

Department of Human Services  
Bureau of Human Service Licensing

February 2, 2022

[REDACTED]  
VALLEY MEDICAL FACILITIES INC  
[REDACTED]

RE: HERITAGE VALLEY SENIOR LIVING  
COMMUNITY  
30 HECKEL ROAD  
MCKEES ROCKS, PA, 15136  
LICENSE/COC#: 45191

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2022, 01/11/2022, 01/12/2022, 01/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *HERITAGE VALLEY SENIOR LIVING COMMUNITY* License #: *45191* License Expiration: *07/01/2022*  
 Address: *30 HECKEL ROAD, MCKEES ROCKS, PA 15136*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *412-331-1820* Email: [REDACTED]

**Legal Entity**

Name: *VALLEY MEDICAL FACILITIES INC*  
 Address: *720 BLACKBURN ROAD, SEWICKLEY, PA, 15143*  
 Phone: *4123316139* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/26/1997* Issued By: *Labor and Industry*  
 Type: *Other* Date: *04/30/2021* Issued By: *Allegheny County Health Department*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *01/13/2022*

**Inspection Dates and Department Representative**

*01/04/2022 - On-Site:* [REDACTED]  
*01/11/2022 - Off-Site:* [REDACTED]  
*01/12/2022 - Off-Site:* [REDACTED]  
*01/13/2022 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *107* Residents Served: *48*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Pathways* Capacity: *17* Residents Served: *12*

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*  
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *24* Have Physical Disability: *0*

## Inspections / Reviews

01/04/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/28/2022*

01/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/28/2022*

01/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/31/2022*

141b1 - Annual Medical Evaluation

1. Requirements

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation, dated [REDACTED], does not include the resident's height, weight, special health/dietary needs, immunization history, body positioning/movement, health status, cognitive functioning or a mobility needs assessment. These sections of the form are blank.

Plan of Correction

Accept

The Executive Director obtained a completed DME, to include resident's height, weight, special health/dietary needs, immunization history, body positioning/movement, health status, cognitive functioning or a mobility needs assessment on [REDACTED]

To identify other residents affected, The Director of Resident Care Services will audit all current resident DMEs for accuracy and completion. Identified deficient practices will be addressed upon notation by 01/20/2021.

To prevent this from happening in the future Director of Resident Care Services will provide education to all Resident Care Leadership responsible for guiding physicians with completion of DME's in accordance with 2600.141.b requirements by 1/20/2022, to prevent this happening in the future.

Assistant Director of Resident Care Services will audit newly completed DME's daily for 7 days (1/19, 20, 21, 22, 23, 24, 25/2022), and then weekly thereafter for 3 weeks (1/26-2/2; 2/3-2/10; 2/11-2/18), and monthly thereafter, identified deficient practices will be addressed upon notation. Auditing will be reported through QAPI for review and or recommendation, ongoing.

Completion Date: 02/18/2022

231b - Medical Evaluation

1. Requirements

2600. 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the home's secured dementia care unit (SDCU) on [REDACTED] however, the resident's medical evaluation was completed on [REDACTED] which exceeds 60 days prior to admission. Also, resident #1's medical evaluation, dated [REDACTED] does not indicate the resident's need to be served in the home's SDCU.

Plan of Correction

Accept

Assistant Director of Resident care services obtained an updated DME on [REDACTED]

231b - Medical Evaluation (continued)

To identify other residents affected, The Director of Resident Care Services will complete review of DME's on SDCU for completion accuracy. Identified deficiencies were corrected upon notation, by 1/20/2022

To prevent this from happening in the future Director of Resident Care services will provide education to all Resident Care Leadership responsible for completion of DME's in accordance with 2600.141 requirements by 01/20/2022.

