

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

March 9, 2023

[REDACTED], CFO/ADMINISTRATOR
HEARTLAND RETIREMENT PERSONAL CARE HOME INC
[REDACTED]

RE: HEARTLAND RETIREMENT
PERSONAL CARE HOME
46 ELEMENTARY LANE, BOX 210
WOOLRICH, PA, 17779
LICENSE/COC#: 22712

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2022 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: HEARTLAND RETIREMENT PERSONAL CARE HOME **License #:** 22712 **License Expiration:** 07/13/2023
Address: 46 ELEMENTARY LANE, BOX 210, WOOLRICH, PA 17779
County: CLINTON **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: HEARTLAND RETIREMENT PERSONAL CARE HOME INC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 03/05/2003 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 1 **Total Daily Staff:** 12 **Waking Staff:** 9

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 07/19/2022

Inspection Dates and Department Representative

07/19/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Residents Served:** 10

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 10
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

07/19/2022 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 08/07/2022

Inspections / Reviews (*continued*)

09/04/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/14/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 09/12/2022

10/23/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/14/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/31/2022

03/09/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/14/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

POC Submission

Accept ([REDACTED] - 09/04/2022)

1. RESIDENT DIDN'T SIGN THE CONTRACT, [REDACTED] POWER OF ATTORNEY DID FOR [REDACTED]
2. RESIDENT #1 WAS GIVEN THE CONTRACT AND SIGNED ON [REDACTED]
3. ADMINISTRATION FAILED TO GO OVER THE CONTRACT TO CONFIRM [REDACTED] SIGNED.
4. THE VIOLATION IS IMPORTANT SO IT PROTECT THE COMPANY, AND THE RESIDENT IN ANY ISSUES DEALING WITH THE CONTRACT. THE RESIDENT GETS ALL THE INFORMATION AND RULES FOR THE BUSINESS.
5. ADMINISTRATION WILL GO OVER ON A MONTHLY BASIS TO MAKE SURE THIS WILL NOT HAPPEN AGAIN. ALSO ADMINISTRATION WILL DOUBLE CHECK EACH OTHER TO MAKE SURE NEITHER PERSONS MISS THE SIGNATURE AGAIN. IF THE RESIDENT IS UNABLE TO SIGN THEN PUTTING SOMETHING AS SIMPLE AS A (X) SHOULD WORK.

Licensee's Proposed Overall Completion Date: 08/08/2022

Implemented ([REDACTED] - 03/09/2023)

121a - Unobstructed Egress

2. 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

Exit door F located in the hallway next to the dinning and medication room did not open freely..

POC Submission

Accept ([REDACTED] - 09/04/2022)

1. EXIT DOOR (F) LOCATED IN THE HALLWAY WAS NOT SO EASY TO EXIT DUE TO THE SWELLING OF THE HARDWARE.
2. ADMINISTRATION FAILED TO WALK THROUGH, AND OPEN THE DOOR TO MAKE SURE DOOR (F) OPENED FREELY.
3. ADMINISTRATION LOOSENED UP THE HARDWARE SO IT OPENS MORE FREELY.
4. THE VIOLATION IS IMPORTANT IN CASE OF A FIRE OR EMERGENCY THE RESIDENT MAY OPEN THE DOOR AT EASE TO REMOVE THEMSELVES OUT OF THE BUILDING.
5. ADMINISTRATION/CAREGIVERS WILL DO WEEKLY WALKS THROUGHOUT FACILITY TO MAKE SURE DOORS OPEN FREELY. PAPER WILL BE INITIATED BEHIND THE DESK BY THE TIME CARD CONFIRMING ON A WEEKLY BASIS THAT ALL DOORS WORK WITH NO ISSUES.

Licensee's Proposed Overall Completion Date: 08/08/2022

Implemented ([REDACTED] - 03/09/2023)

132b - Safety Inspection/Fire Drill

3. 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 home did not have an observed fire drill and fire safety inspection by a fire safety expert completed by December 31, 2021. The home's most recently conducted fire drill and fire safety inspection conducted by a fire safety expert was completed on 5/13/19.

POC Submission

Accept (█) - 09/04/2022)

1. FIRE SAFETY INSPECTION AND FIRE DRILL WAS NOT CONDUCTED BY A FIRE SAFETY EXPERT ON THE ANNUAL DOCUMENTATION DATE.
2. ADMINISTRATION WAS UNABLE TO GET THE LOCAL FIRE COMPANY IN TO CONDUCT THE ANNUAL FIRE DRILL AND SAFETY INSPECTION.
3. ON 7/28/2022 THE FIRE COMPANY CAME, AND BROUGHT THE FIRE TRUCKS AND CREW TO INTRODUCE THEMSELVES TO THE RESIDENTS, AND ALSO CONDUCT THE FIRE DRILL AND FIRE SAFETY INSPECTION.
4. THE VIOLATION IS IMPORTANT DUE TO MAKING SURE THE BUILDING AND RESIDENTS ARE SAFE AND THE FIRE DRILL IS RUNNING SMOOTHLY WITHOUT ANY MAJOR ISSUES.
5. IN JANUARY THE ADMINISTRATION WILL GO OVER ALL ANNUAL DOCUMENTATION TO MAKE SURE THE HOME DOESN'T SURPASS THE ANNUAL DATE.

