



May 15, 2019

Ms. Christina Callahan
Owner & Administrator
Heartland Retirement Personal Care Home Inc.
PO Box 210
Woolrich, Pennsylvania 17779

RE: Heartland Retirement Personal Care Home
46 Elementary Lane, Box 210
Woolrich, Pennsylvania 17779
License #: 227120

Dear Ms. Callahan:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 1, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 22712 - 03/01/2019 - OHaire, Anne
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The License Inspection Summary (LIS) dated 8/28/2018 was not displayed in a conspicuous place in the home as required.

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.

THIS IS IMPORTANT DUE TO INCOMING RESIDENTS FAMILY'S OR FRIENDS THAT WANT TO GO OVER THE MOST CURRENT INSPECTION SUMMERY ISSUED BY THE DPW.
 THIS REGULATION WAS VIOLATED DUE TO THE MOST CURRENT LICENSING INSPECTION NOT POSTED FROM PRIOR INSPECTION.
 THE ADMINISTRATOR DID NOT PUT UP THE MOST CURRENT LICENSE INSPECTION SUMMARY THAT WAS IN BETWEEN ANNUAL INSPECTION VIOLATIONS ON THE POST BOARD WHERE IT IS NORMALLY KEPT.
 THE ADMINISTRATOR POSTED THE MOST RECENT INSPECTION REPORT THE DAY DPW WAS IN THE HOME FOR THE ANNUAL INSPECTION.
 THE ADMINISTRATOR WILL MAKE SURE THAT SHE WILL PUT NEW LICENSE INSPECTION SUMMARY UP EVERY TIME DPW COMES IN TO DO AN INSPECTION. THAT INCLUDES IN BETWEEN ANNUAL INSPECTONS AS WELL.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Christina Callahan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Christina Callahan</u>	Date <u>4-8-19</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-9-19
(Date)

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

Plan of correction implementation status as of 4-9-19
(Date)

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

Violation Report: 22712 - 03/01/2019 - O'Haire, Anne
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
The LIS dated 3/1/2018 contained the resident privacy coding sheet, exposing confidential resident information.

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.

THIS IS IMPORTANT DUE TO THE PRIVACY OF THE RESIDENT
THIS REGULATION WAS VIOLATED DUE TO THE LICENSE INSPECTION SUMMARY WAS POSTED WITH THE RESIDENT PRIVACY CODING STILL ATTACHED
THE ADMINISTRATOR DID NOT MAKE SURE THAT THE RESIDENT PRIVACY CODING WAS REMOVED BEFORE POSTING TO THE PUBLIC
THE ADMINISTRATOR REMOVED AT THE TIME OF INSPECITON
THE ADMNISTRATOR WILL MAKE SURE WHEN POSTING FUTURE LICENSE INSPECTION SUMMARY'S THAT THE RESIDENT PRIVACY CODING IS REMOVED.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Christina Callahan* Date *4-8-19*

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Violation Report: 22712 - 03/01/2019 - OHaire, Anne
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:

- (i) A copy of the Department of Health license for the hospice agency.
- (ii) Written certification by the physician as specified in § 2600.29a(b)(1).
- (iii) Written informed consent as specified in § 2600.29a(b)(2).
- (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION

Resident # 1 passed away in the home on [REDACTED] 2019. The home did not provide an itemized written account of the resident's funds or of funds still owed to the resident or a refund owed to the resident.

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.

THIS VIOLATION IS IMPORTANT DUE TO THE FAMILY AND THE HOMES PROTECTION SHOWING PROOF OF THE RESIDENT RECEIVING A REFUND OR NOT.
 AT THE TIME OF INSPECTION THERE WAS NO ITEMIZED WRITTEN LETTER STATING IF RESIDENT #1 WAS DUE A REFUND DUE TO THE PASSING OF RESIDENT #1 IN THE HOME ON [REDACTED] 2019
 THE ADMINISTRATOR FAILED TO MAKE SURE THAT A PAPER WAS MADE UP AND PUT INTO THE RESIDENTS FILE FOR THE PROTECTION OF THE HOME OR THE RESIDENTS FAMILY MEMBERS.
 THE ADMINISTRATOR WILL MAKE A PAPER UP AND PUT INTO THE RESIDENTS FILE BLANK AND FILL IN WHEN THE RESIDENT IF NO LONGER WITH THE HOME.THIS WILL STATE IF A RESIDENT IS OWED A REFUND OR NOT WITH THE AMOUNT AND A COPY OF THE CHECK IF THERE IS A REFUND DUE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) Christina Callahan

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Christina Callahan Date 4-8-19

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Violation Report: 22712 - 03/01/2019 - OHaire, Anne
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person "A" was identified as an ancillary staff person, but he/she did not receive the following required annual training for all staff during the 2018 training year.

- 1. Emergency preparednes
- 2. Resident rights
- 3. Polder Adult Protective Services Act
- 4. Falls and accident prevention
- 5. New populations served in the facility

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 VIOLATION IS IMPORTAN DUE TO THE SAFETY OF THE RESIDENTS/STAFF/VISITORS
 THE REGULATION WAS VIOLATED DUE TO THE STAFF PERSON A WAS POSTED AS ANCILLARY AND DIDN'T COMPLETE THE REQUIRED ANNUAL TRAINING FOR ALL STAFF DURING THE 2018 TRAINING YEAR.
 STAFF PERSON A WENT BACK AND DID THE REQUIRED TRAINING 2018 AND WILL COMPLETE THE 2019 ANNUAL TRAINING
 THE ADMINISTRATOR AND ASSISTANT WILL MAKE SURE EVERY MONTH THAT ALL STAFF ARE COMPLETING THE TRAINING REQUIRED BY CHECKING THE TRAINING BOOK.

