

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

March 30, 2023

[REDACTED], EXECUTIVE DIRECTOR
HEATHER GLEN SENIOR LIVING LLC
415 BLUE BARN ROAD
ALLENTOWN, PA, 18104

RE: 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 03/15/2022, 03/16/2022, 03/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: HEATHER GLEN SENIOR LIVING **License #:** 22682 **License Expiration:** 01/29/2023
Address: 415 BLUE BARN ROAD, ALLENTOWN, PA 18104
County: LEHIGH **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: HEATHER GLEN SENIOR LIVING LLC
Address: 415 BLUE BARN ROAD, ALLENTOWN, PA, 18104
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I 1 **Date:** 02/04/2020 **Issued By:** Upper Macungie Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 145 **Waking Staff:** 109

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 03/17/2022

Inspection Dates and Department Representative

03/15/2022 On Site [REDACTED]
03/16/2022 On Site [REDACTED]
03/17/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 120		Residents Served: 97	
Secured Dementia Care Unit			
In Home: Yes	Area: n/a	Capacity: 40	Residents Served: 40
Hospice			
Current Residents: 8			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 97	
Diagnosed with Mental Illness: 1		Diagnosed with Intellectual Disability: 1	
Have Mobility Need: 48		Have Physical Disability: 3	

Inspections / Reviews

03/15/2022 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/24/2022

Inspections / Reviews (*continued*)

05/27/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/13/2022
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/03/2022

08/01/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/30/2022
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 08/05/2022

02/17/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 08/01/2022
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/24/2023

03/30/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The licensing inspection summaries dated 4/19/21 and 3/4/21 were not posted in a public conspicuous area of the home.

POC Submission

Accept

At time of inspection, inspection summaries for 4/19/2022 and 3/4/2022 were posted in a public conspicuous area. Administrator will place future and current inspection reports in a public place.

Licensee's Plan Completion Date: 05/13/2022

Implemented () - 03/30/2023

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [redacted], the residents room was cleared of its belongings on [redacted]. The contract notes the daily rate is 35% less the daily rate when a resident passes as per the Elder Care Payment Restitution Act. The home charged the resident the full daily rate from [redacted].

POC Submission

Accept

The 35% balance of the monthly rate has been sent to the responsible party. All future refunds for death of a resident will be calculated at 35% if daily rate from day of death. Administrator will be responsible to monitor the accounting department for approval of refunds.

Licensee's Plan Completion Date: 05/13/2022

Implemented () - 03/30/2023

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home currently serves 97 residents and is required to have 2 staff persons present in the home at all times certified in First Aid and CPR. On [redacted] there was only one person certified in First Aid from [redacted].

POC Submission

Accept

Since time of inspection Administrator and Office Coordinator conducted an employee chart audit to ensure employees are CPR and First Aid trained to meet regulation 63a.

63a - First Aid/CPR Training (continued)

Administrator has been in contact with the CPR and First Aid Trainer, classes are schedule for the week on May 23rd, 2022.

Licensee's Plan Completion Date: 05/13/2022

Implemented (█ - 03/30/2023)

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The 2nd exit door located next to room #110 located in the personal care home section of the building is locked with a magnetic lock, preventing immediate egress in the event of an emergency.

POC Submission

Accept

At time of inspection the Maintenance Director disconnect the 2nd exist door magnetic lock to provide egress in the event of an emergency.

Administrator will ensure 2nd exist door remains unlock in event of an emergency. Administrator exits and enters through this door on a daily basis. Administrator will know if the magnetic lock has been disconnected if no code is required to leave the building,

Licensee's Plan Completion Date: 06/01/2022

Implemented (█ - 03/30/2023)

125a - Combustible Storage

5. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

2 socks were located near the dryer duct in the back of the dryer in the 2nd floor laundry room, posing a possible fire hazard.

POC Submission

Accept

Director of Environmental Services had posted signs for staff to monitor for any loose articles of clothing.

