



January 22, 2020

Ms. Cindy S. Cross  
Vice President/Secretary  
Heatherwood Retirement Investors, LLC  
**Attn: Teresa Thigpen**  
3570 Keith Street NW  
Cleveland, Tennessee 37312

RE: Heatherwood Retirement Community  
3180 Horseshoe Pike  
Honeybrook, Pennsylvania 19344  
License #: 104550

Dear Ms. Cross:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 4 and 5, 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 (relating to Personal Care Homes) 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 black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: HEATHERWOOD RETIREMENT COMMUNITY  
Address: 3180 HORSESHOE PIKE,, HONEY BROOK, PA 19344  
County: CHESTER Region: SOUTHEAST

License Number: 10455

## Administrator

Name: Kerri Jones Phone: 6102739301 Email: CINDY CROSS@LCCA.COM

## Legal Entity

Name: HEATHERWOOD RETIREMENT INVESTORS LLC  
Address: 3570 KEITH STREET NW, ATTN: TERESA THIGPEN, CLEVELAND, TN, 37312

## Certificate(s) of Occupancy

Type: Other Date: 12/31/1984 Issued By: CWOPA Dept of L&I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

## Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

## Inspection Dates and Department Representative

09/04/2019 - On-Site: Tahesia Thomas

09/05/2019 - On-Site: Tahesia Thomas

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 50 Residents Served: 43

### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

### Hospice

Current Residents: 3

### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43  
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 1 Have Physical Disability: 1

141a - Medical Evaluation

Regulations

2600.

141.a. 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.

Description of Violation

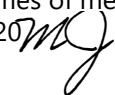
The medical evaluation for resident # 1 was not completed within 60 days prior to admission or within 30 days after admission of the resident.

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.)

Previous Director of Nursing was terminated for performance issue effective 8/1/19. A new Director of Nursing was hired and began effective 9/15/19. All residents' charts were reviewed and new Director of Nursing is correcting documentation issues. A check will be conducted every 6 months to ensure all documentation is being completed in a timely manner.

Immediately-The administrator or designated person will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a). All staff persons involved with the medical evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141(a). Documentation of education will be kept. 1/11/20



Legal Entity Representative

  
Signature


Kerri Jones, Executive Director  
Printed Name and Title

10/5/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1/11/20  
(Date)

Plan of correction implementation status as of 1/11/20  
(Date)

The above plan of correction was approved by   
(Initials)

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

## 141a 1-10 Medical Evaluation Information

**Regulations****2600.**

141.a. 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. The 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.

**Description of Violation**

*Resident #1's medical evaluation for 2018 did not include the date of birth, date form completed, temperature, medical professional signature and date signed.*

*Resident #2's medical evaluation for 2019 did not include height, blood pressure, and temperature.*

*Resident #3's medical evaluation for 6/2019 did not include type of evaluation, date form completed, blood pressure, height, weight, pulse rate and temperature.*

*Resident #3's medical evaluation for 5/2018 did not include date resident evaluated, blood pressure, height, pulse rate and temperature.*


*Resident #3's medical evaluation for 3/2018 did not include height, and weight.*

*Repeat violation: 10/22/2018*

**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.)

Previous Director of Nursing was terminated for performance issue effective 8/1/19. A new Director of Nursing was hired and began effective 9/15/19. All residents' charts were reviewed and new Director of Nursing is correcting documentation issues. A check will be conducted every 6 months to ensure all documentation is being completed in a timely manner.

All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation. The administrator or designated staff person will review all current medical evaluations for accuracy and completion. Documentation of education and audits shall be kept. 1/11/2019 

**Legal Entity Representative**



Signature

Kerri Jones, Executive Director 10/5/19

Printed Name and Title

Date

141a 1-10 Medical Evaluation Information *(continued)*

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(Date)

Plan of correction implementation status as of 1/11/20  
(Date)

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

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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on 08/26/19. The resident's previous medical evaluation was completed on 06/02/17.

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.)

