



Mailing Date: March 27, 2020

Ms. Becky Hissong
Executive Director
Heritage Hills Retirement Community, Inc.
4138 Fletcher Drive
Greencastle, Pennsylvania 17225

RE: Heritage Hills Retirement Community
2256 Shanks Church Road
Greencastle, Pennsylvania 17225
License #: 301690

Dear Ms. Hissong:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 28, 2020 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 that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: HERITAGE HILLS RETIREMENT COMMUNITY
Address: 2256 SHANKS CHURCH ROAD,, GREENCASTLE, PA 17225
County: FRANKLIN Region: CENTRAL

License Number: 30169

Administrator

Name: Becky Kissong Phone: 7175930334 Email:

Legal Entity

Name: HERITAGE HILLS RETIREMENT COMMUNITY INC
Address: 4138 FLETCHER DRIVE, GREENCASTLE, PA, 17225

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/23/2002 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection

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

Inspection Dates and Department Representative

01/28/2020 - On-Site: Jason McCloskey, Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 24

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 24
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0 Have Physical Disability: 0

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

A half-used bag of mixed carrots and peas and an opened bag of Great Value chopped onions were not dated with the date the bags were opened.

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.)

1. Administrator will re-educate all staff on the requirement that all left over food should be labeled and dated.
2. Kitchen staff will use a black permanent marker to mark leftover food items with a date.
3. Kitchen staff or any staff handling food will look for possible unmarked items any time they are in the food storage area.
4. Administrator will do spot checks for unmarked food items.
5. A staff memo was put out on 2/5/2020 with info addressing this violation.
6. Office staff spoke with all kitchen staff regarding this violation within 3 days after the inspection. 1/31/2020
7. Staff meeting to be held in March will also address the violation. 3/31/2020

Legal Entity Representative


Signature

Becky Hissong, Administrator 2/5/2020
Printed Name and Title Date

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The above plan of correction is approved as of 2/6/2020 Plan of correction implementation status as of 3/27/2020
 (Date) Implemented (Date)
 Not Implemented
 The above plan of correction was approved by BAS
 (Initials)

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

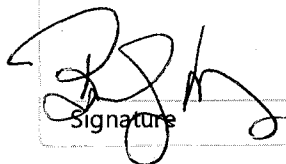
The fire drill conducted on 2/21/19 required 2 minutes and 35 seconds to evacuate everyone in the home. The home has a maximum evacuation time of 2 minutes and 30 seconds.

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.)

1. Administrator will re-educate staff on the importance of evacuating the building during an emergency.
2. If evacuation takes longer than 2 minutes and 30 seconds, the administrator will evaluate as to why it took longer, and address the issue.
3. The administrator will conduct another fire drill.
4. If it becomes a reoccurring issue, the Administrator will contact a fire safety expert to review the facility.
5. A staff memo was put out on 2/5/2020 with information regarding this violation.
6. Emergency procedures were reviewed on 11/21/19. We will review again at the March staff meeting. 3/31/2020
7. ~~A fire drill was conducted on~~ The fire drill record for Feb. + March will be sent to DNS by 4/1/2020

Legal Entity Representative


Signature

Becky Hissong Administrator 2/5/2020
Printed Name and Title Date

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 (Date) (Date)

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 (Initials) Not Implemented

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

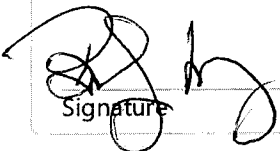
Resident 1's initial medical evaluation was performed on 10/14/19, more than 60 days prior to her admission date.

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.)

1. The administrator will ensure the medical evaluation is completed within 60 days prior to admission on the day a new resident is admitted.
2. If it was not within the 60 days, the administrator will instruct the family to schedule an appt. with their PCP within 30 days to have an updated physical.
3. All new admitted resident's file will be reviewed within one week of them moving in.
4. An initial audit of the resident records will be completed to ensure all OME's are up to date. Any to be found to be in need of a new OME will be scheduled to occur within 30 days. The audit will be completed by 2/22/20 and documentation will be provided to DHS.

Legal Entity Representative


Signature

Becky Nissong Administrator 2/5/2020
Printed Name and Title Date

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Implemented
 Not Implemented

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

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

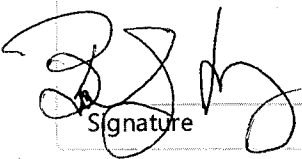
The Medication Administration Record did not document the diagnosis or purpose for the ADVAIR 115-21mcg Inhaler, Albuterol HFA 90mcg 18gm, Ventolin HFA 90mcg inhaler, Divalproex ER 500mg, and the Lithium Carbonate 15mg prescribed for Resident 2, and the Spironalactone 25mg prescribed for Resident 3.

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.)

1. The pharmacy was notified to add diagnosis to the medications that were missing it.
2. The PCP was also contacted to confirm the diagnosis to go with the medication.
3. The Administration will review all resident MARs to ensure all medications have a diagnosis listed. This will be completed by 2/28/2020.
4. If any medications are found without diagnosis, the PCP and pharmacy will be notified.
5. Anytime a resident receives a new prescription, the nurse will ensure the pharmacy puts a diagnosis with the medication on the MAR.

Legal Entity Representative



Signature

Administrator Becky Hoocong

Printed Name and Title

2/6/2020

5/2
Date

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(Date)

Plan of correction implementation status as of 3/27/2020
(Date)

Implemented

Not Implemented

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