

Department of Human Services  
Bureau of Human Service Licensing

September 28, 2021

[REDACTED]  
HEATHER GLEN SENIOR LIVING LLC  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2021 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: Total Daily Staff: *141* Waking Staff: *106*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint,Incident* Exit Conference Date: *08/05/2021*

**Inspection Dates and Department Representative**

08/05/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *120* Residents Served: *88*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *n/a* Capacity: *48* Residents Served: *36*

**Hospice**

Current Residents: *12*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *53* Have Physical Disability: *3*

## Inspections / Reviews

08/05/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/18/2021*

9/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/16/2021*

9/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for 18mg Lantus insulin to be administered nightly. On 7/15/21, Staff Person A incorrectly administered this medication a second time, after a Med Tech had already administered this medication to the resident.

Plan of Correction

Accept

On 7/15/2021 at 7:15PM , resident was given her usual dose of Lantus Insulin 18 units. The administration of this medication was properly documented by the med tech who gave the medication. The med-tech that gave the medication worked until 8PM at which Staff Person A took over the medication cart. At approximately 9:20PM, Staff Person A took resident blood sugar and than administered another 18 units of Lantus Insulin not realizing that the usual dose of insulin has already been administered. When Staff Person A went to document the Lantus Insulin in the medication record is when Staff Persona A realized the Lantus Insulin was now given twice.

Director of Wellness, Executive Director, and resident's daughter was notified. Resident Primary Care Physician was notified as well. Resident was sent to ER for evaluation/observation. State reportable was sent to Department of Human Service on 7/16/2021. Resident return to facility on 7/16/2021.

On 7/24/2021 Director of Wellness who conducts med-tech trainings, retrained Staff Person A in review of medication administration, documentation and observation. Staff Person A was also sent to be retrained in Insulin administration on 7/23/2021.

Completion Date: 09/09/2021

Update - 09/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit evidence of staff training.

Documentation should be sent in the Portal.

AG, 9-9-21

Document Submission

Implemented

Please attach training,

Training reviewed, 9-28-21, AG