



Sent via e-mail cindy_cross@lcca.com
Sent via e-mail jfreeman@centurypa.com
Sent via e-mail caarters@centurypa.com
March 10, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 17, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: HEATHERWOOD RETIREMENT COMMUNITY

License Number: 10455

Address: 3180 HORSESHOE PIKE,, HONEY BROOK, PA 19344

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Kerri Jones

Phone: 6102739301

Email: caarters@centurypa.com

Legal Entity

Name: HEATHERWOOD RETIREMENT INVESTORS LLC

Address: 3570 KEITH STREET NW, ATTN: TERESA THIGPEN, CLEVELAND, TN, 37312

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 37

Waking Staff: 28

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

10/17/2019 - On-Site: Michele Swisher, Youn Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 33

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 53

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 4

Have Physical Disability: 0

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A's first day of work was 9/19/19. A criminal history background check was not requested for staff person A until 9/20/19.

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.)

Please see attached.....

Legal Entity Representative

Marcia Patterson
Signature

Marcia Patterson RW, RORC 3/6/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 03-10-2020
(Date)

Plan of correction implementation status as of 03-10-2020
(Date)

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

Fully Implemented
 Not Implemented

Regulation 2600

51 Criminal History checks and hiring policy shall be in accordance with the Older Adult Protective Services

Description of Violation

Staff Person Staff A's first day of work was 9/19/2019. A criminal Background check was not requested for staff person A until 9/20/2019

Plan of Correction.

Employee A's Criminal background check was reviewed by the Business Office Director on 9/26/2019 date results received and again on 10/17/2019 date of Licensing Inspection visits to ensure Employee's Background check was negative for any criminal record. Background check was found to be negative for any criminal records.

All current employee's employment files are to be audited to include: Date of Hire/Start date, Date Background Check was submitted, Date Background check results received, and the result of the Background Check, to ensure all employee's Background checks were negative for criminal records and met the criteria for employment prior to Start date of employment. Audit to be completed by Business office Director by November 5, 2019

Background audit to be completed quarterly by Business Office Director to ensure all new employees received a Background check and met the criteria of being negative for criminal records prior to start date of employment. To be completed quarterly.

57b - 1 Hour/Day

Regulations

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 9/12/19, there were 38 residents in the home, requiring a minimum of 38 hours of direct care service. On this day, only 36 hours of direct care staffing was provided.

On 9/15/19, there were 38 residents in the home, requiring a minimum of 38 hours of direct care service. On this day, only 36 hours of direct care staffing was provided.

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.)

Please see attached.....

Legal Entity Representative

Marcia Patterson
Signature

Marcia Patterson RN, RPRC 3/6/2020
Printed Name and Title Date

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(Date)

03-10-2020
(Date)

Plan of correction implementation status as of _____
(Date)

03-10-2020
(Date)

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

SP
(Initials)

Fully Implemented

Not Implemented

Regulation

2600

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Violation:

On 9/12/2019 there were 38 residents in the home, requiring a minimum of 38 hours of direct care service. On this day, only 36 hours of direct care staffing was provided.

On 9/15/2019 there were 38 residents in the home, requiring a minimum of 38 hours of direct care services. On this day, only 36 hours of direct care staffing was provided.

Plan of Correction:

Staffing for 9/12/2019 and 9/15/2019 was pulled by Business Office Director on October 17th. Business Office Director and Resident Care Director reviewed Staffing for 9/12/2019 and noted a self-terminated employee was not included in the staffing hours for 9/12/2019 or 9/15/2019. Employee time sheet was printed and reviewed and verified by Business Office Director and Resident Care Director that employee worked 6am-2pm and 10pm-6am on 9/12/2019. Adding these hours would bring the total of direct care staffing to the 38 hours of direct care services on 9/12/2019 and 9/15/2019.

Resident Care Director and Resident Care Coordinator utilize daily Census of facility to set staffing needs to provide 1 hour of personal care services to each mobile resident.

- ✔ Census pulled daily by: RCD/ RCC**
- ✔ Staffing set per Census-providing 1 hour of personal care services for each mobile resident**
- ✔ Employee time sheets pulled by: RCD and RCC to verify personal care service hours are met to provide 1 hour of personal care for each mobile resident.**

57c - 2 Hours/Day

Regulations

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 9/12/19, there were 38 residents in the home, including 5 residents with mobility needs, requiring a total minimum of 43 hours of direct care service. On this date, only 36 hours of direct care staffing was provided.

On 9/15/19, there were 38 residents in the home, including 5 residents with mobility needs, requiring a total minimum of 43 hours of direct care service. On this date, only 36 hours of direct care staffing was provided.

On 10/13/19, there were 38 residents in the home, including 5 residents with mobility needs, requiring a total minimum of 43 hours of direct care service. On this date, only 41 hours of direct care staffing was provided

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.)

