



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 08 2019

Ms. Joan M. Myers
Interim Administrator/Executive Director
Mary J. Drexel Home
238 Belmont Avenue
Bala Cynwyd, Pennsylvania 19004

RE: The Hearth at Drexel
License #: 140620

Dear Ms. Myers:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 13 and 14, 2019 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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. 2800 (relating to Assisted Living Residence) 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

ALR Name:	License Number:
The Hearth at Drexel	140620
Address:	County:
238 Belmont Ave, Bala Cynwyd, PA 19004	Montgomery
Administrator: Dana O'Dunnell	
Legal Entity Name:	
Mary J. Drexel Home	
Legal Entity Address: 238 Belmont Ave, Bala Cynwyd, PA 19004	
Certificate(s) of Occupancy: I-2 (Lower Merion Township) 03/10/2014	
Type of Inspection:	
Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site:	
Feb 13 and 14, 2019- Youn Hie Chung, Dean Gray	
Off-Site Inspection Dates and Inspectors, if Applicable: N/A	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 85 ✓	Number of Residents who:
Number of Residents Served: 76 ✓	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 76
Area: Memory Support	Have Mental Illness: 0
Secured Unit Capacity, if Applicable: 20	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 17	Have a Mobility Hand: 32
Number of Current Hospice Residents: 2	Have a Physical Disability: 0
Number of Hospice Residents in past year: 13	

LICENSING INSPECTION SUMMARY
Assisted Living Residences - 55 Pa. Code § 2800

Regulation 2800.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the community with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge):

Violation: Resident #1, admitted to the home on 06/21/2018, did not sign his contract.

Plan of Correction:

The policy of The Hearth at Drexel is to have all residents sign their contract. All current resident contracts have been audited and are in compliance.

The Director of Admissions will audit all new resident contracts monthly to ensure compliance.

The Director of Corporate Compliance and Contract Management will continue to audit the contracts which include signatures annually. See attached Audit form

Administrator or designee will ensure all new residents or their designated person sign contracts. Audit will be completed for all current residents to ensure compliance. SP 04-22-19

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Dana O'Donnell, RN Executive Director/Administrative	
Signature of Legal Entity Representative (Required on all pages)	Date
<i>Dana O'Donnell</i>	3/7/2019
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

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa. Code § 2800

Regulation 2800.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the resident's rights and complaint procedures, or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Violation: Resident #1 did not sign the Resident Rights and Complaint Procedures.

Plan of Correction:

It is the policy of The Hearth at Drexel to have all residents sign the resident rights and complaint procedures, which are included in the contract. All current residents charts were audited and in compliance.

The resident rights and complaint procedure were reviewed with the resident and the Power of Attorney upon admission. The POA did sign the contract which includes the resident's rights and the complaint procedure at the time of admission. On 3/6/2019 the resident rights and complaint procedures were verbally reviewed with resident whom refused to sign the forms but verbally stated understanding. He stated that we would sign the forms when his POA was present. Meeting to be scheduled with POA and resident for signature.

The Director of Admissions will audit all new resident contracts monthly to ensure compliance.

The Director of Corporate Compliance and Contract Management will continue to audit the contracts which include signatures annually. See attached Audit form

Printed Name and Title of Legal Entity Representative (required on all pages)

Signature of Legal Entity Representative (required on all pages)

Date: 3/7/19

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(Date)

Plan of correction implementation status as of: 04-22-19
(Date)

The above plan of correction was approved by: SP
(Initials)

- Fully Implemented
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa. Code § 2800

Regulation 2800.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Violation: Video camera 33 in the 1st floor living room area can see into the foyer of room E21.

Plan of Correction:

The Hearth at Drexel Administrator immediately covered camera #33 with black adhesive tape in order to ensure privacy of the residents. Camera #33 is not visible on the computer monitor.

The Administrator will check camera #33 monthly to ensure that coverage of camera is intact.

