Department of Human Services
Bureau of Human Service Licensing

June 22, 2022

[redacted], REGIONAL DIRECTOR OF OPERATIONS
[redacted]

RE: HERITAGE HILL SENIOR COMMUNITY
800 SIXTH STREET
WEATHERLY, PA, 18255
LICENSE/COC#: 22512

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2022, 04/06/2022, 04/07/2022 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: *HERITAGE HILL SENIOR COMMUNITY* **License #**: *22512* **License Expiration**: *04/18/2023*

Address: *800 SIXTH STREET, WEATHERLY, PA 18255*

County: *CARBON* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *CARE HSL HERITAGE HILL OPCO LLC*

Address: *660 SENTRY PARKWAY SUITE 220, HERITAGE SENIOR LIVING, BLUE BELL, PA, 19422*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/05/2000* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *110* **Waking Staff**: *83*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *04/07/2022*

Inspection Dates and Department Representative

04/05/2022 - On-Site: [redacted]
04/06/2022 - On-Site: [redacted]
04/07/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *143* **Residents Served**: *83*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *0* **Capacity**: *43* **Residents Served**: *27*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *83*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *27* **Have Physical Disability**: *0*

Inspections / Reviews

04/05/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/10/2022*

06/09/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/19/2022*

06/22/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

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, admitted [redacted], did not have a resident-home contract completed until [redacted]

Plan of Correction ***Accept***

What: On 4/6/22, it was identified that a Resident was admitted to Heritage Hill Senior Community on [redacted]. [redacted] POA signed the resident home contract on 8/27/2021, but the resident did not sign the agreement until [redacted].
Who: The Executive Director (ED) will train the Marketing Department, Business Office Manager, and Clinical Coordinator on Plan of Correction – Resident Home Contract (Attachment A) and Admission Checklist (Attachment B) and complete Sign-In Sheet (Attachment C)
When: Training completed 4/21/2022.
How: The ED will be the final reviewer in a multi-departmental checklist system, which will include ensuring the Resident Agreement has been reviewed with the Resident within 24 hours of admission, and that a signature is obtained.
Ongoing: The ED will review all new admission files before uploading and submitting on Tabulapro. Findings and trends will be reviewed at QA Meetings.

Completion Date: *06/08/2022*

Document Submission ***Implemented***

What: On 4/6/22, it was identified that a Resident was admitted to Heritage Hill Senior Community on [redacted]. [redacted] POA signed the resident home contract on [redacted] but the resident did not sign the agreement until [redacted]
Who: The Executive Director (ED) will train the Marketing Department, Business Office Manager, and Clinical Coordinator on Plan of Correction – Resident Home Contract (Attachment A) and Admission Checklist (Attachment B) and complete Sign-In Sheet (Attachment C)
When: Training completed 4/21/2022.
How: The ED will be the final reviewer in a multi-departmental checklist system, which will include ensuring the Resident Agreement has been reviewed with the Resident within 24 hours of admission, and that a signature is obtained.
Ongoing: The ED will review all new admission files before uploading and submitting on Tabulapro. Findings and trends will be reviewed at QA Meetings.

65a - FS Orientation 1st Day

1. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

65a - FS Orientation 1st Day *(continued)*

Description of Violation

Staff person A, whose first day of work was [redacted], did not receive orientation on smoking safety procedures until 10/5/21 and staff person B, whose first day of work was [redacted], did not complete smoking safety procedures training until 11/30/21.

Plan of Correction ***Accept***

What: On 4/6/22 it was discovered that 2 staff persons did not receive orientation on smoking safety procedures on or before their first day of working. Both received the orientation on smoking procedures on their second day of orientation.
Who: The ED or Designee will train management and Business Office Department teams on Plan of Correction – 1st Day Orientation Fire Safety / Emergency Preparedness (Attachment D) and Business Office Audit Tool (Attachment E) and complete Sign In Sheet (Attachment F).
When: Training completed on 4/14/2022
How: Business Office Director or Designee will assure all first day orientation for fire safety and emergency preparedness are completed.
Ongoing: The Business Office Director or Designee will conduct a weekly audit of all new hires and the completion of their first day orientation for fire safety and emergency preparedness will be completed and documented on Business Office Audit Tool (Attachment E). Findings and trends will be reviewed quarterly QA meetings.

