 165 recorded on the resident's MAR in the 4:30pm time slot with 2 units of insulin administered. The reading was not found in the resident's glucometer. On 4/29/2018 the resident's blood glucose reading was 229 requiring 4 units of insulin. The MAR indicates 6 units of insulin were administered.

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 2600.187(d)

Staff reeducated to make sure that they follow the correct steps for medication administration and to note the proper dose for each medication.

Staff training to follow.

The home shall follow the direction of the provider. The administrator shall monitor and be responsible.

m
 5/29/18

Repeat Violation: Yes	Date(s) of Previous Violation(s): 06/05/2017		
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Signature of Legal Entity Representative (Required on EVERY Page) *Valerie Myers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Valerie Myers executive director* Date *5/25/18*

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- Not Implemented

Violation Report: 22598 - 05/02/2018 - Deluca, Amy
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 who was admitted to the home on 1/23/2018 does not have a diagnosis of dementia listed on the resident's Documentation of Medical Evaluation form (DME) or on the resident's preadmission screening form as required for a resident to be admitted to a secure dementia unit.

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 2600.231(b)

Resident #3 admitted to SDCU without a diagnosis of dementia or Alzheimer's on her DME. On her Pre_screen form she had a diagnosis of cognitive decline listed on her pre-screen only.

Going forward Administrator will review all pre-screen and DME with Resident care director to ensure proper diagnoses for a secure dementia unit is listed.

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) *Valerie Myers Executive Director* Date *5/25/18*

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 (Initials)

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

Violation Report: 22598 - 05/02/2018 - DeLuca, Amy
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The Heritage Hall courtyard gate which is locked and equipped with a key pad next to it did not open when the posted code was entered. According to staff the gate had recently been fixed and it was discovered the gate was programmed with an old code rather than the newly posted one.

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 2600.233 (c) *During Repair, Code WAS inadvertently changed*
Repair Service to Original Code without making additional work
plus after factory was incorrect.
 The electronic key pad sign was changed to the correct code the day of the inspection. Administrator or designee will monitor to ensure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers Executive Director* Date *5/25/18*

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

Violation Report: 22598 - 05/21/2018 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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

Resident #1 fell on 5/11/2018 and sent to the hospital on 5/13/18 and was diagnosis with a subdural hematoma. The home did not submit a reportable incident report to the Department until 5/15/18.

Resident #2 was receiving hospice services and passed away at the home on 4/16/18. The home failed to submit a reportable incident report to the Department regarding the death.

Resident #3 passed away at the hospital on [redacted] 18 while on a bed hold. The home failed to submit a reportable incident report regarding the death.

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)

Resident #1 did not return from the hospital with a diagnosis report until 5/15/18 when incident was reported.

Going forward the home will report all deaths and unusual incidents within 24 hours of incident.

Administrator will oversee for compliance.

Adm will ensure all employees are educated on all 19 events that are reportable, and a process to submit reports timely, including nights, weekends and holidays.

A.G. 7/27/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/05/2017

Signature of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers* Date *6-28-18*

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

The above plan of correction is approved as of 6-29-18
 (Date)

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

Plan of correction implementation status as of 7-27-18
 (Date)

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

Violation Report: 22598 - 05/21/2018 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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 5/11/2018 at approximately 2:40pm, resident #1, who was on blood thinning medication, had an unwitnessed fall from their wheelchair. Nursing staff accessed resident #1 and documented in the nursing notes that the resident had a hematoma on the left side of their forehead. Staff person A went to both the administrator and the owner of the facility for instructions on treating resident #1. The Administrator and the owner of the facility instructed staff person A to inform the resident's doctor regarding the fall. Staff person A stated that the home's protocol of informing the doctor is to fax the doctor the incident report and place a copy of the fax in a folder for the doctor's next visit to the home. Based on interviews with the resident's doctor's office, it was determined that the doctor never received the fax. The resident wasn't seen by a doctor until 5/12/2018 at approximately 8pm while the doctor was doing previously scheduled rounds at the home. On 5/13/18 at 1:30pm, the resident was sent to the hospital for shortness of breath. Resident #1 was diagnosed with a bilateral subdural hematoma and was discharged from the hospital back to the home on 5/15/18 with new orders for hospice. On 5/21/18 resident #1 passed away while on hospice in the home. The resident was neglected due to the home's failure to get immediate medical attention after the resident's fall which resulted in a visible hematoma on the left side of the resident's head.

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 in 2600.42

Our policy (See Attachment A) is to call the Doctor or 911 in case of an emergency with evidence of a head injury. After instructing staff person A to call the physician, Residents Wife/Legal Medical POA-(See Attachment B) was in the building, Staff person A then asked Wife if she wanted to send resident out to be seen at the ER since the resident was end stage Dementia and End stage Parkinson's. Wife stated NO don't send him Wife was asked by the second shift nurse again later if she was sure she did not want him sent out to be seen, and wife again said NO (see attachment c). Wife stayed with the resident until around 9 pm, and left. Doctor rounded here the following day, assessed resident, ordered Neuro Checks and if there was a change in condition to send him out to the ER. Resident was checked on frequently and neuro checks were completed as ordered. There was no change noted until Two days after the fall when the resident exhibited breathing difficulty. He was then sent out to the ER via 911 Emergency Services.

Going Forward, If A POA declines medical treatment, we will still call 911 and they can refuse treatment to emergency personnel. We will also Notify the physician Via Phone Call.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/20/2017	10/04/2017	07/05/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *Valerie Myers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Valerie Myers* Date *6-28-18*

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The above plan of correction is approved as of 6-28-18 (Date)

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

Plan of correction implementation status as of 7/07/18 (Date)

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

Violation Report: 22598 - 05/21/2018 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

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 #4's resident assessment support plan dated 12/11/2017 was not updated to reflect the resident's series of falls.

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.

2600.227 (d) Resident #4 had a series of falls that were not reflected on her support plan

Going forward RCD to monitor falls and update support plan for numerous falls. Administrator will do chart checks and monitor for ongoing compliance.

The home will update Res #4's support plan to reflect his/her fall history. QP

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/05/17

Signature of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Valerie Myers* Date 6-28-18

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The above plan of correction is approved as of 6-28-18
 (Date)

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

Plan of correction implementation status as of 7/27/18
 (Date)

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