

Department of Human Services  
Bureau of Human Service Licensing

July 27, 2021

██████████ ADMINISTRATOR  
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 04/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

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      **License #:** 22682      **License Expiration Date:** 01/29/2022  
**Address:** 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**

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 104      **Waking Staff:** 78

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 05/04/2021

**Inspection Dates and Department Representative**

04/19/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 120      **Residents Served:** 70

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** n/a      **Capacity:** 48      **Residents Served:** 24

**Hospice**

**Current Resident:** 7

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 69  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 34      **Have Physical Disability:** 1

## Inspections / Reviews

04/19/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/01/2021*

6/15/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/22/2021*

7/9/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/16/2021*

7/23/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow Up Date *07/30/2021*

7/27/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/5/21 staff member A observed staff member B yelling and cursing at Resident #1 in the bathroom. Staff member B then proceeded to grab Resident #1 and shove the resident toward the door. The suspected abuse was not reported to the Local Area Agency on Aging.

Plan of Correction

Accept

The Executive Director did immediately report the case of abuse once Executive Director and Director of Wellness found out about suspected abuse to Department of Human Services and Department of Aging.

Suspected abuse was brought forth by an employee on April 11, 2021 to management. Executive Director and Director of Wellness immediately pulled the employee who was mentioned being the abuser (staff member B) off the schedule until the home's investigation was completed. Staff member B's main schedule was 3pm-11pm and staff member B would on occasion pick up an 11pm-7am shift.

Executive Director and Director of Wellness started investigation on April 11, 2021 (the same day it was reported to upper management). Executive Director and Director of Wellness came to the facility at 7pm to start interviewing shifts that staff member B would work with. During the investigation staff member A stated to Executive Director and Director of Wellness on 4/5/2021 observed staff member B yelling, cursing, and grabbing resident #1 and shoving resident #1 toward the door in the bathroom.

Investigation continued until [REDACTED], upon completion of the investigation staff member B was found to have verbally and physically abused Resident #1 in the bathroom. Employee B was also found to be placing chair against resident room door to prohibit from leaving their room during the night.

Executive Director and Director of Wellness called employee B and terminated employee on [REDACTED]

Plan of Correction:

On April 11, 2021 Executive Director and Director of Wellness immediately pulled staff member B from the schedule. Executive Director and Director of Wellness immediately started their investigation on April 11, 2021. Investigation was conclude on [REDACTED] Upon completion it was substantiated that staff member B did physically and verbally abuse resident #1 in the bathroom. Staff member B was also placing furniture in front of doorway of resident room to stop resident from leaving their room or

On April 28, 2021 an All Staff Meeting was held. The topic of the meeting was Resident Rights and Abuse Reporting. During the meeting Resident Rights were discussed that an employee may never neglect, intimidate, physically or verbally abuse, mistreat in any way. Resident Right was discussed that a resident shall always be treated with dignity and respect. Employees were retrained that as employees they are mandated reports of abuse and neglect. A discussion that if an employee is unsure if it would fall under abuse they still need to report it to upper management. Regulation 2600.202 was discussed that seclusion, defined as involuntary confinement of a resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured Dementia Unit. See attach for sign in sheet from the All Staff Meeting and the material that was given to employees.

Completion Date: 05/27/2021

15a - Resident Abuse Report *(continued)***Document Submission****Implemented***See Attach**The home will continue on going compliance.*

## 16c - Written Incident Report

**1. Requirements**

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On 4/5/21 staff member A observed direct care staff member B yelling and cursing at Resident #1 in the bathroom. Direct care staff member B then proceeded to grab Resident #1 and shove the resident toward the door. The suspected abuse was not reported to the Department.*

*Approximately 3 weeks ago direct care staff member B reported to direct care staff member C that he/she was propping a chair in front of the residents room so they cannot get out. The possible resident rights violation was not reported to the Department.*

*On 4/12/21 Resident #2 alleged that direct care staff member D was rude and disrespectful to the resident in the morning. The possible resident rights violation was not reported to the Department.*

*The homes fire alarms were activated on 4/7/21 at approximately 2:30pm and the fire department responded. The home did not report the incident to the Department.*

16c - Written Incident Report (continued)