Licensee's Proposed Overall Completion Date: 08/08/2022

Implemented (█) - 03/09/2023)

132d - Evacuation**4. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills: 12/30/21, 1/5/22, 2/14/22, 3/2/22, 4/4/22, 5/4/22 and 6/17/22.

POC Submission

Accept (█) - 10/23/2022)

1. THE HOME DIDN'T HAVE A ANNUAL MAXIMUM SAFE EVACUATION TIME SPECIFIED IN WRITING WITHIN THE PAST YEAR.
2. ADMINISTRATION WAS UNABLE TO GET THE LOCAL FIRE COMPANY IN TO CONDUCT THE ANNUAL FIRE EVACUATION TIME/FIRE SAFE AREA DESIGNATION.
3. ON 7/28/2022 THE FIRE CHIEF CAME TO DO A FIRE DRILL AND WALKED THE BUILDING AND CAME TO THE CONCLUSION THAT HEARTLAND P.C.H HAS 7 MINUTES TO EVACUATE OUT OF THE BUILDING.
4. THIS IS IMPORTANT DUE TO KNOWING HOW LONG THE BUILDING WILL LAST TO GET THE RESIDENTS OUT IN A TIMELY MANOR.
5. IN JANUARY THE ADMINISTRATION WILL GO OVER ALL ANNUAL DOCUMENTATION TO MAKE SURE THE HOME DOESN'T SURPASS THE ANNUAL DATE.

Licensee's Plan Completion Date: 09/27/2022

132d - Evacuation (continued)

Implemented [REDACTED] - 03/09/2023)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

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 #1’s medical evaluation dated [REDACTED] did not contain height; weight; temp; and body positioning.

POC Submission

Accept [REDACTED] - 09/04/2022)

1. RESIDENT #1 MEDICAL EVALUATION DIDN'T HAVE A HEIGHT/WEIGHT/TEMP/AND BODY POSITIONING ON IT.
2. ADMINISTRATION CONTACTED THE DR. OFFICE AND HAD THEM FIX THE ISSUE. WE MADE THEM AWARE THAT IF THEY ARE NOT ABLE TO GET ANY ITEMS TO BE LISTED THAT THERE HAS TO BE A N/A PLACED.
3. ADMINISTRATION FAILED TO MAKE SURE THAT THE FORM HAD NO EMPTY SPACES TO BE FILLED OUT.
4. THIS VIOLATION IS IMPORTANT DUE TO MAKING SURE THAT IF ANYTHING WOULD CHANGE WE WOULD HAVE THIS TO GO BY, ALSO IF THE CAREGIVERS NEED TO LOOK AT THE DME FOR INFORMATION.
5. ADMINISTRATION WILL DO A MONTHLY CHECK OF ALL FILES TO MAKE SURE THERE ISN'T ANY MISSING SPOTS ON DME.

Licensee's Proposed Overall Completion Date: 08/09/2022

Implemented [REDACTED] - 03/09/2023)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The Medication Administration Record for resident #2 did not indicate a diagnosis or purpose for [REDACTED] and [REDACTED].

POC Submission

Accept [REDACTED] - 09/04/2022)

1. MEDICATION ADMINISTRATION RECORD FOR RESIDENT #2 DIDN'T HAVE INFORMATION ON THAT WAS NEEDED.

187a - Medication Record (continued)

2. ADMINISTRATION WENT OVER ALL MEDICATION CARTRIDGES/MAR TO CONFIRM THE INFORMATION WAS ALL ON EACH AND EVERYONE.
3. ADMINISTRATION CALLED PHARMACY AND REPORTED ALL INFORMATION THAT WASN'T ON CARTRIDGES/MAR.
4. THIS VIOLATION IS IMPORTANT SO THERE WILL BE NO MEDICATION ERRORS AND CONFUSION.
5. MEDICATION CAREGIVERS WILL GO OVER EVERYTHING TO MAKE SURE THAT THERE ISN'T ANYTHING MISSING. ADMINISTRATION WILL AS WELL ON MONDAYS.
6. RESIDENT #2 WENT HOME AND NO LONGER WITH US TO SHOW PROOF OF BEING CHANGED.

Licensee's Proposed Overall Completion Date: 08/09/2022

Implemented [REDACTED] - 03/09/2023)

224a - Preadmission Screen Form**7. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated [REDACTED], does not indicate primary language, the ability to self medicate and medical, phycological and behavioral diagnosis.

POC Submission

Accept [REDACTED] - 09/04/2022)

1. RESIDENT #2 PREADMISSION PAPERWORK DIDN'T HAVE PRIMARY LANGUAGE AND THE ABILITY TO SELF MEDICATE ALSO PHYSIOLOGICAL AND BEHAVIORAL DIAGNOSIS.
2. ADMINISTRATION FAILED TO CATCH THE THREE MISSING INFORMATION REQUIRED.
3. THIS IS IMPORTANT SO CAREGIVERS AND STAFF HAVE THIS TO GO OFF BEFORE THE RASP IS COMPLETED.
4. ADMINISTRATION WILL GO OVER THE PAPERWORK OF ALL RESIDENTS ON A MONTHLY BASIS TO CONFIRM THERE ARE NO EMPTY SPACES.

Licensee's Proposed Overall Completion Date: 08/08/2022

Implemented [REDACTED] - 03/09/2023)