



Sent via email to: dlangman@heritagehillsenior.com
MAILING DATE: March 31, 2020

Ms. Denise M. Langman
Executive Director
Care HSL Heritage Hill OPCO LLC
800 Sixth Street
Weatherly, Pennsylvania 18255

RE: Heritage Hill Senior Community
License #: 225120

Dear Ms. Langman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 20, 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *HERITAGE HILL SENIOR COMMUNITY*
Address: *800 SIXTH STREET,, WEATHERLY, PA 18255*
County: *CARBON* Region: *NORTHEAST*

License Number: *22512*

Administrator

Name: *Denise Langman* Phone: *5704274500* Email: *DLANGMAN@HERITAGEHILLSENIOR.COM*

Legal Entity

Name: *CARE HSL HERITAGE HILL OPCO LLC*
Address: *800 SIXTH STREET, WEATHERLY, PA, 18255*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/05/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *113* Waking Staff: *85*

Inspection

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

Inspection Dates and Department Representative

02/20/2020 - On-Site: Amy Deluca, Gerry Dumas, Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *143* Residents Served: *81*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *42* Residents Served: *28*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *0*

Denise M Langman, Executive Director

License #225120

3c - Post Current License

Regulations

2600. 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The current license inspection summary dated 2/21/2019 was not posted in the home.

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.)

What: On 2/20/20 the licensing inspection summary dated 2/21/19 was not visably posted in the home. This was properly posted within minutes after the violation was identified. (Attachment #1) Who: The Executive Director or Designee will train the management team on the importance of the inspection summary being available at all times. (Attachment # 2) When: Training was completed on 3/10/2020. (Attachment #3) How: The Business Office Manager/Receptionist will monitor weekly to ensure the current posting is available at all times. (Attachment #4) On-Going: The Executive Director/ Designee will conduct monthly Quality Assurance audits of The Posting of the Current License Inspection Summary. Findings and trends will be reviewed during the quarterly Quality Assurance Meetings.

Legal Entity Representative

Denise M. Langman Denise M Langman; Executive Director 3/13/2020 Signature Printed Name and Title Date

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The above plan of correction is approved as of 3-30-2020 (Date) Plan of correction implementation status as of 3-30-2020 (Date) [X] Implemented [] Not Implemented The above plan of correction was approved by MM (Initials)

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted the required sleeping hour drills on 04/22/2019 at 10:05pm and 10/15/19 at 9:37pm . Resident interviews indicate that not all residents are asleep at these times. There were 81 residents on the day of the inspection.

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.)

What: Per the RCG, our sleeping hour drills were conducted during normal sleeping hours, 9:00PM-8:00AM, when most (more than half) of the residents were asleep. Sleeping hours are clearly posted at the reception desk.(Attachment #5) This was the direction of sureveyors from previous years.

***Who: The Executive Director and Maintenance Director will conduct the sleeping hour drills between the hours of 11:00PM and 7:00AM All staff were in-serviced on fire drill regulations on 3/10/2020.(Attachment 6/8)

When: We will schedule the sleeping drill for the month of April 2020.

On-Going: The Excutive Director and Maintenance Director will conduct monthly quality assurance audits of fire drill compliance. Findings and trends will be reviewed at the quarterly QA meetings.

Legal Entity Representative

Denise M. Langman
Signature

Denise M Langman; Executive Director
Printed Name and Title

3/13/2020
Date

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(Date) (Date)

** Implemented

Not Implemented

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187d - Follow Prescriber's Orders

Regulations

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for Metoprolol to be held if the resident's heart rate is less than 60 BPM or if Systolic blood pressure is less than 110. The home was not recording the heart rate for the resident at the time of the medication administration so it could not be determined if the physician's orders were followed.

Resident #2 receives blood glucose checks before meals with insulin administered on a sliding scale basis. On 2/15/20 the resident did not receive blood glucose monitoring at lunch time for her sliding scale insulin order because the resident was out with family.

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.)

What: Resident #1 was ordered Metoprol 25mg ER * hold for heart rate less than 60 BPM or SBP of less than 110 MMHG. There was only documentation available for the blood pressure to be documented on the MAR; not the heart rate. Who: The pharmacy was notified of the error on 2/20/20 with a request to ensure there are areas for documentation available on the MAR for medications that require parameters. The medication had been discontinued prior to the date of survey. When: The MAR had been corrected by the pharmacy on 2/20/20 (Attachment #9) Medication Administrators were in-serviced on 2/26/2020 on correct documentation needed for medications with set parameters. (Attachment #10/11) How: The Medication Trainer will add this information to the initial and on-going training for all medication administrators. On-Going: The Resident Care Director/ LPN will conduct monthly audits of physician orders to ensure they are properly documented on the MAR. Findings and trends will be addressed immediately and reviewed during quarterly QA meetings.

What: Resident #2 was out of the community on 2/12/2020 and family did not wish to take the glucometer with her. Medication administrator documented on the MAR that the resident was out of the community without her medication. Who: The Resident Care Director in-serviced all Medication Administrators on 2/26/2020 on proper procedures to notify the physician and following prescriber's orders when a family refuses to administer the medication while on leave. (Attachment #10/11) If the physician is agreeable to this practice, a signed physician order will be placed in the resident record. The family was instructed on the importance of glucometer readings and following prescriber orders. The family will now be taking the glucometer with them while out of our community. This was addressed with family on 2/20/2020. When: Medication Administrators were instructed that if a family member is taking a resident out of the building, it is recommended the family administer the medication as ordered for the best interest of the resident. How: Monthly physician order audits will be conducted by the Resident Care Director/ LPN to ensure orders are being followed as prescribed. On-Going: Resident Care Director/Designee will conduct monthly QA audits of physician orders to ensure they are properly executed. Findings and trends will be reviewed during the quarterly Quality Assurance meetings.

Legal Entity Representative

Denise M. Langman Signature Denise M Langman; Executive Director Printed Name and Title 3/13/2020 Date

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234a - Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #3 was admitted to the home's secure dementia unit on 9/24/2019. The support plan was not completed until 10/7/2019.

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.)

What: Resident #3 RASP was not completed within 72 hours of admission.
Who: The Executive Director/ Resident Care Director will train the staff who are responsible for completing the RASP for residents on DME & RASP Timeframes. (Attachment #11/12/13)
When: Staff members were trained on 2/26/2020
How: We will utilize the 30 day Admission, Annual and Discharge Audit form (Attachment #14/14a) as a check system to monitor continued compliance.
On-Going: Executive Director and Resident Care Director will conduct new admission QA chart audits to ensure on-going compliance. Findings and trends will be reviewed at quarterly QA meetings.

Legal Entity Representative

Denise M Langman
Signature

Denise M Langman; Executive Director
Printed Name and Title

3/13/2020
Date

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