



May 15, 2019

Ms. Denise M. Langman  
Executive Director  
Care HSL Heritage Hill OPCO LLC  
800 Sixth Street  
Weatherly, Pennsylvania 18255

RE: Heritage Hill Senior Community  
License #: 225120

Dear Ms. Langman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 21, 2019 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](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 blue ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



**Violation Report:** 22512 - 02/21/2019 - OHaire, Anne  
**PCH Name:** HERITAGE HILL SENIOR COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's most current notice to the local fire department did not include the total capacity of the home.

**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.*

**2600.124**

The fire letter was updated and sent to our local fire department at the time of inspection.

Any updates as regulated will follow the attached format in the future

See Attachments A1

Executive Director or designee will monitor for on-going compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Denise M. Langman*

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

Denise M Langman, Executive Director

Date 4-11-19

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

The above plan of correction is approved as of 4-15-19  
 (Date)

Plan of correction implementation status as of 4-15-19  
 (Date)

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

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

Violation Report: 22512 - 02/21/2019 - O'Haire, Anne

PCH Name: HERITAGE HILL SENIOR COMMUNITY

**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 # 2 MAR for 02-17-19 at 7:00 AM was not Initialed indicating that they had received his/her Daily Vitamin tab. During the home's narcotic review Resident # 3's package of what staff reported was liquid Morphine to be taken 0.25 to 0.5 ML every 1 to 4 hours as needed for shortness of breath did not have the medication's name on the pharmacy label.

**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.

**2600.187**

Resident #2 refused her medication; it was documented in the chart and physician was notified per protocol. Staff member incorrectly documented on the MAR. Staff person has been remediated on how to correctly document refusals on the EMAR.

Resident #3's medication was labeled on the box not the bottle inside the box. The name of the medication was inadvertently left out. Pharmacy was notified of this error. Staff will be taking a photocopy of the label and adhering that to the bottle to remain in compliance with our regulations.

All Medication Administrators were reminded of this policy during a staff meeting. Attachment B1, B2, B3. Our Medication Trainer will emphasize the above processes when completing quarterly reviews with all medication administrators.

Executive Director, Resident Care Director or designee will monitor for on-going compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Denise M. Langman

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

Denise M. Langman, Executive Director

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RESIDENT PRIVACY CODING DOCUMENT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: HERITAGE HILL SENIOR COMMUNITY

License Number: 225120

<u>Designation</u>	<u>Resident's Name</u>
Resident 2	Mary Brazzo
Resident 3	Florina Martin

Denise M Langman, Executive Director

Printed Name and Title of Legal Entity Representative

 4-11-19  
Signature of Legal Entity Representative Date

Date of Inspection: 02/21/2019

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