**Plan of Correction**

**Accept**

*On April 28, 2021 an All Staff Meeting was held. The topic of the meeting was abuse reporting and resident rights. During the meeting Resident Rights was discussed that an employee may never neglect, intimidate, physically or verbally abuse, mistreat in any way. Resident Rights was discussed that a resident shall always be treated with dignity and respect. Employees were retrained that as employees they are mandated reports of abuse and neglect. A discussion that even of an employee is not sure if it would fall under abuse they still need to report it to upper management. Regulation 2600.2020 was discussed that seclusion, defined as involuntary confinement of a resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured Dementia Unit.*

*See attach for sign in sheet from the All Staff Meeting and the material that was given to employees.*

*On 4/7/2021 Fire Alarms went off at facility due to temperature rising in the sprinkler room outside the facility. On 4/8/2021 AC unit was placed in the sprinkler room to help reduce temperature from rising. At time of inspection, inspector counseled Executive Director that when Fire Alarms go off that a reportable must be sent to Department of Human Services. In the future Executive Director will remember that arrival of emergency vehicles to facility is reportable.*

**Completion Date:** 05/27/2021

**Document Submission**

**Implemented**

*See Attach*

*The home will continue on going compliance*

42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*Staff member A observed resident #1 in a common restroom playing in the toilet. Staff member A asked direct care staff member B to help. Direct care staff member B went to the bathroom and yelled "what the f... is going on?" "what is this s...?" "get the hell out of here! Direct care staff member B then grabbed Resident #1's arm and shoved the resident in the direction of the doorway. Resident #1 resides in the secure dementia care unit and is unable to recall the incident.*

42b - Abuse (continued)

**Plan of Correction**

**Accept**

*During the investigation held from 4/11/2021 to 4/13/2021. Staff member A reported that staff member B went into the bathroom where staff member A needed help with Resident #1. Staff member B went into the bathroom to help and yelled "what the f... is going on?" What is this s...?"get the hell out of here! Employee than witnessed Staff member B grabbing resident #1's arm and shoved the resident in the direction of the doorway.*

*Upon completion of Investigation on 4/13/2021, staff member B was found to have verbally and physically abused Resident #1 in the bathroom. Executive Director and Director of Wellness called staff member B and terminated employee on [REDACTED].*

*On April 28, 2021 an All Staff Meeting was held. The topic of the meeting was abuse reporting and resident rights. During the meeting Resident Rights was discussed that an employee may never neglect, intimidate, physically or verbally abuse, mistreat in any way. Resident Rights was discussed that a resident shall always be treated with dignity and respect. Employees were retrained that as employees they are mandated reports of abuse and neglect. A discussion that even of an employee is not sure if it would fall under abuse they still need to report it to upper management. Regulation 2600.2020 was discussed that seclusion, defined as involuntary confinement of a resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured Dementia Unit.*

*See attach for sign in sheet from the All Staff Meeting and the material that was given to employees.*

**Completion Date:** 05/27/2021

**Document Submission**

**Implemented**

*See attach*

*The home will continue on going compliance.*

42c - Treatment of Residents

**1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*On 4/12/21 Direct care staff member D was rude and disrespectful to Resident #2 in the morning. Direct care staff member D pulled Resident #2's covers off and told the resident that he/she would be going to breakfast even though the resident did not want to.*

42c - Treatment of Residents (continued)

Plan of Correction

Accept

On 4/12/2021 Resident #2 reported to the nurse on duty that Direct care staff D was rude to [redacted] during AM care and tried to make [redacted] go to breakfast when resident #2 did not want breakfast at that time. Direct care staff D pulled covers off and told the resident that they are going to breakfast even though the resident did not want to. Nurse on duty called down to Executive Director's office and told [redacted] what direct care staff D did to Resident #2. Executive Director and Director of Wellness immediately spoke to resident #2 to help [redacted]. Executive Director and Director of Wellness immediately pulled direct care staff D into the office and terminated direct care staff D for not treating resident with dignity and respect.

On April 28, 2021 an All Staff Meeting was held. The topic of the meeting was abuse reporting and resident rights. During the meeting Resident Rights was discussed that an employee may never neglect, intimidate, physically or verbally abuse, mistreat in any way. Resident Rights was discussed that a resident shall always be treated with dignity and respect. Employees were retrained that as employees they are mandated reports of abuse and neglect. A discussion that even of an employee is not sure if it would fall under abuse they still need to report it to upper management. Regulation 2600.2020 was discussed that seclusion, defined as involuntary confinement of a resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured Dementia Unit.

