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

February 8, 2023

[redacted], ADMINSTRATOR
LEEDS HEALTH CARE SERVICES INC
[redacted]

RE: HEATHER COURT
281 IRONSTONE DRIVE
NORTHUMBERLAND, PA, 17857
LICENSE/COC#: 22706

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/28/2022, 12/29/2022 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 COURT* **License #**: *22706* **License Expiration**: *12/29/2023*

Address: *281 IRONSTONE DRIVE, NORTHUMBERLAND, PA 17857*

County: *NORTHUMBERLAND* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *LEEDS HEALTH CARE SERVICES INC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I 2* **Date**: *09/21/2017* **Issued By**: *NECU*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *94* **Waking Staff**: *71*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *12/29/2022*

Inspection Dates and [redacted] Representative

12/28/2022 On Site

12/29/2022 On Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *47*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *The entire Building* **Capacity**: *48* **Residents Served**: *47*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *47*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *47*

Have Physical Disability: *0*

Inspections / Reviews

12/28/2022 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *01/28/2023*

Inspections / Reviews *(continued)*

02/01/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *02/07/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *02/08/2023*

02/08/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *02/07/2023*

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

132a - Monthly Fire Drill

1. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home's fire drills were conducted during the last week of the month creating a pattern. The home conducted fire drills on the following dates: 02/28/22; 03/30/22;04/29/22; 5/31/22; 09/28/22 and 10/31/22.

Plan of Correction ***Accept [redacted] - 02/01/2023)***

Administrator and Director of Plant Services reviewed the process for monthly fire drills. Director of Plant Services will alert the administrator when a drill is to be held so that the Administrator can confirm that the drill will not create a pattern in accordance with previously conducted drills. Administrator will log these interactions on the attached Administrator Spot Check tool.

Licensee's Proposed Overall Completion Date: *01/27/2023*

Implemented ([redacted] - 02/08/2023)

132f - Alternate Exit Routes

2. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Through interviews with the administrator and maintenance director the home did not practice alternating exist routes during their monthly fire drills. The home used all exit route during all fire drills and did not practice alternate exit routes.

Plan of Correction ***Accept ([redacted] - 02/01/2023)***

Exit doors have been designated with letter names (Door A, Door B, Door C, etc.) for the purpose of fire drills and logging drill exit routes. See attached Evacuation Routes map. Director of Plant services will alternate exit routes throughout the year while conducting fire drills. Exit doors used will be designated on the Fire Drill Log. Administrator will spot check Fire Drill Logs monthly to insure that alternating exit routes are being utilized. See Administrator Spot Check tool.

Licensee's Proposed Overall Completion Date: *01/27/2023*

Implemented ([redacted] - 02/08/2023)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1 10 Medical Evaluation Information *(continued)*

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

The following residents did not have their medication regime attached or stated on the residents' DME's. The home felt it was adequate to have the physicians' orders in the chart and did not include this information on the resident's DME's for Resident's 1, 2, 3, 4, 5 and 6.

Plan of Correction ***Accept ([redacted] - 02/01/2023)***

DME's have been updated for residents 1, 2, 3, 4, 5, and 6. See attached DMEs. Nursing supervisor will conduct monthly audits of DMEs for at least 5 randomly selected residents each month (see attached DME Monthly Audit tool) for the next six months. Audits will continue beyond six months until no errors are found for two consecutive months. Administrator to spot check audits monthly. See Administrator Audit tool.

Licensee's Proposed Overall Completion Date: *07/01/2023*

Implemented ([redacted] - 02/08/2023)

187a - Medication Record

4. 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

Resident #7 [redacted] to be administered daily at [redacted] for [redacted] was no initialed as being administered on [redacted]. The home is not maintaining their MAR's.

Plan of Correction ***Accept ([redacted] - 02/01/2023)***

Offending staff member, who is an agency staff member that came to the facility for a short time, has been reeducated on proper medication administration procedures (see attached staff counseling). Nursing supervisor will conduct monthly audits of Medication Administration Records (MARs) for at least 10 randomly selected residents each month (see attached MAR audit tool) for the next six months. Audits will continue beyond six months until no errors are found for two consecutive months. Administrator to spot check audits monthly. See Administrator Audit tool.

Licensee's Proposed Overall Completion Date: *07/01/2023*

Implemented ([redacted] - 02/08/2023)

233c - Key-Locking Devices

5. Requirements

2600.
233.c. If key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The home's exterior gate exits on the patio for the Cambridge and Dover units did not have the codes posted in order to exit the area.

Repeat Violation- 01/04/21

Plan of Correction ***Accept (- 02/01/2023)***

Instructions were replaced at the patio gate for the Cambridge and Dover units on 12/28/2022 (see attached photos). Weekly audits will be completed by Nursing Supervisor or nursing charge staff to insure codes are present for all key-locking devices. Audits will be completed until 100% efficiency is reached for three consecutive months. Nursing Supervisor will oversee audits. See attached Locking Instructions Audit tool. Administrator will spot check every two weeks until goal is achieved. See attached administrator spot check tool.

Licensee's Proposed Overall Completion Date: *04/01/2023*

Implemented (- 02/08/2023)

234d Support Plan Revision

6. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1's RASP dated was completed due to a significant change and starting Hospice services, however this purpose was not indicated on the resident's RASP as required.

Plan of Correction ***Accept (- 02/01/2023)***

RASP for resident 1 has been updated with all sections completed (please see attached RASP). RASP reviews will be completed by nursing supervisor on 5 randomly selected residents per month. Reviews will continue until there are no errors for 3 consecutive months. See attached audit tool. Administrator will complete monthly spot checks until goal is achieved. See attached administrator spot check tool.

Licensee's Proposed Overall Completion Date: *04/01/2023*

Implemented (- 02/08/2023)