



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: heartlandpch@comcast.net
MAILING DATE: July 21, 2020

Ms. Christina Callahan
Owner & Administrator
Heartland Retirement Personal Care Home Inc.
PO Box 210
Woolrich, Pennsylvania 17779

RE: Heartland Retirement Personal Care Home
46 Elementary Lane, Box 210
Woolrich, Pennsylvania 17779
License #: 227120

Dear Ms. Callahan:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 5, 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 "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: HEARTLAND RETIREMENT PERSONAL CARE HOME
 Address: 46 ELEMENTARY LANE, BOX 210,, WOOLRICH, PA 17779
 County: CLINTON Region: NORTHEAST

License Number: 22712

Administrator

Name: Christina Callahan Phone: 5707696007 Email:
 HEARTLANDRETIREMENTPCH@COMCAST.NET

Legal Entity

Name: HEARTLAND RETIREMENT PERSONAL CARE HOME INC
 Address: PO BOX 210, WOOLRICH, PA, 17779

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/04/2003 Issued By: L&J

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection

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

Inspection Dates and Department Representative

03/05/2020 - On-Site: Ryan Yankowy, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 Residents Served: 17

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 1
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

HEARTLAND RETIREMENT PERSONAL CARE HOME

22712

18 - Compliance With Laws

Regulations

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries in the carbon monoxide detectors located through out the home were dated 1/17/19. The batteries are required to be changed annually according to The Care Facility Carbon Monoxide Standards Act.

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 violation is important due to the carbon monoxide poisoning is undetected without Proper working equipment and could harm residents and staff.
 At the time of inspection the batteries were past the annual date. There was no date to state when the batteries were installed.
 Administrator failed to keep track of when the batteries should be changed on an annual basis. Batteries were replaced with new ones and the date has been posted when they were changed. Administrator will make a paper up and post it in the fire book when batteries will need to be Changed on an annual basis, also to check to make sure the batteries are working every six months. The paper will be posted in front of the fire drill paper as a monthly reminder.

Legal Entity Representative

Christina Callahan
 Signature

CFO / ADMIN
 Christina Callahan
 Printed Name and Title

4-22-20
 Date

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The above plan of correction is approved as of

5-4-20
(Date)

Plan of correction implementation status as of

5-4-20
(Date)

The above plan of correction was approved by

ag
 (Initials)

- Implemented
- Not Implemented

HEARTLAND RETIREMENT PERSONAL CARE HOME

22712

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home utilizes cameras through out the home. The cameras located in the common areas of the home that residents utilize are recording. This is a violation of the residents privacy.

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 violation is important due to privacy of the resident.
At the time of inspection cameras were recording in the dining room, Living room and back Activity room.
Administration was responsible for the recording of all rooms.
Administrator disabled the 3 rooms the day of inspection.
Administrator will disable the 3 rooms from recording the remainder of cameras pointing toward the entries and exits will remain recording along with cameras outside the building.

Legal Entity Representative

Christina Callahan
Signature

Christina Callahan CEO/Admin
Printed Name and Title

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HEARTLAND RETIREMENT PERSONAL CARE HOME

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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.
- 6. Safe management techniques.

Description of Violation

Direct care staff member A hired 9/6/17 did not receive training in medication self-administration and safe management techniques for 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.)

The violation is important so the direct care staff member is being trained and reminded annually so there may be little errors as possible.

During inspection staff member A did not have her annual safe management techniques completed For the year 2019, as long with that her medication self-administration training was not completed.

Administrator failed to look over and catch that staff A didn't complete all her annual training. Administrator will go over all training for all caregivers on a monthly basis as well as the assistant To confirm all training is being completed by each caregiver.

After inspection was completed the administrator did come across the 2019 medication self-administration

STAFF member A also completed safe management for 2020.

Legal Entity Representative

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Signature

Christina Callahan CEO/ADMIN
Printed Name and Title

4-22-20
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82a - Poisonous Materials

Regulations

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A unlabeled bottle of bleach was located on the window sill in the kitchen. The bottle did not have the original manufacturers instructions on the bottle.

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 violation is important due to making sure staff is using chemicals they are aware of so they May be used for proper cleaning and making sure they do not harm themselves and proper information so they know Who to contact in case of emergency. At the time of inspection there was a non-label bottle of bleach on kitchen window seal. The bottle was Disposed of the day of inspection. During night time cleaning staff put bleach into a bottle with water without a label , and did not discard when They were finished. Administrator spoke to all staff and went over the safety issues with what may or could happen. All chemicals Have labels on and only to be used. If there are no labels they are not to use. Administrator will also Do daily walks to make sure that there are no non-label bottles of chemicals.

Legal Entity Representative

Christina Callahan Christina Callahan CEO/ADMIN 4-22-20
Signature Printed Name and Title Date

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HEARTLAND RETIREMENT PERSONAL CARE HOME

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notice to the fire department does not indicate the capacity of the home. The notice also indicates that all 11 residents residing in the home can evacuate independently. 2 residents require assistance to evacuate in the event of an emergency.

Plan of Correction (POC)

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This is important so Fire Dept. knows how many in mobile residents in home plus how many rooms in home in case of an emergency.

At the time of inspection the letter to the fire company did not include information of mobility needs in the Home.

Administrator received new resident and had mobility needs with assistance of a fire, and didn't update the Paper work needed for them to know.

Resident is no longer residing at the home.

Assessments will be done on all residents on a monthly basis so if changes happen they will be adjusted Accordingly if needed.

Legal Entity Representative

Signature: Christina Callahan, Printed Name and Title: Christina Callahan CEO/ADMIN, Date: 4-22-20

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132a - Monthly Fire Drill

Regulations

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An interview with Direct care staff member B indicated that direct care staff member C who conducted the fire drill on 1/30/20 at 10:15 pm made staff member B aware of the drill before pulling the fire alarm.

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 violation is important for resident/caregivers to know how to evacuate safely with being unannounced. At the time of inspection the inspectors spoke to staff B and residents if they were made aware that they were Having a night time fire drill and both residents and staff B said yes. Staff C was fully aware of not doing so but with the weather staff C only took residents to the door. Staff C will come in building unannounced and will not engage with staff or residents prior to pulling a drill Administration will question staff and residents monthly if they were told about drill.

Legal Entity Representative

Christina Callahan Christina Callahan CEO/ADMIN 4-22-20
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03/05/2020

HEARTLAND RETIREMENT PERSONAL CARE HOME

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132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Interviews with staff members and residents indicated that the fire drill conducted on 1/30/20 at 10:15 pm the residents were not evacuated to the outside of the building. It was raining outside so the residents congregated in front of door "D".

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.)

Violation is important so staff and residents know where meeting place is
During inspection residents were interviewed and where questioned if they went out to the proper Meeting place in case of a fire and both confirmed no.
During the night time fire drill resident were taken to the entrance D and not outside meeting area due to weather.
Staff pulling any drill will be courteous of weather ahead of time so the residents may go to meeting place directly.

Legal Entity Representative

Christina Callahan Signature Christina Callahan CEO/ADMIN Printed Name and Title 4-22-20 Date

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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 DME dated 12/9/19 did not indicate anything for pulse, the ability to self-administer medications and cognitive functioning.

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.)

Violation is important due to knowing the mobility needs of the individual capabilities and medical history. During inspection the inspectors went over DME and noticed that empty spots were presented. Admin/Assistant failed to go over DME to make sure all spaces were completed by physician. Admin/Assistant will go over DME together to make sure all spaces are filled if not will call DR. Office To get info or have it redone.

Legal Entity Representative

Christina Callahan Christina Callahan CEO/ADMN 4-12-20
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