



**Sent via e-mail to: kgolder@nottinghamvillage.org
MAILING DATE: January 24, 2020**

Ms. Virginia A. Kessler
President
Leeds Healthcare Services Inc.
58 Neitz Road
Northumberland, Pennsylvania 17857

RE: Heather Court
281 Ironstone Drive
Northumberland, Pennsylvania 17857
License #: 227060

Dear Ms. Kessler:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 18, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *HEATHER COURT*
Address: *281 IRONSTONE DRIVE,, NORTHUMBERLAND, PA 17857*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

License Number: *22706*

Administrator

Name: *Kimberly Golder & Anna Crawford* Phone: *5704738356* Email: *FKESSLER@NOTTINGHAMVILLAGE.ORG*

Legal Entity

Name: *LEEDS HEALTH CARE SERVICES INC*
Address: *58 NEITZ ROAD, NORTHUMBERLAND, PA, 17857*

Certificate(s) of Occupancy

Type: *Other* Date: *09/21/2017* Issued By: *Northeast Inspection Consultants*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

Inspection

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

Inspection Dates and Department Representative

12/18/2019 - On-Site: Corey Pica, Ann O'Haire, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *46*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Building* Capacity: *48* Residents Served: *46*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *46* Have Physical Disability: *0*

105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 12/18/19, there was an approximate .25 inch accumulation of lint in the lint trap of the Samsung clothes dryer in the kitchen laundry . There were no clothes in the dryer at the 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.)

Staff educated on importance of keeping lint trap clean after each use.
See signature sheet attached.
Administrator will monitor for compliance.

Immediately and Ongoing:

Lint will be removed from the dryers after each use. Signs reminding staff to remove lint will be posted in the home's laundry area. All staff will be trained to remove lint after each use of the dryer. Documentation of training will be kept.

2-11-2020

MM

Legal Entity Representative

Kimberly Co Lder
Signature

Kimberly Co Lder, Administrator
Printed Name and Title

Date 2/11/2020

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The above plan of correction is approved as of 2-11-2020 (Date)

Plan of correction implementation status as of 2-11-2020 (Date)

Implemented

Not Implemented

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

125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Two dryer sheets were observed lying across the electrical cord and vent tubing in the dover wing laundry room.

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.)

Staff educated to check behind dryers for any flammable material.
Signature sheet attached.
Administrator will monitor for compliance.

Immediately and Ongoing:

Staff will be instructed to keep combustible and flammable materials away from heat sources at all times.

The Administrator shall monitor Weekly X's 3 months for ongoing compliance.

2-11-2020

MM

Legal Entity Representative

Kimberly bolder
Signature

Kimberly bolder, Administrator
Printed Name and Title

1/28/2020
Date

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(Date)

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(Date)

Implemented

Not Implemented

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

131a - Fire Extinguisher

Regulations

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

There was no fire extinguisher in the home's attic .

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.)

Maintenance Supervisor placed fire extinguisher in the attic on day of inspection.

Legal Entity Representative

Kimberly Golden
Signature

Kimberly Golden Administrator
Printed Name and Title
1/28/2020
Date

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(Initials)

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

The preadmission screening form for Resident #1 completed on 09-04-19, cognitive screening was not signed by the physician.

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.)

Physician was faxed on day of inspection to complete form with their signature. See attached pre-admit screen, Director of Nursing will monitor for compliance.

Immediately and Ongoing:

The home will ensure that all residents admitted to the home will have a preadmission screening completed that includes the cognitive screening. The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.

The administrator or designee shall Audit all resident records over the next 2 months for completeness and compliance with this regulation. 2-11-2020 - MM

Legal Entity Representative

Kimberly Calder
Signature

Kimberly Calder, Administrator
Printed Name and Title

Date
1/28/2020

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233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The gate from the courtyard to the outside did not have directions or key pad for it to be operational. The staff had a swipe card device that was operational only by staff in the event of an emergency.

The exit doors that lead from the interior of the facility to the courtyard from the Cambridge and Beswick wings of the facility did not have code numbers posted for immediate egress from the facility in the event of an emergency.

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.)

Quote / installation date received on 1-24-2020 from communication company. Installation scheduled for 1-31-2020.

Code number poem posting now on monthly checklist. Administrator to monitor. See attached

Legal Entity Representative

Signature *Kimberly Golder*

Printed Name and Title *Kimberly Golder, Administrator*
Date *1/28/2020*

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