

Department of Human Services
Bureau of Human Service Licensing

September 9, 2022

[REDACTED]
HERITAGE HILLS RETIREMENT COMMUNITY INC
4138 FLETCHER DRIVE
GREENCASTLE, PA, 17225

RE: HERITAGE HILLS RETIREMENT
COMMUNITY
2256 SHANKS CHURCH ROAD
GREENCASTLE, PA, 17225
LICENSE/COC#: 30169

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2022, 07/27/2022 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 - PUBLIC

Facility Information

Name: *HERITAGE HILLS RETIREMENT COMMUNITY* License #: *30169* License Expiration: *06/20/2023*
Address: *2256 SHANKS CHURCH ROAD, GREENCASTLE, PA 17225*
County: *FRANKLIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *HERITAGE HILLS RETIREMENT COMMUNITY INC*
Address: *4138 FLETCHER DRIVE, GREENCASTLE, PA, 17225*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/23/2002* Issued By: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/27/2022*

Inspection Dates and Department Representative

07/26/2022 - On-Site: [REDACTED]
07/27/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *24*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/26/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2022*

Inspections / Reviews (*continued*)

08/05/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2022*

08/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/22/2022*

09/09/2022 - Document Submission

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

63a - First Aid/CPR Training

1. 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

On 7/14/22, from 10:00 PM to 6:00 AM, 24 residents were present in the home. During this time period, Staff Member A was the only staff working in the home. Staff Member A is not certified in First Aid and CPR.

Plan of Correction

Accept

1. The staff member A, that did not have a current CPR/ First Aid class, has been signed up for the first available CPR/First Aid class on August. 22nd at 5:30.
2. Heritage Hills Retirement Community has made arrangement with a new certified CPR/First Aid trainer.
3. We will ensure that at least one staff per shift is certified.

Completion Date: 08/22/2022

Document Submission

Implemented

1. The staff member A, that did not have a current CPR/ First Aid class, has been signed up for the first available CPR/First Aid class on August. 22nd at 5:30.
2. Heritage Hills Retirement Community has made arrangement with a new certified CPR/First Aid trainer.
3. We will ensure that at least one staff per shift is certified.
4. CPR class was completed on August 22, 2022.
5. First Aid was not part of the class, so class was scheduled for Sept. 8, 2022 at 2:30pm.

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 07/26/22 at approximately 10:15 AM, a package of large egg noodles and several packages of dried Idahoan Sliced Scallops Potatoes were observed removed from their original packaging were not labeled with a date.

On 07/26/22 at approximately 10:16 AM a dented can of Furmanos Spaghetti Sauce was observed with non-dented canned items.

Plan of Correction

Accept

1. The sealed original package of dried pasta which was found to be removed from its shipping box, was marked with the date that the item was received. This was completed on July 26th. This was completed by our head dietary person, Kim Maun.
2. The can of spaghetti sauce that had a dent, was removed from the kitchen and discarded on July 26th. This was completed by [REDACTED] Executive Director and it was placed in the garbage bin outside.
3. Effective July 27th, when food is delivered, if it is taken out of its original shipping box, the head dietary staff will mark it with the "best used date" or the delivery date if there is not "best used date".
4. Effective July 27th, the head dietary person, who receives the food deliveries will bring any dented cans to the

103i - Outdated Food (continued)

administrative office.

5. Effective July 27th, the office manager will notify the food supplier of the dented cans, so it can be replaced or refunded.

Completion Date: 07/27/2022

Document Submission

Implemented

1. The sealed original package of dried pasta which was found to be removed from its shipping box, was marked with the date that the item was received. This was completed on July 26th. This was completed by our head dietary person, Kim Maun.

2. The can of spaghetti sauce that had a dent, was removed from the kitchen and discarded on July 26th. This was completed by [REDACTED] Executive Director and it was placed in the garbage bin outside.

