



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail cindy_cross@lcca.com
Sent via e-mail khook@centurypa.com
October 9, 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 March 2, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
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: Jeremy Freeman

Phone: 567-227-0605

Email: jfreeman@centurypa.com

Legal Entity

Name: HEATHERWOOD RETIREMENT INVESTORS LLC

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 36

Waking Staff: 27

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

03/02/2020 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 34

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 34

Number of Residents Who:

Receive Supplemental Security Income: NM

Are 60 Years of Age or Older: 34

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 0

56 - Admin 20 Hours/Week

Regulations

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

The facility has not had a qualified administrator present in the home an average of 20 hours of week from October 2019 through March 2020.

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.)

Effective August 10, 2020 a administrator has been in place working 40 hrs. a week. Please see attached credentials.

In the future another manager will take the 100 hour course to obtain their Personal care Home Administrator certification. This will avoid any gap in coverage should current administrator not be in place.

Legal Entity Representative

Signature 

Printed Name and Title Ken Hook ED Date 10/1/20

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The above plan of correction is approved as of 10/9/2020 (Date) Plan of correction implementation status as of 10/9/2020 (Date)
 Implemented
 Not Implemented
The above plan of correction was approved by SLW (Initials)

57a - Designee Present/Age

Regulations

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

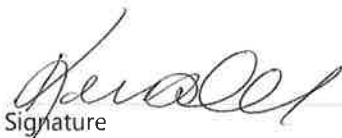
On 2/25/2020, 2/28/2020 and 2/29/20, there was only one staff person working overnight to cover the home's 34 residents. The home also has another building on its grounds that the staff person was covering. When the staff person left to check on the other building, the home was without staff.

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.)

Staffing has been corrected. We have been successful in adding staff.
One Resident care staff is assigned to Building "B" per shift and will be adjusted as the census changes.
Addition resident care staff will be hired to insure proper staffing in both buildings as the census increases.
A Nurse/Asst. Resident care Director begins employment on 9/29/20
In the future a Master Schedule will be followed and maintained by the resident Care Director to adjust for census including number of Non-mobile residents.

Legal Entity Representative


Signature

 
Printed Name and Title Date

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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 A, whose first day of work was 10/1/19, did not receive orientation on the following topics:

Evacuation procedures, Staff duties and responsibilities during fire drills, emergency evacuation, or transportation, 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. 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.)

The Business Office Director (hired 2/4/2020) has rewritten the orientation plan.

All new hires complete a mandatory full day orientation which includes all topics in 2600 65a.

A lengthy employee audit was performed to validate Fire Safety training. Training was conducted on Thursday April30 2020.

Another training on Fire safety and Emergency procedures is scheduled in November 2020 conducted by RPA.

Henceforth we will develop a yearly training plan to incorporate all yearly training topics in 65g.

Legal Entity Representative


Signature

 10/1/20
Printed Name and Title Date

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- Implemented
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65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person B, C, D and E did not receive 12 hours annual training for the 2019 training year.

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 direct care staff are in the process of completing all required training.
The Resident care director will insure that all direct care staff stay current with required training.
All training records are kept in training manual.
All health care Academy training is automatically documented. In the future the resident care Director will insure that all resident care staff complete all required training topics.
A yearly training schedule will be followed in which staff must attend.
In the near future any outstanding training topics for 2020 will be complete by the end of the calender year by the resident care Director, Byayda Nursing, the Executive Director and an outside Consultant via zoom.

Staff persons B, C, D and E will complete 24 hours of training during the 2020 training year.
SLW 10/9/2020

Legal Entity Representative

Signature [Handwritten Signature]

Printed Name and Title [Handwritten: Ken Hook ED]

Date [Handwritten: 10/1/20]

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- Implemented (checked)
Not Implemented

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B, C, D and E did not receive training in:

- medication self-administration - instruction on meeting the needs of the residents - care for residents with dementia and cognitive impairments - infection control and general principles of cleanliness and hygiene - personal care service needs of the resident - safe management techniques or -care for residents with mental illness or mental retardation or both during the 2019 training year.

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.)

We are currently in the process of completing all Direct Care required training.

Training will be conducted either in person by the resident care director and or through the On-line health care Academy web site and outside consultant.

In the future monthly training topics will be offered along with Health care Academy Topics which together will address all training topics required by 65f

Legal Entity Representative


Signature


Printed Name and Title


Date

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(Date)

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(Initials)

- Implemented
- Not Implemented

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff person B, C, D and E did not receive training in:

- fire safety by a fire safety expert or by a staff person trained by a fire safety expert - emergency preparedness
- resident rights - Older Adult Protective Services Act - falls and accident prevention or -new population groups during the 2019 training year.

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.)

Training for all employees on yearly training requirements are in the process of completion and will be completed by the end of this calender year 2020. See attached schedule.

In the future an annual training schedule addressing all the required training topics outlined in regulation will be developed. Many of the topics are covered in health care Academy on-line trainings modules. Other training requirement will be conducted by The resident care Director, the Executive Director, A Fire Safety expert (RPA) or outside consultant.

Legal Entity Representative

[Handwritten Signature]
Signature

Ken Hook
Printed Name and Title

ED

10/11/20
Date

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(Date)

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(Initials)

- Implemented
- Not Implemented

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1 was prescribed:

- Mupirocin ointment twice a day for 7 days on 10/10/19. The medication was still on the med-cart on 3/2/20.
- Albuterol Sulfate every 6 hours as needed on 3/6/19. The medication had expired, but was still on the med-cart on 3/2/2020.
- Ondansetron every 8 hours as needed on 2/19/19. The medication was discontinued, but was still on the cart on 3/2/20.

