

Department of Human Services
Bureau of Human Service Licensing

May 11, 2021

██████████ RDO
CARE HSL HERITAGE HILL OPCO LLC
800 SIXTH STREET
WEATHERLY, PA 18255

RE: HERITAGE HILL SENIOR
COMMUNITY
800 SIXTH STREET
WEATHERLY, PA, 18255
LICENSE/COC#: 22512

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/16/2021 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: HERITAGE HILL SENIOR COMMUNITY **Licence #:** 22512 **Licence Expiration Date:** 04/18/2021
Address: 800 SIXTH STREET, WEATHERLY, PA 18255
County: CARBON **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5704274500 **Email:** [REDACTED]

Legal Entity

Name: CARE HSL HERITAGE HILL OPCO LLC
Address: 800 SIXTH STREET, WEATHERLY, PA, 18255
Phone: 5704274500 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 84 **Waking Staff:** 63

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/16/2021

Inspection Dates and Department Representative

03/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 143 **Residents Served:** 61

Secured Dementia Care Unit

In Home: Yes **Area:** Secured unit **Capacity:** 30 **Residents Served:** 22

Hospice

Current Resident: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 61
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 23 **Have Physical Disability:** 0

Inspections / Reviews

03/16/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *05/01/2021*

4/29/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/03/2021*

5/11/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The home's annual inspection completed 02/20/20 that was posted for public viewing had the residents' privacy coding document attached. The home did not maintain the resident's confidentiality.

Plan of Correction

Accept

What: On 3/16/21, during the inspection walk-through of the community during the annual survey, the report from last year's survey in the lobby was available for resident and guest review with resident names displayed in the binder. The violation was corrected immediately during the walk-through when the names were removed from the binder.

Who: The Executive Director or designee will train the Management Team and Business Office on Plan of Correction-Confidential Resident Names: Survey Results (Attachment A) and Monthly Confidentiality Audit Tool (Attachment B) and complete Sign-in Sheet (Attachment C).

When: Training to be completed by 3/19/2021

How: Business Office Director or Designee will assure confidential resident names are not displayed in the state survey results binder in the lobby.

Ongoing: The Business Office Director or Designee will conduct a monthly audit of the state survey results binder in the lobby to assure confidential resident names are not in the binder. Results will be documented on the Monthly Confidentiality Audit Tool (Attachment B). Findings and trends will be reviewed at the QA meetings.

Completion Date: 04/28/2021

Document Submission

Implemented

See Attached Supporting Documents

183f Discontinued Medications

1. Requirements

2600.

- 183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #1's Advair Diskus Inhaler to be administered 1 puff in the AM and 1 puff in the PM was opened on 1/30/2021. The manufacture's direction is to discard after 28 days when opened.

183f - Discontinued Medications (continued)

Plan of Correction

Accept

What: On 3/16/21, it was identified that a resident was prescribed an inhaler on 1/31/21 that would expire in 30 days. It should have been discarded on 3/2/21 and it was still on the cart on 3/16/21. The violation was corrected at the time it was discovered during the survey and properly discarded on 3/16/21.

Who: The Resident Care Director or designee will train the Med Techs and Clinical Leadership Team on Plan of Correction-Medication Discarded Timely (Attachment G) and Weekly Medication Cart Audit Form (Attachment H) and complete Sign-in Sheet (Attachment I).

When: Training to be completed by 3/19/2021

How: The Med Techs and Clinical Leadership team will assure expired medications are not stored in med carts and are properly discarded.

Ongoing: The Resident Care Director or Designee will conduct a weekly cart audit to check that that there are no expired medications being stored in med carts and document on Weekly Medication Cart Audit Form (Attachment H). Findings and trends will be reviewed at the QA meetings.

Completion Date: 04/28/2021

Update - 04/29/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

See Attached Supporting Documents