

Department of Human Services
Bureau of Human Service Licensing

April 12, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: HEATHER COURT
281 IRONSTONE DRIVE
NORTHUMBERLAND, PA, 17857
LICENSE/COC#: 22706

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2022, 01/05/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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 COURT* License #: *22706* License Expiration: *12/29/2022*
Address: *281 IRONSTONE DRIVE, NORTHUMBERLAND, PA 17857*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *09/21/2017* Issued By: *NECU*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *01/05/2022*

Inspection Dates and Department Representative

01/04/2022 - On-Site: [REDACTED]
01/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire home* Capacity: *48* Residents Served: *47*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *47* Have Physical Disability: *0*

Inspections / Reviews

01/04/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/29/2022*

02/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/09/2022*

02/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/14/2022*

04/12/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

Resident 1 has an operating landline phone in their room with no emergency numbers posted near it.

Plan of Correction

Accept

Emergency telephone numbers have been added to the phone for Resident 1. Weekly audits will be conducted to insure emergency numbers are posted on or by all phones. Audits will continue until 100% accuracy is achieved for at least three consecutive months. Please see attached audit tool.

Completion Date: 01/06/2022

Document Submission

Implemented

Please see attached audit tool.

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

A plastic tube was lying across the sidewalk of the outdoor resident courtyard between Cambridge and Dover communities which presented as a possible tripping hazard.

Plan of Correction

Do Not Accept

The tubing has been removed.

Completion Date: 01/25/2022

Update: 02/03/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-03-2022 MM

Plan of Correction

Accept

The tubing, which was a permanently installed fixture within the landscaping, has been permanently removed. Fixture will not be utilized again as maintenance will now be manually watering these areas. Administrator will spot check weekly for the next three months to insure that tubing of any nature is not reinstalled again in this area. See attached administrator spot check tool.

Completion Date: 02/04/2022

Document Submission

Implemented

See attached administrator spot check tool.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c - Menus Posted (*continued*)**Description of Violation**

There was no food menu posted a week in advance in any of the home's 4 communities and dining areas.

Plan of Correction**Do Not Accept**

Menus for at least two weeks in advance have been posted on bulletin boards in each neighborhood. Hospitality staff will update postings at the start of each week to insure menus are up to date. Staff will log when this task is completed on the attached log.

Completion Date: 01/06/2022

Update: 02/03/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-03-2022 MM

Plan of Correction**Accept**

Menus for at least two weeks in advance have been posted on bulletin boards in each neighborhood. Hospitality staff will update postings at the start of each week to insure menus are up to date. Hospitality staff will log when this task is completed on the attached audit log. Director of hospitality will monitor audit completion. Audits will continue until 100% accuracy is achieved for three consecutive months. Administrator will complete spot checks every two weeks until goal is met. See attached administrator spot check tool.

Completion Date: 02/04/2022

Document Submission**Implemented**

Staff will log when this task is completed on the attached log. See attached administrator spot check tool.

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home was posting the activities calendar from December 2021 in each of their four communities. There was no calendar posted for January 2022 on 1/4/2022.

Plan of Correction**Do Not Accept**

Current activity calendars are now posted in each neighborhood. Activity staff will post the activity calendar (at a minimum) the day before the start of each month. Staff will log task completion on the attached log.

Completion Date: 01/05/2022

Update: 02/03/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-03-2022 MM

Plan of Correction**Accept**

Current activity calendars are now posted in each neighborhood. Activity staff will post the activity calendar (at a minimum) the day before the start of each month. Activity staff will log task completion on the attached audit log. Administrator will spot every two weeks until 100% accuracy is achieved for three consecutive months. See attached administrator spot check tool.

Completion Date: 02/04/2022

Document Submission**Implemented**

Current activity calendars are now posted in each neighborhood. Activity staff will post the activity calendar (at a

221c - Post Activity Calendar (continued)

minimum) the day before the start of each month. Staff will log task completion on the attached log. Administrator will spot every two weeks until 100% accuracy is achieved for three consecutive months. See attached administrator spot check tool.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

There were no instructions on the use of the keypad controlling the three locked doors exiting Dover Community.

Plan of Correction

Do Not Accept

Instructions are now present in the Dover neighborhood. Weekly audits will be completed to insure codes are present for all key-locking devices. Audits will be completed until 100% efficiency is reached for three consecutive months. See attached audit tool.

Completion Date: 01/06/2022

Update: 02/03/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 02-03-2022 MM

Plan of Correction

Accept

Instructions are now present in the Dover neighborhood. Weekly audits will be completed by nursing charge staff to insure codes are present for all key-locking devices. Audits will be completed until 100% efficiency is reached for three consecutive months. See attached audit tool. Nursing supervisor will monitor audits. Administrator will spot check every two weeks until goal is achieved. See attached administrator spot check tool.

Completion Date: 02/04/2022

Document Submission

Implemented

Audits will be completed until 100% efficiency is reached for three consecutive months. See attached audit tool. Nursing supervisor will monitor audits. Administrator will spot check every two weeks until goal is achieved. See attached administrator spot check tool.

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident 2 had their diet changed from a regular diet to a puree diet on 12/21/2021. Their Resident Assessment and Support Plan dated [redacted] was not updated to reflect this change.

Plan of Correction

Do Not Accept

RASP for resident 2 has been updated to reflect current diet orders. RASP reviews will be completed on 5 random residents per month. Reviews will continue until there are no errors for 3 consecutive months.

Completion Date: 01/26/2022

Update: 02/03/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what

234b - Support Plan Needs Elements (continued)

action that person will take, and when that action will happen. 02-03-2022 MM

Plan of Correction**Accept**

RASP for resident 2 has been updated to reflect current diet orders. RASP reviews will be completed by nursing supervisor on 5 random residents per month. Reviews will continue until there are no errors for 3 consecutive months. See attached audit tool. Administrator will complete monthly spot checks until goal is achieved. See attached administrator spot check tool.

Completion Date: 02/04/2022

Document Submission**Implemented**

See attached audit tool. Administrator will complete monthly spot checks until goal is achieved. See attached administrator spot check tool.