Administrator or designee will ensure resident privacy is maintained. Video recording will be limited to common areas that don't affect resident privacy. SP 04-22-19

Printed Name and Title of Legal Entity Representative (Required on all pages) Lanao Bonnici, RN Executive Director/Administrator
 Signature of Legal Entity Representative (Required on all pages) [Handwritten Signature] Date 3/7/19

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 (Initials)

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa. Code § 2800

Regulation 2800.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101–10225.5102), 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.
Violation: The criminal background check for Staff A, hired on 01/14/2019, was not requested until 01/22/2019.
Plan of Correction: <p style="margin-left: 40px;">The Hearth at Drexel will follow our Criminal Background Check Policy and Procedure (see attached).</p> <p style="margin-left: 40px;">All new employee files will be audited monthly by the HR representative or designee to ensure compliance. A new employee checklist will be utilized to ensure that all employee files are in compliance.</p> <p style="margin-left: 40px;">In-serviced HR representative on the criminal background policy/procedure and checklist 3/1/2019 (see attached educational form)</p> <p style="margin-left: 40px;">Administrator or designee will ensure home is adhering to Older Adults Protective Services Act (OAPSA), when hiring new applicants, SP 04-22-19</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Jane Blomquist RN Executive Director/Administrator</i>	
Signature of Legal Entity Representative (Required on all pages) <i>Jane Blomquist</i>	Date <i>3/7/19</i>
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa. Code § 2800

Regulation 2800.69 – Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Violation: Direct care staff person B, hired on 11/13/2018, did not have at least 4 hours of dementia-specific training within 30 days of hire.

Plan of Correction:

The Hearth at Drexel's educational policy reflects that all staff working in the secured Dementia Unit will receive 4 hours of additional Dementia specific training within 30 days of hire. Employee B has received the required Dementia training conducted by the Director of Nursing.

All new employees are required to have the Dementia training prior to the start of floor orientation or caring for any resident. The training will be signed off by the Director of Nursing and the employee.

The training logs will be audited monthly by the Director of Nursing or designee to ensure compliance.

Printed Name and Title of Legal Entity Representative (Required on all pages) Dana O'Connell, Executive Director/Administrator
 Signature of Legal Entity Representative (Required on all pages) [Signature] Date 3/7/19

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 2800.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all the residents living in the residence are able to safely use or avoid poisonous materials.</p>
<p>Violation: The beauty parlor located in the home's Secured Dementia Care Unit had its drawers full of poisonous hair products unlocked.</p>
<p>Plan of Correction:</p> <p style="margin-left: 40px;">Education was provided to the Beautician and the salon (LA Hair) which is contracted by the Hearth on 2/14/2019. All poisonous materials will be kept in a locked cabinet at all times when not in use and not monitored. The door to the beauty parlor will be locked at all times when not in use and monitored.</p> <p style="margin-left: 40px;">Staff was in-serviced on 2/13/19, 2/14/19, 3/5/19 and 3/8/19 on the poisonous material policy</p> <p style="margin-left: 40px;">Director of Nursing and Administrator will do frequent checks to ensure compliance.</p> <p style="margin-left: 40px;">Staff in service logs to be kept by home and made available for Department review. SP 04-22-19</p>

<p>Printed Name and Title of Legal Entity Representative (Required on all pages) <i>John J. O'Donnell</i> Executive Director / Administrator</p>	<p>Date: <i>3/7/19</i></p>
<p>Signature of Legal Entity Representative (Required on all pages) <i>John J. O'Donnell</i></p>	
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LICENSING INSPECTION SUMMARY
 Assisted Living Residences -- 55 Pa.Code § 2800

Regulation 2800.89(b) - Hot water temperature in areas accessible to the residents may not exceed 120°F.
Violation: On 02/14/2019 at approximately 2:00 PM, the hot water temperature in resident room E65, W58, and W17 was 122.9°F, 122.6°F, and 122.9°F, respectively.
<p>Plan of Correction:</p> <p style="text-align: center;">Water temperatures were audited on all 4 households and found to be within the acceptable range per the regulation. 2/14/2019 Director of Facilities checked the water heater to ensure that the temperatures were properly set. The Hearth Director of Facilities will monitor the water temperatures on each household weekly x4 weeks, if in range, will monitor monthly.</p> <p>Administrator or designee will ensure water temperatures don't exceed 120 degrees Fahrenheit. Water temperature logs to be kept by home for Department review. SP 04-22-19.</p>

Printed Name and Title of Legal Entity Representative (Required on all pages)	
<i>Diana D. Bonnet</i>	<i>Executive Director / Administrator</i>
Signature of Legal Entity Representative (Required on all pages)	
<i>Diana D. Bonnet</i>	Date <i>3/7/19</i>
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Violation: The freezers in the home's East and West Wing kitchenette areas did not have a thermometer.