3. Effective July 27th, when food is delivered, if it is taken out of its original shipping box, the head dietary staff will mark it with the "best used date" or the delivery date if there is not "best used date".

4. Effective July 27th, the head dietary person, who receives the food deliveries will bring any dented cans to the administrative office.

5. Effective July 27th, the office manager will notify the food supplier of the dented cans, so it can be replaced or refunded.

132d - Evacuation

1. 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

A fire drill was completed on 5/31/22 at 4:00 PM, with an evacuation time of 2 minutes and 38 seconds. The home does not have a maximum safe evacuation time specified by a fire safety expert. This drill's evacuation time exceeded the department mandated evacuation time of 2 minutes 30 seconds.

Plan of Correction

Accept

1. The fire drills conducted in June and July were both under the 2:30 requirement.

2. On August 16, 2022, Executive Director will educate the residents on the importance of their participation during fire drills after their noon meal.

3. On August 16th, the Executive Director will send out a letter to the residents and their family members, explaining the importance of resident participation in all fire drills.

Completion Date: 08/16/2022

Document Submission

Implemented

1. The fire drills conducted in June and July were both under the 2:30 requirement.

2. On August 16, 2022, Executive Director will educate the residents on the importance of their participation during fire drills after their noon meal.

3. On August 16th, the Executive Director will send out a letter to the residents and their family members, explaining the importance of resident participation in all fire drills.

132d - Evacuation (continued)

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 2 is prescribed [redacted] On [redacted] AM, the blister packet shows pills in the 1, 3, 4 and 14 positions, which appears to have been taken out and repackaged, then sealed in the original packaging by applying tape.

Plan of Correction

Accept

1. The blister pack of resident 2 was pulled from the med cart on July 26 by the administrator, who notified the pharmacy. The pharmacy sent a new blister pack on July 26th.
2. Effective July 26, 2022, all staff who administer medications will be asked to report to the Administrator anytime a medication may come out of the original container based on wear and tear. The medication will be pulled from the medication cart by the staff person and a replacement will be order from the pharmacy. The Administrator will notify the pharmacy and request a replacement.
3. Effective July 27, 2022, medication audits will be conducted quarterly by a staff person from CareOptions Pharmacy to monitor medications in the medication cart.
4. The first medication audit will be completed by August 10, 2022

Completion Date: 08/10/2022

Document Submission

Implemented

1. The blister pack of resident 2 was pulled from the med cart on July 26 by the administrator, who notified the pharmacy. The pharmacy sent a new blister pack on July 26th.
2. Effective July 26, 2022, all staff who administer medications will be asked to report to the Administrator anytime a medication may come out of the original container based on wear and tear. The medication will be pulled from the medication cart by the staff person and a replacement will be order from the pharmacy. The Administrator will notify the pharmacy and request a replacement.
3. Effective July 27, 2022, medication audits will be conducted quarterly by a staff person from CareOptions Pharmacy to monitor medications in the medication cart.
4. The first medication audit will be completed by August 10, 2022

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

183f - Discontinued Medications (continued)

Description of Violation

On 7/26/2022, Resident 1 was prescribed [redacted] On 7/27/22, at approximately 11:37 AM the package shows the expiration date is 02/19

On 7/26/2022 Resident 1 was prescribed [redacted] On 7/27/22, at approximately 11:38 AM the bottle shows the expiration date is 11/20.