Please see attached.....

Legal Entity Representative

Marcia Patterson
Signature

MARCIA PATTERSON R. RORC 3/6/2020
Printed Name and Title Date

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

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(Date)

03-10-2020
(Date)

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(Date)

03-10-2020
(Date)

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

SP
(Initials)

Fully Implemented

Not Implemented

Regulation

2600

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each Resident who has mobility needs.

Violation:

On 9/12/2019 there were 38 residents in the home, 5 residents with mobility needs, requiring a total minimum of 43 hours of direct care service. On this date only 36 hours of direct care staffing was provided.

On 9/15/2019 there were 38 residents in the home, including 5 residents with mobility needs, requiring a total minimum of 43 hours of direct care service. On this date only 36 hours of direct care staff was provided.

On 10/13/2019 there were 38 residents in the home, including 5 residents with mobility needs, requiring a total minimum of 43 hours of direct care service. On this date 41 hours of direct care staffing was provided.

Plan of Correction:

Staffing for 9/12/2019 and 9/15/2019 was pulled by Business Office Director on October 17th. Business Office Director and Resident Care Director reviewed Staffing for 9/12/2019 and 9/15/2019 noted a self-terminated employee was not included in the staffing hours for 9/12/2019 or 9/15/2019. Employee time sheet was printed and reviewed and verified by Business Office Director and Resident Care Director that employee worked 6am-2pm and 10pm-6am on 9/12/2019 and 9/15/2019. Adding these hours would bring the total of direct care staffing to the appropriate number of hours needed hours on 9/12/2019 and 9/15/2019.

Staffing for 10/13/2019 was pulled by the Business Office Director on October 17th. Business office Director and Resident Care Director reviewed staffing for 10/13/2019 and staffing hours was noted to be short for resident care needed.

Plan of Correction

Resident Care Director and Resident Care Coordinator utilize daily Census of facility to set staffing needs to provide 2 hours of personal care services to each resident with mobility needs

- > Census pulled daily by: *RCD / Resigned*
- > Staffing set per Census-providing 2 hour of personal care services for each resident requiring mobile assistance

Employee time sheets pulled by RCD and RCC to verify personal care service hours are met to provide 2 hours of personal care services to each resident with mobility needs.

57d - Waking Hours

Regulations

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 9/12/19, a total of 43 hours of direct care was required. However, only 24 of the required hours, or 56 percent, were provided during waking hours.

On 9/15/19, a total of 43 hours of direct care was required. However, only 12 of the required hours, or 28 percent, were provided during waking hours.

On 10/13/19, a total of 43 hours of direct care was required. However, only 28 of the required hours, or 65 percent, were provided during waking hours.

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.)

Please see attached.....

Legal Entity Representative

Marcia Patterson (Signature) Marcia Patterson RW, ROBC 3/6/2020 (Printed Name and Title, Date)

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The above plan of correction is approved as of 03-10-2020 (Date) Plan of correction implementation status as of 03-10-2020 (Date) Fully Implemented (checked) Not Implemented

Regulation

2600

57.d. At least 75% of personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Violation:

On 9/12/2019 a total of 43 hours of direct care was required. However only 24 of the required hours, or 56 percent, were provided during waking hours.

On 9/15/2019 a total of 43 hours of direct care was required. However only 12 of the required hours, or 28 percent, were provided during waking hours.

On 10/13/2019 a total of 43 hours of direct care was required, only 28 of the required hours or 65 percent, were provided during waking hours.

Plan of Correction:

Staffing for 9/12/2019 and 9/15/2019 was pulled by Business Office Director on October 17th. Business Office Director and Resident Care Director reviewed Staffing for 9/12/2019 and 9/15/2019 noting a self-terminated employee was not included in the staffing hours for 9/12/2019 and 9/15/2019. Employee time sheet was printed and reviewed and verified by Business Office Director and Resident Care Director that employee worked 6am-2pm on 9/12/2019 and 9/15/2019. Adding these hours would bring the total of direct care staffing during waking hours to an appropriate number of hours on 9/12/2019 and 9/15/2019.

Staffing for 10/13/2019 was pulled by the Business Office Director on October 17th Business office Director and Resident Care Director reviewed staffing for 10/13/2019 and staffing hours was noted to be short on review of the waking hours resident care hours.

Plan of Correction

Resident Care Director and Resident Care Coordinator utilize daily Census of facility to set staffing needs to provide 75 percent of hours of personal care services during working hours

- Census pulled daily by RCD / Resident
- Staffing set per Census-providing 75% of hours of personal care services for each resident are provided during working hours.

Employee time sheets pulled by RCD and RCC daily to verify personal care service hours are met to provide 75% hour of personal care services to each resident.