See attach for sign in sheet from the All Staff Meeting and the material that was given to employees.

Completion Date: 05/27/2021

Document Submission

Implemented

See attach

The home will continue on going compliance.

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On April 4th and 10th only 4 staff were available from 11p-7am. 34 residents require assistance to exit the building in the event of an emergency. 7 of these residents require 1 person to transfer to a wheelchair and push to a safe area. 3 of these residents require 1-2 persons to transfer to a wheelchair and push to a safe area. 1 resident requires a two person assist to transfer to a wheelchair and push to a safe area. 23 of these residents require constant cuing to a safe area in the event of an emergency. The home does not have enough staff to meet the needs of the residents from 11pm-7am based on their support plans in the event of an emergency.

## 60a - Staff/Support Plan (continued)

**Plan of Correction****Do Not Accept**

*Before violation was given, Heather Glen Senior Living as been attempting to hire more staff for all positions. Due to Government paying high incentives for caregivers to stay home during pandemic, has caused major issues in finding applicants to hire. Heather Glen Senior Living have placed and continue to place ads on the following recruitment sites:*

- *Indeed*
- *Zip Recruiter*
- *Career Link*
- *Facebook*
- *website*
- *Held Job Fairs onsite, conducted on the spot interviews*

*Heather Glen Senior Living is currently signed up with Career Link to hold another Job Fair located onsite of Career Link on June 24, 2021 in hopes to find applicants*

*Heather Glen Senior Living has made and will continue to make every attempt to find applicants during a period of time where people are paid more to stay at home set forth by the Government.*

*Executive Director and Managers have done and continue to do the following to have current employees of Heather Glen to pick up shifts:*

- *Raised Rates (hourly)*
- *Bonus to pick extra shifts*
- *Bonus referrals to currently employees who refer friends and family to work.*
- *Paid extra money to have ads be pushed to top priority on recruitment sites.*

*Currently our staffing ratio meets state ratio requirements Overnight shifts on some days are staffed with 5-6 employees. Nights that we do not have 5-6 employees staffed, we always have a minimum of 4 staffed and the 5th person scheduled to come in at 4am or 5am to help with morning AM care.*

**Completion Date:** 05/27/2021

**Update - 06/15/2021**

*In the Resubmission of the Plan of Correction, the Home will address a POC to staff all 8 hours of every shift with the minimum # of hours of required of care, as well as the minimum # of staff to meet the needs of the residents in the event of an emergency during any specific shift.*

*This may include bringing on Agency personnel in addition to all of the other items mentioned in the above POC. Please submit an additional update to this POC following the "back to work" aspect of the unemployment benefit to take effect after 6/30/21 to respond to staffing efforts.*

AG, 6-15-21

60a - Staff/Support Plan (continued)

**Plan of Correction**

**Do Not Accept**

*Executive Director did a price comparison for hourly rates from other communities that are local. Heather Glen Senior Living hourly rates are equivalent to other communities or greater than other communities.*

*Facility has continuous Ads for PCA position, management will periodically change verbiage and refresh Ads. Facility has sponsor Ads to reach more candidates.*

*Facility has started to use Agency staff to endure staffing is appropriate for needs of residents in an emergency.*

*Agency that facility is currently using and have used in the pass are as followed:*

- [REDACTED]
- [REDACTED]
- [REDACTED]

*Facility is still actively hiring, facility is making every attempt to hire employees during these challenging times.*

**Completion Date:** 07/01/2021

**Update - 07/09/2021**

*Please submit an acceptable POC that details the current census and what the residents' needs are and the staffing plan that is in place to meet those needs.*

AG, 7-9-21

60a - Staff/Support Plan (continued)

Plan of Correction

Accept

On July 4th total census was 78.

July 4th Break Down for Personal Care and Memory Care:

Personal Care Unit

Personal Care Unit had 50 residents with 1 immobile resident out at the hospital, leaving 49 residents in the Personal Care Unit (18 immobile).

Memory Care Unit

Memory Care Unit had 28 with 2 immobile residents out at the hospital, leaving 26 residents in the Memory Care Unit (26 immobile).

Staffing for night shift was staffed with 5 employees. All 5 employees are employed by Heather Glen Senior Living. Facility did not use agency. Scheduling Coordinator was able to staff with Heather Glen employees by offering incentives to those that picked up an extra shift. Employees also received time and half due to it being a holiday.

