



# pennsylvania

DEPARTMENT OF HUMAN SERVICES

MAY 08 2019

Ms. Cindy S. Cross  
Vice President/Secretary  
Heatherwood Retirement Investors, LLC  
**Attn: Teresa Thigpen**  
3570 Keith Street NW  
Cleveland, Tennessee 37312

RE: Heatherwood Retirement Community  
3180 Horseshoe Pike  
Honeybrook, Pennsylvania 19344  
License #: 104550

Dear Ms. Cross:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 22, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 10465 - 10/22/2018 - Gillespie, Doniso  
PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
2600.54(a) - Direct care staff persons shall have the following qualifications:  
(1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
(2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION  
Direct care Staff Person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

All Direct Care Staff were reviewed for compliance with regulation. Staff Person A has moved to a different department and no longer does care. All staff will be reviewed for compliance prior to hire by the Business Office Director and checks will be done quarterly for compliance.

Administrator or designee will ensure all current and newly hired direct care staff persons meet the criteria for employment covered in 2600.54 a. SP 04-22-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kerri A. Jones</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kerri Jones, Executive Director			Date 3/14/19

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

The above plan of correction is approved as of <u>04-22-19</u> (Date)	Plan of correction implementation status as of <u>04-22-19</u> (Date)
The above plan of correction was approved by <u>SP</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: 10466 - 10/22/2018 - Gillespie, Denise  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 66 Pa.Code §2600  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
 The telephone in resident bedroom A112 does not have the emergency service number posted nearby.

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.

Emergency Phone Numbers are placed on all resident phones on stickers. All residents phones were checked for emergency phone number sticker and worn and missing stickers were replaced immediately. Housekeeping will check monthly to ensure all emergency phone numbers are in place.

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Violation Report: 10455 - 10/22/2018 - Gillespie, Donlea  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 65 Pa.Code §2600  
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 One package of meatballs and one package of ravioli were located in the main kitchen freezer. The ravioli and meatballs were not in the original containers and had no label or date on them.  
 Two chicken drumsticks were located in the personal care fridge on the first floor. The drumsticks were not labeled or dated.

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.

Items were discarded immediately.  
 Dietary staff had an in-service on 10/30/18 on food safety and food storage.  
 Weekly kitchen inspections are done to ensure policies are being followed.

Administrator or designee will ensure all food items are not expired, outdated, or dented. Food items will be labeled and dated. Logs of staff training to be kept for Department review. SP 04-22-19

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Violation Report: 10455 - 10/22/2018 - Gillespie, Denise  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 65 Pa. Code §2600  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
 The fire drill record for the drill conducted on 8/31/18 does not include the number of Residents who were evacuated in the fire drill.  
 The fire drill record for the drill conducted on 7/27/18 does not include the number of Residents who were evacuated in the fire drill.

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.*

Environmental Services Director immediately started documenting numbers of residents present vs. number of residents evacuated.

Administrator or designee will ensure written fire drill log contains all elements of 2600.132 c including number of residents evacuated during the fire drill. Fire drill logs to be kept for Department review.  
 SP 04-22-19

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Violation Report: 10466 - 10/22/2018 - Gillespie, Denise.  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation for Resident #1, dated 7/25/18, does not include the resident's ability to self-administer medications, body positioning/movement, special health or dietary needs, and the medication addendum.

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.

Medical Evaluation was resubmitted to Family doctor for completion of the medical evaluation.  
 Completed evaluation is now in resident #1's medical record.

Administrator or designee will ensure all residents have a Documented Medical Evaluation (DME), that covers all the aspects of 2600.141 (a)(2)  
 SP 04-22-19

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Violation Report: 10465 - 10/22/2018 - Gillespie, Denise  
 PCH Name: HEATHERWOOD RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2800  
 2800.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually,  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
 Resident # 3 was admitted on 5/21/16. Resident #3 had assessments completed 6/31/16 and 4/13/18. The home did not complete an annual assessment for Resident # 3 in 2017.

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

Executive Director reeducated the Resident Care Director on 10/30/19 on the importance of getting annually assessments completed timely. All residents annual reviews are placed in Point Click Care Program as to prompt a reminder when assessments are due.

Administrator or designee will ensure all residents have a Resident Assessment Support Plan (RASP), completed annually or when there is a change in condition. Resident care directors education/training to be made available for Department review.  
 SP 04-22-19

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