Maintenance Director will be monitoring behind the washers and dryers for any loose articles of clothing. Residents do utilize this particular laundry room and it is difficult to monitor all residents who due their own personal laundry, staff will monitor closely after resident do their own laundry to ensure no loose articles of clothing are left behind. Administrator will ensure Director of Maintenance/ staff conduct daily checks on washers and dryers to ensure no loose articles of clothing are left behind.

Licensee's Plan Completion Date: 05/13/2022

Implemented (█ - 03/30/2023)

130f - Testing Smoke Detectors

6. Requirements

130f - Testing Smoke Detectors (continued)

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home did not test the smoke detectors and fire alarms monthly from 8/20-8/21 and 12/21.

POC Submission

Accept

Administrator was not aware of smoke detectors to be tested during the time of COVID-19 since fire drills were suspended during COVID-19 period.

With this knowledge Administrator will be certain to ensure smoke detectors and fire alarms are tested on a monthly basis.

This Administrator feels this is confusing to residents to sound alarms and it not be a drill or in reality a fire.

Licensee's Plan Completion Date: 05/13/2022

Implemented () - 03/30/2023

132a - Monthly Fire Drill

7. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill in December 2021.

POC Submission

Accept

Administrator was unaware of fire drills being required again following the suspension of fire drills due to COVID-19.

Since January 2022, Administrator and Director of Maintenance have conducted and will continue to conduct monthly fire drills are different shift at different times. If fire drills are ever suspended again, Administrator and Director of Maintenance will test smoke detectors and fire alarms.

Licensee's Plan Completion Date: 05/13/2022

Implemented () - 03/30/2023

132b - Safety Inspection/Fire Drill

8. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The homes most recent supervised fire drill was conducted on 2/21/22, the supervised fire drill was to be completed by 12/21 after the regulation was no longer suspended due to Covid-19.

POC Submission

Accept

See Attach Letter from the Fire Safety expert. Fire Safety Expert did come to the facility and walked the grounds Administrator is aware that a fire safety expert is required to conduct a fire drill and inspection. Administrator was not aware that it needed to be conducted by 12/21.

Licensee's Plan Completion Date: 06/01/2022

132b - Safety Inspection/Fire Drill (continued)

Implemented [REDACTED] - 03/30/2023)

183d - Prescription Current

9. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2's [REDACTED] was located in the medication cart and is not a current order.

POC Submission

Accept [REDACTED] - 08/29/2022)

Staff has been retrained. Administrator will send staff sign in sheet for training for step 2.

Licensee's Plan Completion Date: 08/01/2022

Implemented [REDACTED] - 03/30/2023)

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

On [REDACTED] Resident #3, 4, 5, 6, 7, 8 & 9 received their [REDACTED] and [REDACTED] medications before the scheduled times.

POC Submission

Accept

Employee who gave the 8pm medications at 5pm was terminated immediately due to the seriousness of the situation.

Administrartor and Director of Wellness retrained all LPN'S and Med-Techs on proper administration of medications and proper times of administration of medications.

Licensee's Plan Completion Date: 05/13/2022

Implemented [REDACTED] - 03/30/2023)

231b - Medical Evaluation

11. 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 #10's most recent DME dated [REDACTED] does not indicate a diagnosis of [REDACTED] or other related dementia diagnosis. The resident resides on the secured dementia care unit.

POC Submission

Accept [REDACTED] - 08/29/2022)

See attachment from Psychological Consult.

Licensee's Plan Completion Date: 08/01/2022

231b - Medical Evaluation (*continued*)*Implemented* [REDACTED] - 03/30/2023)

231e - No Objection Statement

12. 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.

Description of Violation

Resident #10 was admitted to the secured dementia care unit of the home on [REDACTED]. The resident did not sign the consent to live in the secured dementia care unit. An interview with the resident indicated that the resident does not want to live on a locked unit. The resident does not have a diagnosis of dementia which is a requirement to live on the unit.

POC Submission*Accept* [REDACTED] - 08/29/2022)

Resident refuses to sign consent to live in the secure unit. Resident wants to move back home and states [REDACTED] does not need to be helped. Resident does have a diagnosis of Dementia.

Licensee's Plan Completion Date: 08/01/2022

Implemented [REDACTED] - 03/30/2023)