

Department of Human Services
Bureau of Human Service Licensing

March 19, 2021

██████████ EXECUTIVE DIRECTOR
HEATHER GLEN SENIOR LIVING LLC
5930 HAMILTON BOULEVARD
WESCOSVILLE, PA 18106

RE: HEATHER GLEN SENIOR LIVING
415 BLUE BARN ROAD
ALLENTOWN, PA, 18104
LICENSE/COC#: 22682

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2021, 02/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: HEATHER GLEN SENIOR LIVING **Licen e #:** 22682 **Licen e Expiration Date:** 01/29/2022
Addr e : 415 BLUE BARN ROAD, ALLENTOWN, PA 18104
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6108414478 **Email:** [REDACTED]

Legal Entity

Name: HEATHER GLEN SENIOR LIVING LLC
Address: 5930 HAMILTON BOULEVARD, WESCOSVILLE, PA, 18106
Phone: 6108414478 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 04/03/2017 **Issued By:** Upper Macungie Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 108 **Waking Staff:** 81

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 02/03/2021

Inspection Dates and Department Representative

02/03/2021 - On-Site: [REDACTED]
02/04/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120 **Residents Served:** 68

Secured Dementia Care Unit

In Home: Yes **Area:** secure **Capacity:** 48 **Re ident Served:** 32

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 68
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 40 **Have Physical Disability:** 0

Inspections / Reviews

02/03/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *03/11/2021*

3/11/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/17/2021*

3/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

Blueberry muffins located in the freezer was opened and unsealed.

Plan of Correction

Accept

1. Time of inspection, inspector found a tray of blueberry muffins in the kitchen refrigerator not not sealed completely. At time of inspection Director of Dietary sealed the tray of muffins correctly.

Director of Dietary will retrain Dietary staff on the importance of properly sealing food, packaging food, and dating food. Director of Dietary and Dietary staff will do daily inspection to ensure all food is properly sealed and dated in Refrigerator and Freezers.

Executive Director will meet with Director of Dietary to ensure all trainings of how to handle food and packaging food is completed with all dietary staff. Executive Director and Director of Dietary will implement new staff training of food packaging on first day of orientation for all new Dietary staff.

Completion Date: 03/10/2021

Update - 03/11/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

On 3/5/2021 Director of Dietary held a meeting with all Dietary Staff. Director of Dietary discussed the following topics and demonstrated:

- 1. Sealing all food items properly
- 2. Storing all food Properly
- 3. Checking expiration dates
- 4. Labeling all food items

Please see attach training sheet

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

2 bottles of Carmel syrup were located in the kitchen refrigerator. The expiration date was 8/2020.

103i - Outdated Food (continued)

Plan of Correction

Accept

2. Time of inspection, inspector found bottle of Carmel syrup to be expired. Upon inspection, Director of Dietary immediately disposed of expired syrup.

Director of Dietary will retrain all Dietary staff on the importance of not storing or usage of expired food items.

Director of Dietary will retrain all dietary staff to check expiration dates on a continuous basis.

Executive Director will meet with Director of Dietary to ensure an ongoing training of checking food expiration dates are conducted. All new dietary staff will be trained on first day of orientation about the importance of always checking expiration dates. Executive Director

Completion Date: 03/10/2021

Update - 03/11/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

On 3/5/2021 Director of Dietary held a meeting with all Dietary Staff. Director of Dietary discussed the following topics and demonstrated:

- 1. Sealing all food items properly
- 2. Storing all food Properly
- 3. Checking expiration dates
- 4. Labeling all food items

Please see attach training sheet

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 Medical Administration records states [redacted] takes loperamide 2mg cap orally every 8 hours as needed for loose stool. However the pharmacy label states every 4 hours as needed.

Plan of Correction

Accept

3. Time of inspection, inspector found Administration record that resident #1 medication did not match Pharmacy label.

Order was changed on 8/26/2020. Pharmacy does not relabel or accept medication for return when directions are changed. The order is correct, MAR is correct. Resident did not receive the medication with wrong time interval.

At time of inspection direction change sticker (see attach) was placed on Blister Pack, indication a direction change and the date order was modified along with time interval.

Executive Director will ensure along with Director of Wellness that monthly cart audits are performed to ensure all prescribed medication is in med cart and pharmacy label matches MAR records and direction change sticker are placed on Blister packs when direction is changed for a medication.

Completion Date: 03/10/2021

Update - 03/11/2021

184a - Labeling OTC/CAM (continued)

Document Submission

Implemented

At time of inspection direction change sticker (see attach) was placed on Blister Pack, indication a direction change and the date order was modified along with time interval.

185a Implement Storage Procedures

1. Requirements

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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #1 – On 2/3/21 the reading on the glucometer was 94 but was incorrectly transcribed as 95.

Resident #2 Glucometer was not calibrated. The Glucometer had reading for 2/5/21 and 2/6/21. The date of the inspection was 2/4/21.

Plan of Correction

Accept

4. Time of inspection, inspector found the recording of the blood glucose reading to be transcribed incorrectly. Of Resident #1 on 2/3/2021 the reading on the glucometer was 94 but was incorrectly transcribed as 95. Employee was interviewed and it was determined to be human error by hitting the wrong button.

The glucometer was correctly calibrated. It was determined the date was incorrectly set upon receiving glucometer. Medical staff will be trained for making certain that glucometers are correctly dated upon receipt. In this facility all glucometers are delivered per calibrated. All staff will be retrained in double checking glucometer reading before entering it in the MAR. Staff will also be retrained in double checking date of glucometer at each use.

The Executive Director and Director of Wellness will sporadically check glucometers and MARs to ensure accurate readings.

Completion Date: 03/10/2021

Update - 03/11/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

On 3/15/2021 Director of Wellness held a corrective action training plan meeting to discuss Glucometer Retraining. All med techs have been initial trained with Lehigh Valley Hospital for diabetic training. Please see attach training sheet.