Director of Resident care will Audit current and newly completed DME's for SCDU daily for 7 days (1/19,20,21,22,23,24,25/2022), and then monthly thereafter for 3 weeks (1/26-2/2; 2/3-2/10; 2/11-2/18), and monthly thereafter, identified deficient practices will be addressed upon notation. Auditing will be reported through QAPI for review and or recommendation, ongoing.

Completion Date: 02/18/2022

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the home's SDCU on [redacted]; however, no cognitive preadmission screening was completed.

Plan of Correction

Accept

The Assistant Director of Resident Care Services performed a cognitive screening [redacted]

To identify other residents affected, The Director of Resident Care Services will complete review of all current SDCU resident's preadmissions screenings to ensure completion. Identified deficient practices will be addressed upon notation by 01/20/2022.

To prevent this from happening in the future Director of Resident Care services will provide education to all Resident Care Leadership responsible for cognitive preadmission screening and assessments relative to 2600.231.c. guidance, by 01/20/2022.

Director of Resident Care Services will audit new admissions for cognitive preadmission and assessments daily for 7 days (1/19, 20, 21, 22, 23, 24, 25/2022), and then monthly thereafter for 3 weeks (1/26-2/2; 2/3-2/10; 2/11-2/18), and monthly thereafter, identified deficient practices will be addressed upon notation. Auditing will be reported through QAPI for review and or recommendation, ongoing.

Completion Date: 02/18/2022

231e - No Objection Statement

1. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

## 231e - No Objection Statement (continued)

**Description of Violation**

Resident #1 was admitted to the home's SDCU on [REDACTED] however, there is no documentation indicating the resident and the resident's designated person have not objected to the admission to the SDCU.

**Plan of Correction****Accept**

The Director of Resident Care Services obtained resident documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit on [REDACTED]

To identify other residents affected, The Director of Resident Care Services will complete review of all documentation that resident and the residents designated person have not objected to the resident's admission or transfer to the SDCU. Identified deficient practice will be corrected on notation, by 01/20/2022.

To prevent this from happening in the future the facility will use an admission agreement form for all persons residing in the SDCU. The Director of Resident Care Services will provide education to all Resident Care Leadership responsible for obtaining documentation that resident and the residents designated person have not objected to the resident's admission or transfer to the SDCU, by 01/20/2022.

Director of Resident Care Services will audit newly completed documentation that resident and the residents designated person have not objected to the residents admission or transfer to the SDCU daily for 7 days (1/19, 20, 21, 22, 23,24,25/2022), and then monthly thereafter for 3 weeks (1/26-2/2; 2/3-2/10; 2/11-2/18), and monthly thereafter, identified deficient practices will be addressed upon notation. Auditing will be reported through QAPI for review and or recommendation, ongoing.

**Completion Date:** 02/18/2022

## 234a - Admission Support Plan

**1. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

Resident #1 was admitted to the home's SDCU on [REDACTED] however, the resident's initial support plan was completed on [REDACTED] 1, which exceeds 72 hours prior to admission.

REPEAT VIOLATION: 1/25/2021 et. al.

**Plan of Correction****Accept**

The Assistant Director of Resident Care Services completed an updated support plan on 1/8/2022.

To identify other residents affected, The Director of Resident Care Services will complete review of admission RASPs completed within the past 12 months, for residents who continue to reside on the SDCU. Support plans completed outside of regulatory required timeframes will be corrected on notation by 01/20/2022.

**234a - Admission Support Plan (continued)**

*To prevent this from happening in the future Assistant Director of Resident Care Services will provide education to all Resident Care Leadership responsible for developing, implementing a support plan and placing in the resident's record, by 01/20/2022.*

*Director of Resident Care Services will audit new admissions for compliance . Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record. daily for 7 days (1/26-2/2; 2/3-2/10; 2/11-2/18), and monthly thereafter for 3 weeks and monthly thereafter, identified deficient practices will be addressed upon notation. Auditing will be reported through QAPI for review and or recommendation, ongoing.*

**Completion Date:** 02/18/2022