Completion Date: *06/08/2022*

Document Submission ***Implemented***

What: On 4/6/22 it was discovered that 2 staff persons did not receive orientation on smoking safety procedures on or before their first day of working. Both received the orientation on smoking procedures on their second day of orientation.
Who: The ED or Designee will train management and Business Office Department teams on Plan of Correction – 1st Day Orientation Fire Safety / Emergency Preparedness (Attachment D) and Business Office Audit Tool (Attachment E) and complete Sign In Sheet (Attachment F).
When: Training completed on 4/14/2022
How: Business Office Director or Designee will assure all first day orientation for fire safety and emergency preparedness are completed.
Ongoing: The Business Office Director or Designee will conduct a weekly audit of all new hires and the completion of their first day orientation for fire safety and emergency preparedness will be completed and documented on Business Office Audit Tool (Attachment E). Findings and trends will be reviewed quarterly QA meetings.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
2. Emergency medical plan.

Description of Violation

Staff person A completed their 40th scheduled work hour on [redacted]. However, this staff person did not complete training on the emergency medical plan until [redacted]

65b - Rights/Abuse 40 Hours (continued)

Staff person completed their 40th scheduled work hour on [redacted]. However, this staff person did not complete training on the emergency medical plan until [redacted]

Plan of Correction ***Accept***

What: Staff person A completed their 40th scheduled work hour on [redacted]. However, this staff person did not complete training on the Emergency Medical Plan until [redacted]. Staff person B completed their 40th scheduled work hour on [redacted]. However, this staff person did not complete training on the Emergency Medical Plan until [redacted]

Who: The Executive Director (ED) or designee will train the Management and Business Office Department team on Plan of Correction – New Hire Orientation Within 40 Scheduled Hours of Hire (Attachment G) and Business Office Audit Tool (Attachment E) and complete Sign-In Sheet (Attachment H).

When: Training completed 4/14/2022

How: The Business Office Director or Designee will ensure all new team members' new hire orientation for resident's rights, emergency medical plan, abuse and neglect reporting, and reporting reportable incidents/conditions within 40 scheduled working hours are completed.

Ongoing: The Business Office Director or Designee will conduct a weekly audit of all new hires and the completion of their orientation for Resident's Rights, Emergency Medical Plan, Abuse and Neglect Reporting, and Reporting of Reportable Incidents/Conditions within 40 scheduled working hours are completed and documented on Business Office Audit Tool (Attachment E). Findings and trends will be reviewed at the quarterly QA meetings.

Completion Date: *06/08/2022*

Document Submission ***Implemented***

What: Staff person A completed their 40th scheduled work hour on [redacted]. However, this staff person did not complete training on the Emergency Medical Plan until [redacted]. Staff person B completed their 40th scheduled work hour on [redacted]. However, this staff person did not complete training on the Emergency Medical Plan until 3/1/2022.

Who: The Executive Director (ED) or designee will train the Management and Business Office Department team on Plan of Correction – New Hire Orientation Within 40 Scheduled Hours of Hire (Attachment G) and Business Office Audit Tool (Attachment E) and complete Sign-In Sheet (Attachment H).

When: Training completed 4/14/2022

How: The Business Office Director or Designee will ensure all new team members' new hire orientation for resident's rights, emergency medical plan, abuse and neglect reporting, and reporting reportable incidents/conditions within 40 scheduled working hours are completed.

Ongoing: The Business Office Director or Designee will conduct a weekly audit of all new hires and the completion of their orientation for Resident's Rights, Emergency Medical Plan, Abuse and Neglect Reporting, and Reporting of Reportable Incidents/Conditions within 40 scheduled working hours are completed and documented on Business Office Audit Tool (Attachment E). Findings and trends will be reviewed at the quarterly QA meetings.

