



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: March 25, 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 inspection on December 12, 2018 and January 9, 2019 of the above facility, the citations 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.

Sincerely,

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

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22682 - 12/12/2018 - Dumas, Gerald
 PCH Name: HEATHER GLEN SENIOR LIVING

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

The home failed to notify this Department of alleged physical abuse and verbal disrespect involving staff person A towards resident # 1 and a family member as described in a letter dated 12/3/18 from the relative.

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.

The Executive Director and/or designee will report any future incidents involving abuse or suspected abuse to the appropriate Departments as per regulation 2600.16(c).

To begin immediately.

The Administrator will also conduct a training of all staff to ensure that they are familiar with all 19 events that are to be reported to the Department and the home's process to be followed in order that the reports are submitted within the required time frame. A copy of the sign in sheet will be sent to the Northeast Regional Office upon completion-no more than 15 days after the receipt of this Plan of Correction. 3-14-19 *AG*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Amelia Y. Cimerola*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amelia Y. Cimerola, Administrator* Date *3/8/2019*

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

The above plan of correction is approved as of <u>3-14-19</u> (Date) The above plan of correction was approved by <u><i>AG</i></u> (Initials)	Plan of correction implementation status as of <u>3-14-19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22682 - 12/12/2018 - Dumas, Gerald
 PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On Sunday 12/2/18 Staff pwerson A spoke disrespectfully to a family member resulting in staff person A's termination.

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.

Staff person A was terminated from employment.

Director of Wellness will review resident rights with Heather Glen Staff. To completed at "All Staff Meeting" on March 27, 2019.

Upon completion of the home's staff meeting, the Administrator will send a copy of the staff sign-in sheet and a copy of the itinerary or handouts to the Northeastern Regional Office for review. 3-14-19

AG

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Signature of Legal Entity Representative (Required on EVERY Page) *Amelia Y Cimmerola*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amelia Y. Cimmerola, Administrator* Date *3/8/2019*

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Violation Report: 22682 - 12/12/2018 - Dumas, Gerald
PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.44(e) - Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

2a. DESCRIPTION OF VIOLATION

The home failed to respond to a complainant within 2 business days in writing regarding an incident at the home involving resident # 1 and the complainant on 12/2/18.

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

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

Within two (2) days of any future written complaints, the Executive Director will provide a written Plan of Action to the complainant.

To begin immediately.

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 (Required on EVERY Page) *Amelia Y. Cimerola*

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Violation Report: 22682 - 12/12/2018 - Dumas, Gerald
PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.44(f) - Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

2a. DESCRIPTION OF VIOLATION

The home failed to respond to a complainant within 7 days after the submission by the complainant regarding resident # 1 (complaint dated 12/3/18.) The home did not respond in writing with a status report or a written decision to the complainant as to the steps the home has taken to resolve the complaint.

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.

Within seven (7) days of receiving any future written complaints, the Executive Director will provide the complainant with a written explanation of any and all findings and plan of action to resolve the complaint.

To begin immediately.

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Violation Report: 22682 - 12/12/2018 - Dumas, Gerald
PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.101(i) - A resident shall have access to his/her bedroom at all times.

2a. DESCRIPTION OF VIOLATION

While conducting a walk through of the facility, learned that resident # 2's door is kept locked as well as all of the other residents in the home's secured unit. Residents shall have access to their bedrooms at all times.

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.

Administrator will submit a waiver request for residents and/or responsible party who wish to have a lock on their door.

*

Environmental Services Director will immediately start to remove locks from all resident room doors in SDU.

All SDU staff are provided with room keys and are able to unlock any doors to resident rooms to provide residents with access to his/her bedroom.

* The Administrator will ensure that all locks on resident bedroom doors in the home's Secured Care Dementia Unit are removed immediately. Staff will ensure that residents have access to their unlocked bedrooms at all times. Residents that are able to successfully use a key to unlock their own bedroom door will be able to keep their doors locked if desired. 3-14-19

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1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in room C -1 B does not have a source of light that can be turned on/off from bedside.

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.

Enrironmental Services Director immediately replaced missing light bulb.

The Administrator will put into place a system of oversight regarding room monitoring for the regulatory requirements for Resident Bedrooms. This will ensure ongoing compliance. 3-14-19

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Violation Report: 22682 - 12/12/2018 - Dumas, Gerald
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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 # 2's designee, who participated in the support plan, did not include a date as to when the resident's support plan was signed.

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.

Director of Wellness will renew all support plans to ensure date and signature of resident and/or designee are present.

To begin immediately.

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Violation Report: 22682 - 12/12/2018 - Dumas, Gerald
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1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

The residents assessment and support plan (R.A.S.P.), for resident # 2 dated 8/3/18, did not indicate the resident's inability to sign the support plan.

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.

Director of Wellness will review all support plans to ensure date and signature of resident and/or designee are present.

To begin immediately.

Director of Wellness will provide a written explanation, on the support plan, in the event that a resident is unable to or refuses to sign and date the support plan.

To begin immediately.

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