

Department of Human Services
Bureau of Human Service Licensing

September 21, 2022

[REDACTED]
HEATHERWOOD RETIREMENT INVESTORS LLC
3570 KEITH STREET NW
ATTN: [REDACTED]
CLEVELAND, TN, 37312

RE: HEATHERWOOD RETIREMENT
COMMUNITY
3180 HORSESHOE PIKE
HONEY BROOK, PA, 19344
LICENSE/COC#: 10455

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *HEATHERWOOD RETIREMENT COMMUNITY* License #: *10455* License Expiration: *06/03/2023*
Address: *3180 HORSESHOE PIKE, HONEY BROOK, PA 19344*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/31/1984* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/11/2022*

Inspection Dates and Department Representative

05/11/2022 - On-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: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

05/11/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/04/2022*

Inspections / Reviews (*continued*)

06/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/06/2022*

09/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 5/11/22, the home has 2 installed and operating Amazon Alexa devices in the hallways and lobby of the home. These devices constantly record audio and this does not provide privacy for the residents conversations in the common areas of the home.

Plan of Correction

Accept

The community removed the Amazon Alexa from A Building on 5/11/22 pursuant to the consultation of the inspection.

Completion Date: 05/11/2022

Document Submission

Implemented

The community removed the Amazon Alexa from A Building on 5/11/22 pursuant to the consultation of the inspection.

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:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [redacted] r 40th scheduled work hour on [redacted] However, this staff person did not complete training in the following topics: mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept

The team member was trained in Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and Reporting of reportable incidents and conditions on [redacted] (training record attached)

The community completed an audit of current team members on [redacted] to assure no other team member had not received the training.

The community has adjusted the new-hire orientation checklist and sign off to assure all future team members receive the training and to provide greater ease in review and audit (attached)

Completion Date: 05/26/2022

Document Submission

Implemented

The team member was trained in Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and Reporting of reportable incidents and conditions on [redacted] (training record attached)

The community completed an audit of current team members [redacted] assure no other team member had

65b - Rights/Abuse 40 Hours (continued)

not received the training.

The community has adjusted the new-hire orientation checklist and sign off to assure all future team members receive the training and to provide greater ease in review and audit (attached)

185a - Implement Storage Procedures**1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 is prescribed [REDACTED] On [REDACTED] the full dose of the medication was not available in the home. The resident is prescribed [REDACTED] however [REDACTED] remained.

Plan of Correction**Accept**

The community had discovered and reported the medication error on [REDACTED].

The Resident Services Director re-education the medication technicians on proper re-ordering of medications to include appropriate timelines on 5/30/22.

Beginning the week of 6/6/22, the Resident Services Director or designee will complete a bi-weekly cart audit to review medication supply and timely re-ordering.

Completion Date: 06/02/2022

Document Submission**Implemented**

The community had discovered and reported the medication error [REDACTED]

The Resident Services Director re-education the medication technicians on proper re-ordering of medications to include appropriate timelines on 5/30/22.

Beginning the week of 6/6/22, the Resident Services Director or designee will complete a bi-weekly cart audit to review medication supply and timely re-ordering.

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident 1 is prescribed [REDACTED] Resident 1 is [REDACTED] However, this medication was not administered to the resident in full because only [REDACTED] in the home.

Plan of Correction**Accept**

The community had discovered and reported the medication error [REDACTED]

The Resident Services Director re-education the medication technicians on proper re-ordering of medications to include appropriate timelines on 5/30/22.

Beginning the week of 6/6/22, the Resident Services Director or designee will complete a bi-weekly cart audit to review medication supply and timely re-ordering.

Completion Date: 06/02/2022

Document Submission**Implemented**

The community had discovered and reported the medication error on [REDACTED]

The Resident Services Director re-education the medication technicians on proper re-ordering of medications to

187d - Follow Prescriber's Orders (continued)

include appropriate timelines on 5/30/22.

Beginning the week of 6/6/22, the Resident Services Director or designee will complete a bi-weekly cart audit to review medication supply and timely re-ordering.

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 2 participated in the development of [redacted] support plan [redacted] However, the resident did not sign the support plan.

Plan of Correction

Accept

The Resident Services Director had completed the support plan timely and was attempting to coordinate the presence of family which created a delay. The electronic record (PCC) had been documented of the delay. The support plan has been reviewed and signed (attached)

The community will complete, review, and have all support plans signed within the regulated timeframe. In the event a resident refuses or is unable to sign, this will be documented on the support plan within the regulated timeframe. The community has created and is now utilizing a tracker system (attached) to assure necessary documents are executed within the regulated timeframe.

Completion Date: 06/02/2022

Document Submission

Implemented

The Resident Services Director had completed the support plan timely and was attempting to coordinate the presence of family which created a delay. The electronic record (PCC) had been documented of the delay. The support plan has been reviewed and signed (attached)

The community will complete, review, and have all support plans signed within the regulated timeframe. In the event a resident refuses or is unable to sign, this will be documented on the support plan within the regulated timeframe. The community has created and is now utilizing a tracker system (attached) to assure necessary documents are executed within the regulated timeframe.

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 2 participated in the development of [redacted] support plan on [redacted] The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

Plan of Correction

Accept

The Resident Services Director had completed the support plan timely and was attempting to coordinate the presence of family which created a delay. The electronic record (PCC) had been documented of the delay. The support plan has been reviewed and signed (attached)

The community will complete, review, and have all support plans signed within the regulated timeframe. In the event a resident refuses or is unable to sign, this will be documented on the support plan within the regulated timeframe.

227h - Support Plan Refuse Sign (continued)

The community has created and is now utilizing a tracker system (attached) to assure necessary documents are executed within the regulated timeframe.

Completion Date: 06/02/2022

Document Submission

Implemented

The Resident Services Director had completed the support plan timely and was attempting to coordinate the presence of family which created a delay. The electronic record (PCC) had been documented of the delay. The support plan has been reviewed and signed (attached)

The community will complete, review, and have all support plans signed within the regulated timeframe. In the event a resident refuses or is unable to sign, this will be documented on the support plan within the regulated timeframe.

The community has created and is now utilizing a tracker system (attached) to assure necessary documents are executed within the regulated timeframe.