



**Sent via e-mail to: [jatiyeh@hgseniorliving.com](mailto:jatiyeh@hgseniorliving.com)**  
**MAILING DATE: November 12, 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 February 7, 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". The signature is written in a cursive style.

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Violation Report



Violation Report: 22682 - 02/07/2019 - Novak, Ryan

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's RASP dated 9/14/18 has not been updated to reflect the residents refusal of care, assistance with transfers or 2-hour toileting schedule.

**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 no longer resides at Heather Glen Senior Living. discharge date of 2/18/2019

Staff who are responsible for completing RASP have been trained to update and maintain current care issues. The issues must include agreement/refusals regarding care issues or needs. The entire staff has been trained to follow the RASP for personal care purposes. Staff was also trained to report all care refusals and medical issues. Staff are responsible for documentation of care refusals.

Administrator will be responsible for proper documentation on RASP and will spot check RASP on a bi-monthly bases.

The Administrator will confer with resident and PCP regarding consistent refusals of care in order to determine if the resident's needs may be met by the home. 10-07-19

*ag*

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **JACKLYN ATYEH Executive Director** Date **7/31/19**

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

|   |  |
|---|--|
| <p>The above plan of correction is approved as of <u>10-7-19</u> (Date)</p> <p style="text-align: center;"><i>ag</i></p> <p>The above plan of correction was approved by _____ (Initials)</p> | <p>Plan of correction implementation status as of <u>10-7-19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p> |
|---|--|