Plan of Correction:

Thermometers were immediately placed in the freezers cited by the Director of Dining Services. The Homemakers on each household are responsible for checking the temperatures daily (see attached log). The Director of Dining services will monitor logs weekly to ensure compliance.

Administrator or designee will ensure thermometers are in every refrigerator and freezer. Temperatures will be within regulation standards. Logs will be maintained for Department review. SP 04-22-19

Printed Name and Title of Legal Entity Representative (Required on all pages) Diana O'Donnell Executive Director/Administrative

Signature of Legal Entity Representative (Required on all pages) Diana O'Donnell Date: 3/7/19

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LICENSING INSPECTION SUMMARY
 Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.2800.128(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Violation: The certificates for the home's cast iron hot water heating boilers expired on 02/06/2019.

Plan of Correction:

The Boiler cited was inspected 2/19/19 (see attached certificate). The Administrator spoke with inspection company 2/14/2019 to ensure that inspections are scheduled within 1 year. Administrator of The Hearth is responsible to ensuring compliance.

Print Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Date

John D. Brown, Jr. Executive Director / Administrator
John D. Brown, Jr. 3/7/19

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

- Regulation 2800.141(a)(2) - The medical evaluation must include the following:
- (1) A general physical examination by a physician, physician's assistant or nurse practitioner.
 - (2) Medical diagnosis including physical or mental disabilities of the resident, if any.
 - (3) Medical information pertinent to diagnosis and treatment in case of an emergency.
 - (4) Special health or dietary needs of the resident.
 - (5) Allergies.
 - (6) Immunization history.
 - (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - (8) Body positioning and movement stimulation for residents, if appropriate.
 - (9) Health status.
 - (10) Mobility assessment, updated annually or at the Department's request.
 - (11) An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray; in the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
 - (12) Information about a resident's day-to-day assisted living service needs.

Discussion: It is important to remember that the primary focus of these requirements is the need for resident

Violation: The medical evaluation dated 01/25/2019 for resident #2, does not include an indication of a tuberculin skin test.

Plan of Correction:

The Physician failed to document the date of the residents TB skin test. The skin test was completed and documented in the resident record. The Physician's office was updated on regulation to include TB testing dates on the medical evaluation. Director of Nursing will monitor all medical evaluations to ensure compliance.

Administrator or designee will ensure all 12 aspects of 141(a)(2) are covered and completed on the Documented Medical Evaluation (DME). SP 04-22-19

Printed Name and Title of Legal Entity Representative (Required on all pages) Diana D'Annunzio RN Executive Director/Administrator

Signature of Legal Entity Representative (Required on all pages) [Signature] Date 3/7/19

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800.

<p>Regulation 2800.141(b)(1) - A resident shall have a medical evaluation at least annually.</p>
<p>Violation: The most recent medical evaluation for resident #2 is dated 01/25/2019 while the previous one in her file is dated 10/02/2017. Resident #3 had her last medical evaluation on 11/17/2017. There hasn't been one since.</p>
<p>Plan of Correction:</p> <p>A plan has been implemented to ensure medical evaluations are completed at least annually. All current resident charts have been reviewed. The medical evaluation will be due when the annual ASP is completed. The Director of Nursing will ensure compliance monthly. The Medical Director has been updated on regulation and will follow-up with outside physicians as needed.</p> <p>Administrator or designee will ensure all DME'S are completed annually. SP 04-22-19</p>

<p>Print Name and Title of Legal Entity Representative (Required on all pages)</p> <p><i>Jane O'Donnell</i> Executive Director/Administrator</p>	
<p>Signature of Legal Entity Representative (Required on all pages)</p> <p><i>Jane O'Donnell</i></p>	<p>Date</p> <p>3/7/19</p>
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LICENSING INSPECTION SUMMARY
Assisted Living Residences -- 55 Pa.Code § 2800

Regulation 2800.185(a) : The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons:

Violation: The glucometer for resident #4 was not calibrated to correct date and time. The glucometer log for resident #1 does not match the actual readings. On 2/13/19 at 6:42 AM there is a reading of 97 on the log. On 02/11/19 at 05:24 PM there is a reading of 182. On 02/9/19 at 6:30 AM there is a reading of 102. None of those readings are registered on his glucometer. The 02/8/19, 06:18 PM reading of 238 recorded in the log does not match the actual reading of 187 in the glucometer.