Plan of Correction

Accept

1. The expired [redacted] of resident 1 was removed from the medication cart by the Administrator on July 26th. The Administrator notified the pharmacy. The pharmacy sent replacements for the expired medications on July 27th.
2. The expired bottle of [redacted] of resident 1, which was not in the med cart, but on the Administrators desk, was replaced with a new blister pack from the pharmacy on July 27th.
3. Effective July 27, 2022, any medication that is supplied by the resident or resident's family, will be examined to ensure that it is not expired. This will be completed by the Administrator, LPN, or Executive Director.
4. Effective July 27, 2022, medication audits will be conducted quarterly by a staff person from CareOptions Pharmacy to monitor medications in the medication cart.
5. The first medication audit will be completed by August 10, 2022

Completion Date: 08/10/2022

Document Submission

Implemented

1. The expired [redacted] of resident 1 was removed from the medication cart by the Administrator on July 26th. The Administrator notified the pharmacy. The pharmacy sent replacements for the expired medications on July 27th.
2. The expired bottle of [redacted] of resident 1, which was not in the med cart, but on the Administrators desk, was replaced with a new blister pack from the pharmacy on July 27th.
3. Effective July 27, 2022, any medication that is supplied by the resident or resident's family, will be examined to ensure that it is not expired. This will be completed by the Administrator, LPN, or Executive Director.
4. Effective July 27, 2022, medication audits will be conducted quarterly by a staff person from CareOptions Pharmacy to monitor medications in the medication cart.
5. The first medication audit will be completed by August 10, 2022

224a - Preadmission Screen Form

1. 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 1's preadmission screen form dated [redacted] is incomplete, the section noting "Can Safely Use and Avoid poisonous materials" was not completed.

Plan of Correction

Accept

1. The administrator checked off the box stating that the resident was able to distinguish poisonous materials on July 27th.
2. Effective July 27, 2022, the Administrator will complete the preadmission screening and ensure that each area is marked as required.
3. Once the form is completed, a Executive Director will review the form to ensure all areas are marked as required.

224a - Preadmission Screen Form (continued)

4. In the event that the Administrator is not available to complete the form, the Executive Director will complete the form and have the Administrator review the form.

Completion Date: 07/27/2022

Document Submission**Implemented**

1. The administrator checked off the box stating that the resident was able to distinguish poisonous materials on July 27th.
2. Effective July 27, 2022, the Administrator will complete the preadmission screening and ensure that each area is marked as required.
3. Once the form is completed, a Executive Director will review the form to ensure all areas are marked as required.
4. In the event that the Administrator is not available to complete the form, the Executive Director will complete the form and have the Administrator review the form.

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

Resident 2's Annual RASP dated [REDACTED] shows the Sensory Section is incomplete as the Olfactory (Smell) and Tactile (Touch) questions were not answered No or Yes.

Plan of Correction**Accept**

1. The administrator completed the section in the medical/dental part of the RASP that was incomplete on July 27th.
2. Effective July 27, 2022, the person completing the RASP will ensure all sections are completed.
3. The EHR software that is currently being used, will alert the person completing the form if there is a section not completed.
4. Once a resident's RASP is completed, the Executive Director will review the RASP to ensure the entire RASP is completed.

Completion Date: 07/27/2022

Document Submission**Implemented**

1. The administrator completed the section in the medical/dental part of the RASP that was incomplete on July 27th.
2. Effective July 27, 2022, the person completing the RASP will ensure all sections are completed.
3. The EHR software that is currently being used, will alert the person completing the form if there is a section not completed.
4. Once a resident's RASP is completed, the Executive Director will review the RASP to ensure the entire RASP is completed.

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 3's Annual RASP Dated [REDACTED] was not signed by the resident.

Plan of Correction

Accept

- 1. The administrator had the resident sign their RASP on July 27th.
- 2. Effective July 27, 2022, the Administrator completing the RASP will print out the RASP and set up a time to review with the resident and/or resident's family.
- 3. The Executive Director reviewing the RASP to ensure that it is completed will also review to ensure that all signatures needed are completed.

Completion Date: 07/27/2022

Document Submission

Implemented

- 1. The administrator had the resident sign their RASP on July 27th.
- 2. Effective July 27, 2022, the Administrator completing the RASP will print out the RASP and set up a time to review with the resident and/or resident's family.
- 3. The Executive Director reviewing the RASP to ensure that it is completed will also review to ensure that all signatures needed are completed.