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Violation Report: 22712 - 03/01/2019 - O'Haire, Anne
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 There were no emergency phone numbers posted near the two portable phones in resident room #10.

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 VIOLATION IS IMPORTANT DUE TO IF THERE IS An EMERGENCY OR IF THERE IS A COMPLAINT THAT NEEDS TO BE CALLED IN BY THE RESIDENT OR STAFF OR FAMILY MEMBER.
 THE REGULATION WAS VIOLATED DUE TO RESIDENT ROOM #10 NOT HAVING THE EMERGENCY PHONE NUMBERS POSTED NEAR THE TWO PORTABLE PHONES IN THE ROOM. THIS SHOULD HAVE BEEN DONE WHEN PHONES WERE BROUGHT INTO THE BUILDING FOR USE.
 VIOLATION WAS CORRECTED AND POSTED THE DAY THE DPW WAS IN FOR INSPECTION.
 ADMINISTRATOR AND ASSISTANT WILL MAKE SURE WHEN PHONES ARE BROUGHT IN THAT THEY WILL BE PUT ON THE PHONES BEFORE BEING USED.

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Violation Report: 22712 - 03/01/2019 - OHaire, Anne
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill logs do not reflect that during the fire drill conducted 1/16/2019 at 10:15am resident #1 was not evacuated due to being on hospice and in an actively dying status. The fire drill logs indicate that 8 residents were present in the home and 8 residents were evacuated, when in fact, according to staff interview, resident # was not evacuated during this fire drill.

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 VIOLATION IS IMPORTANT THAT THE CORRECT AMOUNT OF RESIDENTS ARE REMOVED FROM THE BUILDING AND ALL ARE ACCOUNTED FOR AND SAFE.
 THE REGULATIONS WAS VIOLATED BECAUSE THE HOME HAD PUT THEY HAD 8 RESIDENTS IN BUILDING AND REMOVED 8 RESIDENTS. RESIDENT #1 WAS IN ACTIVE DYING STATUS ON HOSPICE AND WASN'T REMOVED. THE HOME SHOULD HAVE PUT 7 NOT 8 RESIDENTS REMOVED.
 THE ADMINISTRATOR AND ASSISTANT NOW KNOWINGLY WILL MAKE SURE WHEN THERE IS A HOSPICE PATIENT ACTIVELY DYING THEY WILL NOT BE PUT ON THE COUNT OF REMOVAL OF RESIDENTS. THEY WILL PUT HOW MANY WERE REMOVED WITH A MEMO FOR THAT DRILL HOW MANY WERE LEFT IN BUILDING DUE TO THE ACTIVELY DYING STAGE ON HOSPICE.

The administrator will ensure that the fire drill log will be completed in its entirety.

4-9-19

MM

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Violation Report: 22712 - 03/01/2019 - OHaire, Anne
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1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home only conducted one sleep time drill on 07-31-18 at 11:30 PM during the past 12 months.

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.

THIS IS IMPORTANT TO MAKE SURE RESIDENTS EVACUATE IN TIMELY MANNER IN SLEEPING HOURS
 THE HOME DIDN'T CONDUCT A FIRE DRILL EVERY 6TH MONTH DURING SLEEPING HOURS AS REQUIRED
 THIS WASN'T DONE IN THE TIMELY MANNER AS IT SHOULD HAVE BEEN.
 THE HOME WILL DO AN EXTRA SLEEP TIME FIRE DRILL TO MAKE SURE THAT RESIDENTS CAN BE REMOVED IN THE TIME ALLOWED.
 ADMINISTRATOR AND ASSISTANT WILL MAKE SURE THIS WILL BE CONDUCTED FOR THE SAFETY OF THE RESIDENTS.

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Violation Report: 22712 - 03/01/2019 - OHaire, Anne
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 2's medical evaluation was completed on 5/7/2018, 75 days prior to the resident's admission date of 7/21/2018. A resident's medical evaluation as documented on the Documentation of Medical Evaluation (DME) form must not be completed more than 60 days prior to admission to 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.

THIS IS IMPORTANT DUE TO MAKING SURE THAT THE RESIDENTS MEDICAL EVALUATION IS UP TO DATE AND NOTHING HAS CHANGED. THE HOME RECEIVED A MEDICAL EVALUATION 75 DAYS PRIOR TO ADMISSIONS THAT IS 15 DAYS TO EARLY THEN REQUIRED BY DPW. THE ADMINISTRATOR OR ASSISTANT WILL GO OVER DATES CLOSER TO MAKE SURE THAT THEY ARE NOT TO EARLY OR TO LATE UPON EVERY ADMISSION.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
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Violation Report: 22712 - 03/01/2019 - OHaire, Anne
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident # 3 had medical evaluations completed on 9/22/17 and 10/25/2018. The resident's medical evaluation for 2018 was completed 18 days late.

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.

THIS IS IMPORTANT DUE TO MAKING SURE THAT THE RESIDENTS MEDICAL EVALUATION IS UP TO DATE AND NOTHING HAS CHANGED. THE HOME RECEIVED A MEDICAL EVALUATION COMPLETED 18 DAYS LATE FROM PRIOR MEDICAL EVALUATION. THE ADMINISTRATOR OR ASSISTANT WILL GO OVER DATES CLOSER TO MAKE SURE THAT THEY ARE NOT TOO LATE UPON EVERY ANNUAL MEDICAL EVALUATION RENEWAL.

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