Resident # 5's Milk of Magnesia and Tylenol 325 mg, PRN medications were not in the home.

Plan of Correction:

Glucometer was recalibrated to correct date and time. Staff in-serviced on 2/14/2019, 3/5/2019 and 3/8/2019 regarding correct documentation. Reviewed Glucometer policy and procedure. The Director of Nursing will review all glucometer readings on machine against documentation weekly x 4 weeks. If 100% compliance is achieved after 4 weeks; checks will be done monthly going forward.

Residents #5's Milk of Magnesia was in the resident's medication cabinet at the time of inspection (see photo) Surveyor was updated via email. Family provides Tylenol and was informed prior to inspection that medication was needed. Family brought medication to facility on the evening of 2/14/2019. Staff in-serviced and will inform families in a timely manner when medications are needed.

Administrator or designee will ensure all glucometers are set to correct date and time. Staff who handle glucometers and medications will be trained on administration and documentation. Trainings and logs will be kept for Department review. SP 04-22-19

Printed Name and Title of Legal Entity Representative (Required on all pages)

Sarah D. Brown, RN - AD Administrator

Signature of Legal Entity Representative (Required on all pages)

Sarah D. Brown

Date 3/7/19

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LICENSING INSPECTION SUMMARY
 Assisted Living Residences – 55 Pa. Code § 2800

Regulation 2800.187(d) - The residence shall follow the directions of the prescriber.

Violation: On 02/14/2019, the home did not have Lantanoprost 0.006% eye drops for resident #1.
 The home did not have Senokot 8.6 mg for resident #4.
 The home did not have Tylenol 500 mg and Senna 8.6 mg prescribed for resident #5.

Plan of Correction:

Resident #1 Medication Lantanoprost was in the facility at the time of inspections (See photo). Surveyor updated via email regarding medication.

Staff in-serviced on 2/14/2019, 3/5/2019 and 3/8/2019 regarding re-ordering medications procedures.

Monthly audits will be completed by the Director of Nursing to ensure all medications are ordered timely and are available as prescribed.

Administrator or designee will ensure all medications for residents are always inhouse and prescribers orders are followed. Monthly audits to be kept for department review. SP 04-22-19

Printed Name and Title of Legal Entity Representative (Required on all pages)
Jane O'Donnell RN, Administrator

Signature of Legal Entity Representative (Required on all pages) | Date
Jane O'Donnell | 3/7/19

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.191 - The residence shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Violation: Resident #1 was not educated on the right to question or refuse a medication.

Plan of Correction:

Resident #1 was educated on their right to refuse or question medication during admissions. This was reviewed with the resident and the Power of Attorney upon admission. The POA did sign the contract which includes the right to refuse or question medications at the time of admission. On 3/6/2019 the right to refuse or question medications was verbally reviewed with resident; resident verbally stated understanding. Resident did not want to sign that he was instructed on the policy unless his POA was present. Meeting to be scheduled with POA and resident for signature.

Administrator or designee will ensure all residents are educated to their right to question or refuse a medication. SP 04-22-19

Print Name and Title of Legal Entity Representative (Required on all pages) Diana O'Donnell RN ED Administrator
 Signature of Legal Entity Representative (Required on all pages) Diana O'Donnell RN Date 3/7/19

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LICENSING INSPECTION SUMMARY
 Assisted Living Residences -- 55 Pa.Code § 2800

Regulation 2800.225(a) - The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed 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.

Violation: The most recent ASP for resident #2 is dated 01/04/2018. The most recent ASP for Resident #6 is dated 02/12/2019 while the previous one is dated 01/18/2018. The most recent ASP for resident #7 is dated 09/19/2018 while the previous one is dated 06/30/2017.