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.)

Medications techs and nurses responsible for administering medication will be retrained in the proper techniques for medication administration, specifically focusing on how to audit med cart and the requirements for proper medication storage and documentation.

The resident care Director along with the Assistant resident care Director and the resident care Coordinator will conduct monthly audits of the medication Carts.

The assistant resident care Director begins employment on 9/29/2020. One of their main duties will insure cart audits and follow-up meeting with Med techs.

In addition we now have two in-house certified Med tech trainers on board... all med techs will me trained annually. All med techs were trained after the last inspection (see attached)

Legal Entity Representative

[Handwritten Signature]
Signature

Ken Hook *EO* *10/1/20*
Printed Name and Title Date

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The above plan of correction was approved by SLW (Initials) Implemented Not Implemented

184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #3 had an over-the-counter bottle of Docusate on the med-cart that was not labeled with the resident's name.

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.)

Again as in 183d all med techs were retrained. In the past resident care management staff were in a constant flux In the future the director of resident Care and the Assistant Director (LPN) will audit the med. cart. to assure that the proper procedures are followed. See attached training certificates for the med techs.

Previously Attached

Legal Entity Representative

[Handwritten Signature]
Signature

Ken Hook ED
Printed Name and Title

10/1/20
Date

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(Date)

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(Date)

- Implemented
- Not Implemented

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(Initials)

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

Resident #1 is prescribed a Fleet Enema every 24 hours as needed. On 3/2/20, the medication was not available in the home.

Resident #3 is prescribed 325 Acetaminophen every 4 hours as needed. On 3/2/20, the medication was not available 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.)

We do have procedures for the safe storage, access, security, distribution and use of medications but it was not followed. the new resident care director and new assistant will conduct cart audits on a regular basis. Again, all the med techs have been retrained. The new MARs system will alert staff when medication is in low supply or to be re-ordered.

AMEND: The administrator or designee will conduct monthly audits of the med cart to ensure all prescribed medications are available for administration, starting immediately.
SLW 10/9/2020

Legal Entity Representative

[Handwritten Signature]
Signature

Den Hook ED
Printed Name and Title

10/1/20
Date

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- 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 was prescribed Nitrofurantoin on 10/10/19 twice a day for 14 days. On 3/2/20, the medication was still on the med cart and there were 7 pills left in the bottle. The prescription label read: "Take 1 capsule twice daily. Qty: 14"

Resident #1 was also prescribed:

- Ear Drop at bedtime. However, the medication was not administered on 2/1/20 or 2/2/20 because the medication was not available in the home.

- Wixela Inhub 100-50mcg twice a day. However, the medication was not administered on 2/8, 2/9, 2/10, 2/11, 2/12 or 2/13/20 at 800 or 1700 because the medication was not available 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.)

Medications techs and nurses responsible for administering medication will be retrained in the proper techniques for medication administration, specifically focusing on how to audit med cart and the requirements for proper medication storage and documentation.

The resident care Director along with the Assistant resident care Director and the resident care Coordinator will conduct monthly audits of the medication Carts.

The assistant resident care Director begins employment on 9/29/2020. One of their main duties will insure cart audits and follow-up meeting with Med techs.

In addition all med tech were retrained by our in-house certified med tech trainer since the last inspection

AMEND: The administrator or designee will conduct monthly audits of the med cart to ensure all prescribed medications are available for administration, starting immediately.

SLW 10/9/2020
Legal Entity Representative


Signature


Printed Name and Title


Date

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Not Implemented

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff persons A, B, C, D and E have not successfully completed the Department-approved medications administration training. The home was not able to provide documentation and verify that the staff are trained. All 5 staff persons administer medications to residents.

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.)

Med tech were all trained (see attached) In the future our in-house med tech trainer will conduct yearly training. We also now have a new LPN who is also a certified trainer. In the future this issue will not surface with 2 certified trainers on board Med tech "A" left Heatherwood last March and staff member :C" will be re-certified by the new LPN who is a certified Trainer on the week of 10/5/2020

Amend:

The administrator or designee will develop a schedule to ensure all staff trained to administer medications will complete two MAR reviews and two medication administration observations annually to ensure the med training is complete, starting immediately.

The administrator will review the documentation to ensue it meets the Departments Medication Administration training guidelines, starting immediately.

SLW 10/9/2020

Legal Entity Representative

[Handwritten Signature]
Signature

Ken Hook
Printed Name and Title

ED

10/1/20
Date

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(Date)

Plan of correction implementation status as of 10/2/2020
(Date)

- Implemented
- Not Implemented

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

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on 9/27/18.

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.)

Since the inspection a new resident care director was hired and more recently an Assistant resident Care director has been hired, mitigating any future oversight regarding yearly assessments. The resident in question was assessed but since this writing is no longer a resident. We are now utilizing PCC as our tool for following along with assessment appointment and due dates.

Legal Entity Representative

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Signature

Den Book
Printed Name and Title

[Handwritten Initials]

10/1/20
Date

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 10. A record of incident reports for the individual resident.

Description of Violation

Resident #2's record does not include a copy of the 10/9/19 medication error reportable incident.

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.)

Not unlike 225c the new resident care director has updated all the charts. Now, with PCC all incident reports are automated and in resents chart, rather than relying on paper.

In the future as we go forward all resident charts will be audited at least quarterly, but again PCC will maintain all information and be readily available for review.

Legal Entity Representative

[Handwritten Signature]
Signature

[Handwritten Name and Title]
Printed Name and Title

[Handwritten Title]

[Handwritten Date]
Date

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