65d - Initial Direct Care Training

1. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

65d - Initial Direct Care Training *(continued)*

Description of Violation

Direct care staff person C, hired on [redacted], began providing unsupervised ADL services on 8/26/21 . However, Staff C's nursing training checklist was not completed for dietary needs, resident care skills and procedures and new admission processes.

Plan of Correction ***Accept***

What: On 4/7/2022 it was identified that a team member began providing unsupervised ADL Services and [redacted] nursing training checklist was not completed for dietary needs, resident care skills and procedures and new admission processes.
Who: The ED or designee will train the Management and Business Office Department team on Plan of Correction – Initial Training Content Areas (Attachment I) and Business Office Audit Tool (Attachment E) and Complete Sign-In Sheet (Attachment J)
When: Training completed 4/19/2022.
How: Business Office Director or Designee will ensure that all new direct care team members complete all ADL training prior to working unsupervised.
Ongoing: The Business Office Director will conduct a weekly audit of all new team members utilizing the Business Office Audit Tool (Attachment E). Findings and trends will be reviewed at quarterly QA meetings.

Completion Date: *06/08/2022*

Document Submission ***Implemented***

What: On 4/7/2022 it was identified that a team member began providing unsupervised ADL Services and [redacted] nursing training checklist was not completed for dietary needs, resident care skills and procedures and new admission processes.
Who: The ED or designee will train the Management and Business Office Department team on Plan of Correction – Initial Training Content Areas (Attachment I) and Business Office Audit Tool (Attachment E) and Complete Sign-In Sheet (Attachment J)
When: Training completed 4/19/2022.
How: Business Office Director or Designee will ensure that all new direct care team members complete all ADL training prior to working unsupervised.
Ongoing: The Business Office Director will conduct a weekly audit of all new team members utilizing the Business Office Audit Tool (Attachment E). Findings and trends will be reviewed at quarterly QA meetings.

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 utilized a bed enabler bar. The bar is not securely fastened to the bed, which causes an entrapment hazard.

Plan of Correction ***Accept***

What: On 4/7/2022 it was brought to the attention of our Maintenance Director that Resident #2's enabler bar was not securely fastened to the bed. The Maintenance Director immediately secured the enabler bar on 4/7/2022.
Who: The Executive Director (ED) or Designee will train the Maintenance and Housekeeping teams on Plan of Correction – Wheelchairs, Walkers, Prosthetic Devices and Other Apparatus Used by Residents Must Be Clean, In

81b - Resident Personal Equipment (continued)

Good Repair, and Free of Hazards (Attachment K) Maintenance will be trained on and complete Daily Walkthrough Checklist (Attachment L), and complete Sign-In Sheet (Attachment M)
When: Training was completed on 4/21/2022
How: The Maintenance Director or Designee will complete rounds daily and complete the Daily Walkthrough Checklist (Attachment L). This will include checking all enabler bars for stability.
Ongoing: The Maintenance Director or Designee will submit the Daily Walkthrough Checklist (Attachment L) to the ED on a monthly basis. Findings and trends will be reviewed at quarterly QA meetings.

Completion Date: *06/08/2022*

Document Submission ***Implemented***

What: On 4/7/2022 it was brought to the attention of our Maintenance Director that Resident #2's enabler bar was not securely fastened to the bed. The Maintenance Director immediately secured the enabler bar on 4/7/2022.
Who: The Executive Director (ED) or Designee will train the Maintenance and Housekeeping teams on Plan of Correction – Wheelchairs, Walkers, Prosthetic Devices and Other Apparatus Used by Residents Must Be Clean, In Good Repair, and Free of Hazards (Attachment K) Maintenance will be trained on and complete Daily Walkthrough Checklist (Attachment L), and complete Sign-In Sheet (Attachment M)
When: Training was completed on 4/21/2022
How: The Maintenance Director or Designee will complete rounds daily and complete the Daily Walkthrough Checklist (Attachment L). This will include checking all enabler bars for stability.
Ongoing: The Maintenance Director or Designee will submit the Daily Walkthrough Checklist (Attachment L) to the ED on a monthly basis. Findings and trends will be reviewed at quarterly QA meetings.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3, #4, #5, and #6 do not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept***