65a - FS Orientation 1st Day

Regulations

- 2600.
- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was 3/23/18, did not receive orientation on any of the required topics until 4/26/18.

Agency Staff persons C and D whose first day of work is unknown but who have both worked multiple shifts since September 2019, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

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.)

Please see attached.....

Legal Entity Representative

	<u>Maria Patterson RW, RORC</u>	<u>3/6/2020</u>
Signature	Printed Name and Title	Date

65a - FS Orientation 1st Day (continued)

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The above plan of correction is approved as of	<u>03-10-2020</u>	Plan of correction implementation status as of	<u>03-10-2020</u>
	(Date)		(Date)
The above plan of correction was approved by	<u>SP</u>	<input checked="" type="checkbox"/> Fully Implemented	
	(Initials)	<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Regulation

2600

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuations, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
5. The location and use of fire extinguishers
6. Smoke detectors and fire alarms
7. Telephone use and notification of emergency services.

Violation

Staff person B whose first day of work was on or about 9/23/2018 did not receive orientation on any of the required topics until 4/26/2018.

Agency staff persons C and D whose first day of work is unknown. But whose both worked multiple shifts since September 2019, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of the fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of correction:

Agency staff persons C and D will be provided Orientation on the following topics.

- > Evacuation procedures
- > Staff duties and responsibilities during fire drills, as well as during emergency evacuations, transportation and at an emergency location if applicable.
- > The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- > Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
- > The location and use of fire extinguishers
- > Smoke detectors and fire alarms
- > Telephone use and notification of emergency services.

All new employees will receive Onboarding orientations on start date of employment to include the following procedures:

- > Evacuation procedures
- > Staff duties and responsibilities during fire drills, as well as during emergency evacuations, transportation and at an emergency location if applicable.
- > The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

- > Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
- > The location and use of fire extinguishers
- > Smoke detectors and fire alarms
- > Telephone use and notification of emergency services.

Agency Staff will be oriented before start date on the following topics prior to working first shift at the facility:

- > Evacuation procedures
- > Staff duties and responsibilities during fire drills, as well as during emergency evacuations, transportation and at an emergency location if applicable.
- > The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- > Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
- > The location and use of fire extinguishers
- > Smoke detectors and fire alarms
- > Telephone use and notification of emergency services.

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on or about 3/30/18. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102), reporting of reportable incidents and conditions, until 4/26/18.

Agency Staff persons C and D whose first day of work is unknown but who have both worked multiple shifts since September 2019 totally more than 40 hours, did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102), reporting of reportable incidents and conditions.

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.)

Please see attached.....

Legal Entity Representative

Martha Patterson
Signature

Martha Patterson RW, RORC 3/6/2020
Printed Name and Title Date

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The above plan of correction is approved as of

03-10-2020
(Date)

Plan of correction implementation status as of

03-10-2020
(Date)

The above plan of correction was approved by

SP
(Initials)

Fully Implemented

Not Implemented

Regulation:

2600

65.b. Within 40 hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident Rights**
- 2. Emergency Medical plan**
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. 10225.101-10225.5102)**
- 4. Reporting of reportable incidents and conditions**

Violation:

Staff person B completed his/her 40th work hour on or about 3/30/2018. However, this staff person did not complete training in the following topics: Resident Right's, emergency medical Plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. And reporting of reportable incidents and conditions.

Plan of Correction:

Employee B will receive updated education on the following topics and files will be update every month.

- Resident Rights**
- Emergency Medical Plan**
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.**
- Reporting of reportable incidents and conditions.**

Violation:

Agency Staff C and D whose first day of work is unknown but who have worked multiple shifts and since September 2-19 totally more than 40 hours, did not complete the training in the following areas: Resident Right's, emergency medical Plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. And reporting of reportable incidents and conditions.

Plan of Correction:

Employees C and D will receive training on the following topics immediately.

- Resident Rights**
- Emergency Medical Plan**
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.**
- Reporting of reportable incidents and conditions.**

Regulation:

2600

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on 3/23/18, began providing unsupervised ADL services on an unknown date. However, the staff person did not complete and pass the Department-approved direct care training course and competency test until 5/23/18.

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.)

Please see attached.....

Legal Entity Representative

Marcia Patterson
Signature

Marcia Patterson RD, RDRC 316200
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 03-10-2020
(Date)

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

Fully Implemented
 Not Implemented

65.d. Direct care persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- **Successful completion and passing the Department approved direct care training course and competency test until 5/23/2019**

Plan of Correction:

- **Audit to be completed monthly on all current direct care staff to ensure all have documented completion of a Department approved direct care training course and passed a competency test.**
- **Business office to log all new hired Direct Care Staff's completion of a Department approved direct care training course and passed a competency test. Keeping a copy of certificate of completion of course and competency test.**

Regulation:

2600