



Sent via e-mail to: jatiyeh@hgseiorliving.com
MAILING DATE: June 11, 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 January 16, 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22682 - 01/16/2019 - Mendez, Vanessa
 PCH Name: HEATHER GLEN SENIOR LIVING

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 was diagnosed with a fractured right pinky on 12/18/18 and returned to the home with a splint. The home did not update the Resident's Assessment Support Plan to indicate this change nor did it identify the type of services the resident would require or receive as follow-up by the home.
 On 12/29/2018, resident #1 was diagnosed with a fractured pelvis. Upon the resident's return to the home on 1-02-19, the Resident's Assessment Support Plan was not updated to include this hospitalization nor did it identify the type of services the resident would require or receive as follow-up by the home.
 Resident #2's Resident Assessment Support Plan dated 9/16/18 does not address resident's Physical Therapy services.

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.

Resident #1 with fractured right pinky on 12/18/18 has recovered. Resident #1 is able to move pinky. Director of Wellness and Administrator have written new RASP to address the needs of resident #1.

Resident #1 diagnosed with fractured pelvis. Resident has recovered from fracture and very mobile. Has discomforted at times and has a PRN medication ordered for pain. This new diagnosis and pain medication (New) has been added to RASP. That is attached.

Resident #2 Med/High/LPN will be trained to update RASP for additional services. Care staff will be trained to monitor for any changes in RASP. All staff will be made aware of any changes/updates to resident RASP.

Administrator will follow up with Director of Wellness when a resident returns to facility with new diagnosis to ensure RASP are updated if needed.

Repeat Violation: No Date(s) of Previous Violation(s): 1/16/19

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Executive Director / Jacquelyn Ariven* Date *5/20/2019*

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

The above plan of correction is approved as of 5-28-19 (Date)

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

Plan of correction implementation status as of 5-28-19 (Date)

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