What: On 4/7/2022 it was identified that Rooms #3, #4, #5, and #6 did not have access to a source of light that can be turned on/off at their bedside. The was corrected immediately on 4/7/2022.
Who: The Executive Director (ED) or Designee trained the Maintenance Director and Management Team on Plan of Correction – Resident Bedrooms (Attachment N) and Daily Walkthrough Checklist (Attachment L) and complete Sign-In Sheet (Attachment O)
When: Training completed 4/21/2022
How: The Maintenance Director or Designee will complete rounds daily and complete the Daily Walkthrough Checklist (Attachment L). This will include checking all rooms for light source accessibility.
Ongoing: The Maintenance Director will be placing accessible push lights in all rooms in our Memory Care

101j7 - Lighting/Operable Lamp (continued)

Neighborhood on or before 6/10/2022. The Maintenance Director or Designee will check lights on daily walkthrough and report on Daily Walkthrough Checklist (Attachment L). These checklists will be turned in monthly to the ED. Findings and trends will be discussed at quarterly QA meetings.

Completion Date: *06/08/2022*

Document Submission ***Implemented***

What: On 4/7/2022 it was identified that Rooms #3, #4, #5, and #6 did not have access to a source of light that can be turned on/off at their bedside. The was corrected immediately on 4/7/2022.
Who: The Executive Director (ED) or Designee trained the Maintenance Director and Management Team on Plan of Correction – Resident Bedrooms (Attachment N) and Daily Walkthrough Checklist (Attachment L) and complete Sign-In Sheet (Attachment O)
When: Training completed 4/21/2022
How: The Maintenance Director or Designee will complete rounds daily and complete the Daily Walkthrough Checklist (Attachment L). This will include checking all rooms for light source accessibility.
Ongoing: The Maintenance Director will be placing accessible push lights in all rooms in our Memory Care Neighborhood on or before 6/10/2022. The Maintenance Director or Designee will check lights on daily walkthrough and report on Daily Walkthrough Checklist (Attachment L). These checklists will be turned in monthly to the ED. Findings and trends will be discussed at quarterly QA meetings.

183b - Meds and Syringes Locked

1. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

While completing med cart review with Staff D, Staff D left cart to get a device to count narcotics. Staff D left cart unlocked and unattended.

Plan of Correction ***Accept***

What: On 4/6/2022 while the inspector was completing the Med Card review with Staff D, the staff person walked away to retrieve a device to count narcotics. The staff person left the med cart unlocked and unattended. This was corrected when Med Cart Audit was completed.
Who: The Resident Care Director (RCD) or Designee will train all Med Techs and Clinical Leadership team on Plan of Correction – Medication Storage (Attachment P), Med Tech Shift Change Responsibility Form (Attachment Q) and complete Sign-In Sheet (Attachment R)
When: Training completed on 4/20/2022
How: The Med Techs and Clinical Leadership team will ensure medication carts are locked whenever unattended.
Ongoing: The Med Techs will complete Med Tech Shift Change Responsibility Form (Attachment Q) daily and place in RCD mailbox at the end of their shift for review. Findings and trends will be reviewed at quarterly QA meetings.

Completion Date: *06/08/2022*

Document Submission ***Implemented***

What: On 4/6/2022 while the inspector was completing the Med Card review with Staff D, the staff person walked away to retrieve a device to count narcotics. The staff person left the med cart unlocked and unattended. This was

183b - Meds and Syringes Locked (continued)

corrected when Med Cart Audit was completed.
Who: The Resident Care Director (RCD) or Designee will train all Med Techs and Clinical Leadership team on Plan of Correction – Medication Storage (Attachment P), Med Tech Shift Change Responsibility Form (Attachment Q) and complete Sign-In Sheet (Attachment R)
When: Training completed on 4/20/2022
How: The Med Techs and Clinical Leadership team will ensure medication carts are locked whenever unattended.
Ongoing: The Med Techs will complete Med Tech Shift Change Responsibility Form (Attachment Q) daily and place in RCD mailbox at the end of their shift for review. Findings and trends will be reviewed at quarterly QA meetings.

