



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

Mr. Daniel C. Frost
Executive Director
Heather Glen Senior Living, LLC
5930 Hamilton Boulevard
Wescosville, Pennsylvania 18106

RE: Heather Glen Senior Living
415 Blue Barn Road
Allentown, Pennsylvania 18104
License #: 226820

Dear Mr. Frost:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 6, 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 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The kitchenette in the "Sugar Berry" neighborhood of the home's SDCU contained an unsealed bag of potato chips. The kitchenette in "C Wing" contained 2 unsealed bags of potato chips and 2 unsealed bags of cereal.

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 2600.103 (g):

- Heather Glen staff immediately sealed the potato chip bags and cereal bags at time of inspection. **Completed December 6, 2018.**
- Dining Services Director and/or his designee will train all staff on the purpose and importance of regulation 2600.103 (g). **To be completed by January 31, 2019.**
- Dining Services Director and/or his designee will make daily rounds in SDCU kitchenettes to ensure that all food is stored in closed and sealed containers as per regulation 2600.103 (g). **Daily and ongoing beginning January 2019.**
- Dining Services Director and/or his designee will include this training in the orientation for new employee training for all new hires of Heather Glen. **To begin January 31, 2019.**
- Dining Services Director and/or his designee will document completion of daily rounds on the appropriate Heather Glen audit form to be kept in a binder in the Dining Services Director's office. **Daily and ongoing beginning January 2019.**

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/17/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane E. Crown, E.D.</i>	Date <i>1.4.19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-11-19
 (Date)

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

Plan of correction implementation status as of 2-11-19
 (Date)

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

Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

A handful of lint was located in the lint trap of the dryer located on the 2nd floor, posing a possible fire hazard.

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 2600.105 (g):

- Heather Glen staff immediately removed the lint from the lint trap at the time of the inspection. **Completed December 6, 2018.**
- Environmental Services Director and/or his designee will train all staff on the purpose and importance of regulation 2600.105 (g). **To be completed by January 31, 2019.**
- Environmental Services Director and/or his designee will include this training in the orientation for new employee training for all new hires of Heather Glen. **To begin January 31, 2019.**
- Environmental Services Director and/or his designee will make daily rounds of all laundry rooms to ensure that the lint traps are cleaned appropriately. **Daily and ongoing beginning January 2019.**
- Environmental Services Director and/or his designee will document completion of daily rounds on the appropriate Heather Glen audit form to be kept in a binder in the Environmental Services Director's office. **Daily and ongoing beginning January 2019.**

Repeat Violation: No

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Date 1.4.19

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
 "Lily" the cat's rabies vaccination expired on 9/3/16.

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 2600.109 (b):

- Executive Director obtained the vaccination records for Lily the cat from the veterinarian at the time of inspection. Please see the attached copy. **Completed December 6, 2018.**
- Life Enrichment Director and/or her designee maintains accurate vaccination records according to regulation 2600.109 (b) and updates accordingly in a binder kept in her office. **Daily and ongoing beginning January 2019.**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Wendy E. Crown, E.D.	1.4.19

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The homes most recent fire safety inspection and fire drill conducted by the fire safety expert was conducted on 7/16/18, the previous was conducted on 5/7/17.

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 2600.132 (b):

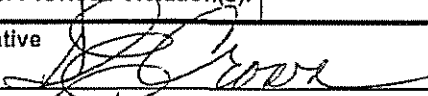
- Heather Glen did have an annual fire safety inspection and fire drill conducted by a fire safety expert as per regulation 2600.132 (b); however, this was conducted out of compliance by two months.
- Environmental Services Director and/or his designee will ensure that regulation 2600.132(b) occurs annually and remains in compliance by scheduling inspections within

the calendar timeframe. These inspections will be documented on appropriate forms and kept in a binder in his office. **Annually beginning July 2019.**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Diane E. Crown, E.S.

Date

1.4.19

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

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 double doors near resident room #110 are used as an exit in the event of an emergency; however, there is no exit sign posted at this 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):

- Heather Glen posted a "NO EXIT" sign according to regulation on the double doors near resident room #110 as this is not used as an exit in the event of an emergency.
Completed December 2018.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Diane E. Crown, E.S.* Date *1-4-19*

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

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

2a. DESCRIPTION OF VIOLATION
 Resident #1's DME, date 2-16-18, and Resident #2's DME, dated 9-4-18, do not indicate Body Positioning.