Plan of Correction:

It is the policy of the Hearth that all residents receive an initial, quarterly, annually and significant change ASP. A plan is in effect to ensure compliance with all timeframes. The clinical staff was in-serviced 2/14/2019, 3/5/2019 and 3/8/2019. The Director of Nursing will complete audits monthly to ensure compliance.

Printed Name and Title of Legal Entity Representative (Required on all pages)

John O'Connell, RN *ED, ADMINISTRATOR*

Signature of Legal Entity Representative (Required on all pages)

John O'Connell

Date

3/7/19

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.227 (c) The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Violation: The most recent ASP for resident #2 was dated 01/04/2018. The most recent ASP for Resident #6 is dated 02/12/2019 while the previous one is dated 01/18/2018. The most recent ASP for resident #7 is dated 09/19/2018 while the previous one is dated 06/30/2017.

Plan of Correction:

It is the policy of the Hearth that all residents receive an initial, final, quarterly, annually and significant change ASP. A plan is in effect to ensure compliance with all timeframes. The clinical staff was in-serviced 2/14/2019, 3/5/2019 and 3/8/2019. The Director of Nursing will complete audits monthly to ensure compliance.

Printed Name and Title of Legal Entity Representative (Repeat on all pages)

Dana O'Bannon RN, EMT Administrator

Signature of Legal Entity Representative (Required on all pages)

Dana O'Bannon

Date

3/7/19

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

The above plan of correction is approved as of 04-22-19
 (Date)

Plan of correction implementation status as of 04-22-19
 (Date)

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

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

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.227(g) Individuals who participate in the development of the final support plan shall sign and date the support plan.

Violation: The ASP for resident #6 dated 02/12/2019 was not signed by the resident.

Plan of Correction:

It is the policy of the Hearth for all residents to participate, sign and date the support plan. Resident #6 was and remains out of the state with family on vacation and will sign and date the support plan upon her return.

The Director of Nursing will audit the support plans monthly to ensure compliance.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Date

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(Date)

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- Partially Implemented – Inadequate Progress
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa. Code § 2800

Regulation 2800.231(c)(1) – Preadmission screening; Special care unit for residents with Alzheimer's disease or dementia. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Violation: Resident #8 was admitted to the home's SDCU on 07/02/2018. The cognitive preadmission screening form has neither the date nor the screener's name.

Plan of Correction:

It is the policy of the Hearth to have the preadmission screen for admission to the SDCU completed, signed and dated prior to admission. All residents admitted to the SDCU will have a completed, signed and dated preadmission screen within 72 prior to admission. The Director of Nursing will ensure compliance for all new admissions and will audit monthly.

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Jane Obermeyer RN, RN Administration</i>	
Signature of Legal Entity Representative (Required on all pages) <i>Jane Obermeyer</i>	Date 3/17/19
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

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>2800.231(e)(1) – Additional assessments. In addition to the requirements in § 2800.225 (relating to additional assessments), residents of a special care unit for Alzheimer's disease or dementia shall also be assessed quarterly for the continuing need for the special care unit for Alzheimer's disease or dementia.</p>
<p>Violation: Resident #7, admitted to the home's SDCU on 07/03/2017, was not assessed quarterly for the continuing need for the special care unit for Alzheimer's disease or dementia.</p>
<p>Plan of Correction:</p> <p style="text-align: center; margin-top: 20px;"> A plan has been implemented to ensure compliance with 2800-231 (e)(1). Resident #7 has been assessed for the on-going need for the SDCU and documentation on the support plan is complete. In-servicing for staff was done on 2/14/2019, 3/5/19 and 3/8/19. The Hearth staff will assess each resident and document at least quarterly on the support plan pertaining to the ongoing need for a SDCU. The Director of Nursing will audit monthly to ensure compliance. </p>

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>John DiMare RN</i> <i>EDI Administrator</i>	
Signature of Legal Entity Representative (Required on all pages) <i>John DiMare RN</i>	Date <i>3/7/19</i>
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
This above plan of correction is approved as of <u>04-22-19</u> (Date)	Plan of correction implemented/on 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