



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
September 9, 2022

[REDACTED]
Administrator
Heatherwood Retirement Investors, LLC

[REDACTED]
[REDACTED]
[REDACTED]

RE: Heatherwood Retirement Community
3180 Horseshoe Pike
Honeybrook, Pennsylvania 19344
License #: 10455

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 23 and 24, 2022 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *HEATHERWOOD RETIREMENT COMMUNITY* License #: *10455* License Expiration: *06/03/2022*
Address: *3180 HORSESHOE PIKE, HONEY BROOK, PA 19344*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *610-273-9301* Email: [REDACTED]

Legal Entity

Name: *HEATHERWOOD RETIREMENT INVESTORS LLC*
Address: *3570 KEITH STREET NW, ATTN: TERESA THIGPEN, CLEVELAND, TN, 37312*
Phone: *6102739301* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *02/23/2022*

Inspection Dates and Department Representative

02/23/2022 - On-Site: [REDACTED]
02/24/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *25*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *20*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* Have Physical Disability: *1*

Inspections / Reviews

02/23/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2022*

03/17/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/18/2022*

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident’s designated person if any, prior to signature.

Description of Violation

Resident #1 signed [redacted] contract in 2007 as an independent living resident. The home failed to update resident #1's contract after [redacted] transition to the personal care unit on [redacted]

Plan of Correction

Accept

Resident #1 no longer resides within our community. The community will complete an audit of all residency agreements to be completed by 3/21/22.

The community will make necessary corrections as determined by the audit by 4/1/22 and include a notation of 'per citation report'.

The Executive Director and Business Office Director will audit new move-ins and internal transfers monthly to assure on-going compliance.

Completion Date: 04/01/2022

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

56 - Admin 20 Hours/Week

1. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

The home did not have an administrator from 02/01/2022 till 02/27/2022. According to staff onsite, the regional director was on-site to cover the administrator duties for a couple of days during the week of 02/13/2022 but it does not meet the minimum 20 hours per week requirement.

Plan of Correction

Accept

Administrator is on-site for a minimum of 20-hours per week as of 2/28/22.

The community will be pursuing the credentialing of an additional community leader to complete PCHA training to provide a credentialed back-up in the even of the absence of the current administrator.

Completion Date: 02/28/2022

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2's medical evaluation dated [REDACTED] did not include (08) Body Positioning and (09) Health Status.

Plan of Correction

Accept

Current medical evaluations will be audited to determine proper and full completion by 3/21/22. Community has created a tracking system to properly monitor the timely and full completion. Corrections, as determined by the audit, will be complete by 4/1/22.

The Resident Care Director, or designee, will audit all monthly medical evaluations (initial and significant change) to assure proper completion.

The Executive Director will complete a quarterly audit of medical evaluations beginning Q2 of 2022.

Completion Date: 04/01/2022

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

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 annual medical evaluation was completed on 04/06/2020. The resident's previous medical evaluation was completed on 03/03/2019.

Plan of Correction

Accept

Current medical evaluations will be audited to determine proper and full completion by 3/21/22. Community has created a tracking system to properly monitor the timely and full completion. Corrections, as determined by the audit, will be complete by 4/1/22.

The Resident Care Director, or designee, will audit all monthly medical evaluations (initial and significant change) to assure proper completion.

The Executive Director will complete a quarterly audit of medical evaluations beginning Q2 of 2022.

Completion Date: 04/01/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

191 - Resident Right to Refuse

1. Requirements

- 2600.
- 191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

191 - Resident Right to Refuse (continued)

Description of Violation

Resident #1, admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

The community will complete an audit of all resident rights by 3/21/22 to determine proper completion, to include the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #1 no longer resides within the community.

As determined by the audit's findings, the community will complete all corrections by 4/1/22.

The Executive Director will audit all new move-ins and transfers to assure the proper review and completion of the resident rights to include the right to refuse medication if the resident believes there may be a medication error.

Completion Date: 04/01/2022

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment/support plan for resident #1, dated [redacted], did not address the resident's ability to ambulate.

Plan of Correction

Accept

Resident #1 no longer resides within our community.

The Resident Service Director, or designee, will complete an audit of all current assessment/support plans to assure all areas are addressed and noted by 4/1/22. All necessary changes, as determined by the audit, will be completed by 4/15/22.

The community's current system of PCC (Point, click, care), which covers all areas within the RASP, will not permit continuation without direct address of resident need.

Completion Date: 04/15/2022

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept

Resident #1 no longer resides within our community.

The Resident Service Director, or designee, will complete an audit of all current support plans to determine proper signature or applicable notation, by 3/21/22.

All corrections, as determined by the audit, will be completed by 4/15/22.

The Resident Service Director, or designee, will complete a monthly audit of all new support plans (initial, annual,

227g -Support Plan Signatures (continued)

significant change) to assure proper review, signature, or, notation as applicable.

The Executive Director will complete a quarterly audit of support plans to assure proper completion beginning Q2.

Completion Date: 04/15/2022

Licensee's Proposed Date of POC Implementation

Not Implemented 9/9/22 CM

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 participated in the development of his/her support plan on 11/20/2020. However, the resident did not sign the support plan. The home did not make a notation regarding the resident's ability/refusal to sign.

Plan of Correction

Accept

Resident #1 no longer resides within the community.

he Resident Service Director, or designee, will complete an audit of all current support plans to determine proper signature or applicable notation, by 3/21/22.

All corrections, as determined by the audit, will be completed by 4/15/22.

The Resident Service Director, or designee, will complete a monthly audit of all new support plans (initial, annual, significant change) to assure proper review, signature, or, notation as applicable.

The Executive Director will complete a quarterly audit of support plans to assure proper completion beginning Q2.

Completion Date: 04/15/2022

Licensee's Proposed Date of POC Implementation

Not Implemented 9/9/22 CM