Previous Director of Nursing was terminated for performance issue effective 8/1/19. A new Director of Nursing was hired and began effective 9/15/19. All residents' charts were reviewed and new Director of Nursing is correcting documentation issues. A check will be conducted every 6 months to ensure all documentation is being completed in a timely manner.

A resident document tracking system will be developed and implemented to ensure all residents have a medical evaluation completed within the required timeframe. All staff persons involved with the medical evaluation process will be educated on the new tracking system. Documentation shall be kept. 1/11/20

Legal Entity Representative

Signature

Kerri Jones, Executive Director 10/5/19

Printed Name and Title

Date

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometers for residents # 4, #5 and # 6 were not calibrated with the correct date and time.

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.)

All glucometers have been calibrated with the correct dates & times 09/30/19. All staff have been trained on calibration of glucometers and training will be conducted annually to insure glucometers are compliant. Director of Nursing and Resident Care Coordinator to check for compliance monthly.

Maintain documentation of education and audits for Department review. 1/11/20 *MJ*

Legal Entity Representative

*Kerri A. Jones*  
Signature

Kerri Jones, Executive Director 10/5/19  
Printed Name and Title Date

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments 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.

Description of Violation

Resident #2's current assessment was completed on 06/07/19. However, the resident's previous assessment was completed on 06/13/17.

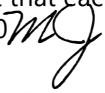
Repeat violation: 10/22/2018

Plan of Correction (POC)

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Previous Director of Nursing was terminated for performance issue effective 8/1/19. A new Director of Nursing was hired and began effective 9/15/19. All residents' charts were reviewed and new Director of Nursing is correcting documentation issues. A check will be conducted every 6 months to ensure all documentation is being completed in a timely manner.

The administrator or designed person will develop and implement a process and procedure to ensure all resident assessments are completed within the required time frames. All staff persons involved with the assessment process will be educated on the requirement that each resident shall have an assessment completed at least annually. Documentation of education will be kept. 1/11/20



Legal Entity Representative

Kerri Jones, Executive Director 10/5/19



Signature

Printed Name and Title

Date

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #7 participated in the development of his/her support plan on 06/17/19. However, the resident did not sign the support plan.

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.)

Previous Director of Nursing was terminated for performance issue effective 8/1/19. A new Director of Nursing was hired and began effective 9/15/19. All residents' charts were reviewed and new Director of Nursing is correcting documentation issues. A check will be conducted every 6 months to ensure all documentation is being completed in a timely manner.

All staff persons involved with the completion of support plans will be educated on the proper completion of support plans including the required signature of persons involved with the development of support plans. If the resident or designated person refuses or is unable to sign the support plan the staff person completing will indicate the reason for not signing, the date, time and staff person's initials. Documentation of education will be kept. 1/11/20



Legal Entity Representative



Signature

Kerri Jones, Executive Director 10/5/19


Printed Name and Title

Date

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227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 participated in the development of his/her support plan on 03/25/19. The resident did not sign the support plan. However, the home did not make notation regarding the resident's ability / willingness to sign the assessment.

Resident #2 participated in the development of his/her support plan on 06/07/19. The resident did not sign the support plan. However, the home did not make notation regarding the resident's ability / willingness to sign the assessment.

Resident # 3 participated in the development of his/her support plan on 09/27/18. The resident did not sign the support plan. However, the home did not make notation regarding the resident's ability / willingness to sign the assessment.

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.)

Previous Director of Nursing was terminated for performance issue effective 8/1/19. A new Director of Nursing was hired and began effective 9/15/19. All residents' charts were reviewed and new Director of Nursing is correcting documentation issues. A check will be conducted every 6 months to ensure all documentation is being completed in a timely manner.

All staff persons involved with the completion of support plans will be educated on the proper completion of support plans including the required signature of persons involved with the development of support plans. If the resident or designated person refuses or is unable to sign the support plan the staff person completing will indicate the reason for not signing, the date, time and staff person's initials. Documentation of education will be kept. 1/11/20 *MJ*

Legal Entity Representative

*Kerri A. Jones*  
Signature

Kerri Jones, Executive Director 10/5/19

Printed Name and Title Date

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