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 2600.141 (a) (2):

- Director of Wellness and/or her designee will review all DMEs upon admission to ensure that all areas have been completed by appropriate medical professional. **Beginning January 2019.**

As per discussion with the hoemn, the DMEs that were incomplete have since been completed. 2-11-19 *AG*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/17/2017	12/14/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole E. Crown, E.S.* Date *1-4-19*

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

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

Resident #3's novolog flex pen was not dated when it 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.

Regulation 2600.183 (d):

- Director of Wellness and/or her designee will conduct daily medication cart audits to ensure that all medications are current and accurate, available and properly labeled as per regulation 2600.183 (d). Director of Wellness and/or her designee will complete the appropriate audit form and keep in binder in her office. **Beginning January 2019.**

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/17/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
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Diane E. Crown, E.D.

Date

1.4.19

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

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
 Resident #2's res q, res q magnesium, vitamin c, stool softener, res q blood sugar support, melatonin, vitamin D3, coq10 and super B complex did not include the residents 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):

- Director of Wellness and/or her designee will conduct daily medication cart audits to ensure that all medications are current and accurate, available and properly labeled as per regulation 2600.183 (d). Director of Wellness and/or her designee will complete the appropriate audit form and keep in binder in her office. **Beginning January 2019.**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Diane E. Crown, E.D.	1.4.19

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #4's PRN olanzapine was not available at the time of the inspection.

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.

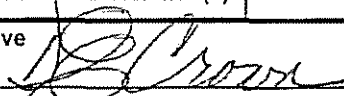
Regulation 2600.185 (a):

- Director of Wellness and/or her designee will conduct daily medication cart audits to ensure that all medications are current and accurate, available and properly labeled as per regulation 2600.183 (d). Director of Wellness and/or her designee will complete the appropriate audit form and keep in binder in her office. **Beginning January 2019.**

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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Diane E. Crown, E.D.

Date *1.4.19*

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

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 #5's MAR notes Bismatrol PRN every 4 hours, the order is for every 6 hours.

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):

- Director of Wellness and/or her designee will conduct weekly MAR audits to ensure the accuracy of physician orders with MARs and will follow through on any corrections or changes needed as per regulation 2600.187 (a). **Beginning January 2019.**

Type text here

The Administrator will oversee the weekly audits, including their retention by the home. The audits will include the initials of the staff person completing the audit, their findings, any corrective actions taken, if warranted, and the outcome. 2-11-19

AG

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/17/2017	12/14/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Diane E. Crown, E.D.* Date *1-4-19*

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

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

Resident #1's assessment and support plan (RASP), dated 4-8-18, and Resident #6's RASP, dated 3-16-18, are not signed by the residents. There is no indication on the RASPs that the residents were unable or declined to participate, or refused or were unable to sign.

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 (g):

- Director of Wellness and/or her designee will ensure that a resident signs his/her RASP or, if resident is unable to sign his/her RASP or refuses to sign his/her RASP, will ensure that this is noted on the RASP with an explanation as per regulation 2600.227 (g).
Beginning January 2019.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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Diane E. Crown, E.D.

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Violation Report: 22682 - 12/06/2018 - Novak, Ryan
 PCH Name: HEATHER GLEN SENIOR LIVING

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 exit doors leading to the patio and the courtyard in the home's SDCU, as well as the doors in the courtyard of the home's SDCU are magnetically locked. At time of inspection, the codes used to unlock the doors were incorrect.

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):

- Heather Glen SDCU exit doors were secured and locked as per DHS regulation and were appropriately coded as per regulation. At the time of inspection, the codes that were labeled on the locks did not match the codes in the computer system. However, the exit doors were secured and were not an elopement or security risk to our residents on the SDCU.
- Environmental Services Director corrected the label on the lock to match the computerized code in the computer system at the time of the inspection. **Completed December 6, 2018.**

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/17/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Niane E. Crown, E.D.</i>	Date <i>1-4-19</i>
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