



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: jatiyeh@hgseiorliving.com
MAILING DATE: July 18, 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 March 13, 2019 and March 29, 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".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22682 - 03/13/2019 - Dumas, Gerald

PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 3/8/19, an allegation of abuse was made against staff person A regarding resident # 1. The home did not develop a proposed plan of supervision regarding the home's staff person A who allegedly was accused of pulling on resident # 1's ankles and wrists. Staff person A also reportedly was disrespectful telling a home health aide in front of resident # 1 - resident was "crazy."

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.

As of March 8, 2019 Heather Glen Senior living hired a new management company, PEPP Unlimited. New management team learned about the situation on March 21, 2019 by Department of Human Services and the DON from previous management company was instructed to remove employee "A" from the schedule until the investigation was completed and she failed to do so. On March 27, 2019 Executive Director remove Employee "A" from the Direct Care schedule when following up the investigation. Employee A was removed immediately into dining and laundry services where she had no direct contact with residents.

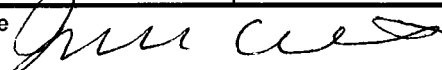
New management team performed their own detailed investigation of the abuse allegation. Executive Director found a progress note stating the name of the caregiver who pulled on resident #1 ankle and wrist. The name stated was an outside agency employee ~~who~~ which the facility used for scheduling a one-to-one care. Executive Director called the agency to obtain a record of who was assigned to this resident at Heather Glen on the date and time of the reported incident. The name matched the name that resident had quoted and was on the progress note. See attached.

Executive Director is aware that when there is a complaint about abuse the employee must be removed from the staff schedule where employee would have had contact with resident directly and must reported to Department within 24 hours.

The Administrator will ensure there is a process in place to manage allegations of abuse and the related reporting and decision regarding staff working or not within the reporting timeframe. Plans of supervision will be in writing and retained by the home. 7-11-19

AG

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jacklyn Atiyeh Executive Director Date 6/24/2019

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

The above plan of correction is approved as of <u>7-11-19</u> (Date)	Plan of correction implementation status as of <u>7-11-19</u> (Date)
The above plan of correction was approved by <u>AG</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

Violation Report: 22682 - 03/13/2019 - Dumas, Gerald
PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Subsequent to Protective Services on site visit on 3/8/19, investigating staff to resident abuses, the home failed to complete an incident report to this Department within 24 hours after learning of the alleged abuses which occurred on 3/7/19 and 3/8/19.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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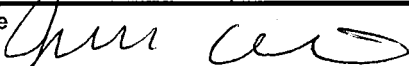
Prior management team and prior Director of Wellness failed to complete an incident report regard abuse. The new Management team, is fully aware that an report of abuse must be documented and reported to Department of Human Services and Department of aging within 24 hours.

Executive Director has educated all staff that any complaint of abuse must be reported to the Director of Wellness immediately and Executive Director will report to the Department of Human Services and Department of aging within 24 hours.

The Administrator will also ensure that all staff are aware of the other 18 events that must be reported to the REgional Office within 24 hours. There is to be a process in place to communicate these events to management and reporting same will occur on weekings and holidays as well as business days within the required time frame. 7-11-19

AG

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/12/2018	
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Jacklyn Arupen</u>	Date <u>6/24/2019</u>
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Violation Report: 22682 - 03/13/2019 - Dumas, Gerald

PCH Name: HEATHER GLEN SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The updated Resident's Assessment and Support Plan, (R.A.S.P.), dated 3/11/19, for resident # 1 was not signed by the assessor.

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.

Ex
 Prior Director of wellness failed to sign care plan, known as R.A.S.P.
 New Executive Director trained New Director of wellness to sign the
 requirements of signatures on all care plans known as R.A.S.P.

Executive Director will continue to have training with any staff
 members that are involved in completing care plans (RASP).
 moving forward, there will be no empty boxes and signature lines

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Jacklyn Allen			6/24/2019

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