On July 7th total census was 79.

July 7th Breakdown for Personal Care and Memory Care:

Personal Care Unit

Personal Care Unit had 50 residents with 2 residents out at the hospital. 1 of those 2 residents are immobile, leaving 48 residents in Personal Care Unit (18 immobile).

Memory Care Unit

Memory Care unit had 29 with 2 immobile residents out at the hospital, leaving 27 residents in the Memory Care Unit (27 immobile).

Staffing for night shift was staffed with 5 employees. 1 of those 5 employees are from a staffing agency. 2 employees from Heather Glen picked up additional shifts. Management offered incentives for those employees that picked up additional shifts.

Management has been offering incentives to their current employees who pick up shifts or stay longer to cover scheduling needs. Facility has been utilizing Agency staff to fill scheduling needs.

Executive Director, Director of Wellness, and Scheduling Coordinator meet regular to discuss census of the building. Discussion of how many are hospitalized, in rehab, and residents who are receiving Physical Therapy and making progress with their mobility needs.

Executive Director will continue to meet with Director of Wellness and Scheduling Coordinator to ensure staffing needs are being met according to RASP.

See attach sheet for night shift on July 4th and July 7th. On the sheet it will show a breakdown of how many Heather Glen Senior Living employees picked up shifts and how many came from Agency.

Completion Date: 07/22/2021

Document Submission

Implemented

See Attach

The home will continue on going compliance.

202 - Prohibitions

1. Requirements

2600.

202 - Prohibitions (*continued*)

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

**Description of Violation**

*Direct care staff member B reported that on 4/10-4/11/21 from 11pm-7am the staff member placed a desk in front of Resident #3's doorway. Direct care staff member B also reported to direct care staff member C that he/she will place a chair in front of the residents door handles to prevent them from leaving their room. Staff interviews also indicated that chairs have been observed in this position, but the staff members were not sure how they were getting placed there. Seclusion is prohibited.*

**Plan of Correction****Directed**

*Suspected abuse was brought forth by an employee on April 11, 2021 to management. Executive Director and Director of Wellness immediately pulled the employee who was mentioned being the abuser off the schedule until the home's investigation was completed. Employee B's main schedule was 3pm-11pm and employee A would on occasion pick up an 11pm-7am shift.*

*Executive Director and Director of Wellness started investigation on April 11, 2021 (the same day it was reported to upper management). Executive Director and Director of Wellness came to the facility at 7pm to start interviewing shifts that Employee B would work. During the investigation employee A stated to Executive Director and Director of Wellness on 4/5/2021 observed employee B yelling, cursing, and grabbing resident #1 and shoving resident #1 toward the door in the bathroom.*

*Investigation continued until 4/13/2021, upon completion of the investigation employee B was found to have verbally and physically abused Resident #1 in the bathroom. Employee B was also found to be placing chairs against resident's rooms to prohibit them from leaving their rooms during the night.*

*Executive Director and Director of Wellness called employee B and terminated employee on [REDACTED].*

*Plan of Correction:*

*Executive Director and Director of Wellness immediately pulled employee B from the schedule on April 11, 2021. Executive Director and Director of Wellness immediately started their investigation on April 11, 2021. Investigation was conclude on [REDACTED]. Upon completion it was substantiated that employee B did physically and verbally abuse resident #1 in the bathroom.*

*On April 28, 2021 an All Staff Meeting was held. The topic of the meeting was abuse reporting and resident rights. During the meeting Resident Rights was discussed that an employee may never neglect, intimidate, physically or verbally abuse, mistreat in any way. Resident Rights was discussed that a resident shall always be treated with dignity and respect. Employees were retrained that as employees they are mandated reports of abuse and neglect. A discussion that even of an employee is not sure if it would fall under abuse they still need to report it to upper management. Regulation 2600.2020 was discussed that seclusion, defined as involuntary confinement of a resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured Dementia Unit.*

*See attach for sign in sheet from the All Staff Meeting and the material that was given to employees.*

**Completion Date:** 05/27/2021

**202 - Prohibitions (continued)****Update - 06/15/2021**

*Please confirm in the Resubmission of the POC that positive interventions and coping strategies were covered in the Staff Training that took place on 4-28-21.*

*Thank you.*

*AG, 6-15-21*

**Document Submission****Implemented**

*See Attach*

*The home will continue on going compliance.*