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #7 is prescribed [redacted] on a sliding scale of a glucose reading of 201-250 = 2 units. However, resident #7 was administered 4 units on 3/30/22 at 12pm.

Plan of Correction ***Accept***

What: On 4/6/2022, it was identified that a resident who was prescribed [redacted] on a sliding scale of a glucose reading of 201-250 = 2 units. However, resident #7 was administered 4 units of [redacted] on 3/30/2022.
Who: The Resident Care Director (RCD) or designee will train the Med Techs and Clinical Leadership team on Plan of Correction – Follow Direction of Prescriber's Orders (Attachment S), Daily Med Tech Shift Change Responsibility Form (Attachment Q), and complete Sign-In Sheet (Attachment T).
When: In-service completed 4/20/2022
How: The Med Techs and Clinical Leadership teams will ensure correct medications doses as prescribed as administered to the residents.
Ongoing: The Med Techs will complete and submit the Daily Med Tech Shift Change Responsibility Form (Attachment Q) to the RCD for review at the end of their shift. Findings and trends will be reviewed at quarterly QA meetings.

Completion Date: *06/08/2022*

Document Submission ***Implemented***

What: On 4/6/2022, it was identified that a resident who was prescribed Lispro on a sliding scale of a glucose reading of 201-250 = 2 units. However, resident #7 was administered 4 units of [redacted] on 3/30/2022.
Who: The Resident Care Director (RCD) or designee will train the Med Techs and Clinical Leadership team on Plan of Correction – Follow Direction of Prescriber's Orders (Attachment S), Daily Med Tech Shift Change Responsibility Form (Attachment Q), and complete Sign-In Sheet (Attachment T).
When: In-service completed 4/20/2022
How: The Med Techs and Clinical Leadership teams will ensure correct medications doses as prescribed as administered to the residents.
Ongoing: The Med Techs will complete and submit the Daily Med Tech Shift Change Responsibility Form (Attachment Q) to the RCD for review at the end of their shift. Findings and trends will be reviewed at quarterly QA meetings.

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***

What: On 4/5/2022 it was identified that a resident participated in the development of his/her support plan on [redacted], however, the resident did not sign the support plan. The support plan had been signed by their POA, but not the resident. The support plan was reviewed again with the Resident, and a signature was obtained on 4/8/2022.
Who: The Resident Care Director (RCD) or Designee will train the Clinical Coordinator, LPN and Memory Care Coordinator on Plan of Correction – Residents Signing the Support Plan (Attachment U), Admission Checklist (Attachment B), and complete Sign-In Sheet (Attachment V)
When: Training completed 4/21/2022
How: The Clinical Leadership team will ensure that when the Resident Support Plan is being collaborated with the Resident, a Resident signature will be obtained.
Ongoing: The Executive Director (ED) will review the Admission Checklist (Attachment B) and charts before submission to their permanent record on TabulaPro. Findings and trends will be reviewed at quarterly QA meetings.

Completion Date: *06/08/2022*

Document Submission ***Implemented***

What: On 4/5/2022 it was identified that a resident participated in the development of his/her support plan on [redacted], however, the resident did not sign the support plan. The support plan had been signed by their POA, but not the resident. The support plan was reviewed again with the Resident, and a signature was obtained on [redacted]
Who: The Resident Care Director (RCD) or Designee will train the Clinical Coordinator, LPN and Memory Care Coordinator on Plan of Correction – Residents Signing the Support Plan (Attachment U), Admission Checklist (Attachment B), and complete Sign-In Sheet (Attachment V)
When: Training completed 4/21/2022
How: The Clinical Leadership team will ensure that when the Resident Support Plan is being collaborated with the Resident, a Resident signature will be obtained.
Ongoing: The Executive Director (ED) will review the Admission Checklist (Attachment B) and charts before submission to their permanent record on TabulaPro. Findings and trends will be reviewed at quarterly QA meetings.