

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

February 9, 2023

[REDACTED]  
HIDDEN MEADOWS OPCO LLC  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: HIDDEN MEADOWS ON THE RIDGE  
340 FARMERS LANE  
SELLERSVILLE, PA, 18960  
LICENSE/COC#: 14523

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/04/2023, 01/05/2023 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: *HIDDEN MEADOWS ON THE RIDGE* License #: *14523* License Expiration: *07/20/2023*  
Address: *340 FARMERS LANE, SELLERSVILLE, PA 18960*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *HIDDEN MEADOWS OPCO LLC*  
Address: *8000 TOWERS CRESCENT DR,STE1425, WHITE OAK HEALTHCARE REIT, VIENNA, VA, 22182*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *09/02/2010* Issued By: *West Rockhill Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Incident* Exit Conference Date: *01/05/2023*

**Inspection Dates and Department Representative**

01/04/2023 - On-Site: [REDACTED]  
01/05/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	<i>60</i>	Residents Served:	<i>56</i>
Secured Dementia Care Unit			
In Home:	<i>No</i>	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	<i>3</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>56</i>
Diagnosed with Mental Illness:	<i>2</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>13</i>	Have Physical Disability:	<i>1</i>

**Inspections / Reviews**

01/04/2023 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/30/2023*

01/31/2023 - POC Submission  
Submitted By: [REDACTED] Date Submitted: *02/09/2023*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/09/2023*

Inspections / Reviews *(continued)*

02/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] the home reported to the Department that resident #1 stated staff member A "ripped [redacted] out of bed" and roughed [redacted] up on [redacted] This incident was not reported to the local area agency on aging.

Plan of Correction

Accept (MJ - 01/31/2023)

After resident #1 stated this, an internal investigation was conducted immediately. After a thorough investigation, this allegation was determined to be unfounded and staff did not "rough up" or "rip" a resident out of bed. However, as a precaution, HMOR reported the incident to DHS on 11/18/23 with a full report of the investigation and findings and on 1/5/23, DHS also investigated this incident and determined it to be unfounded as well.

However, it is regulation that suspected abuse be reported to AAA. Training on abuse reporting was conducted with HMOR management team on 1/25/23. Please see attached training and record of training.

To monitor compliance of this regulation, all trainings, training plans and reportable incidents are reviewed in quality management meetings by HMOR management team.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (MJ - 02/09/2023)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted], the home reported to the Department that resident #1 stated staff member A "ripped [redacted] out of bed" and roughed [redacted] up on [redacted] The home did not develop and implement a plan of supervision or suspend staff person A. Staff person A worked at this home on 12/01/22 and at their sister community; The Laurels, on 11/19/22, 11/20/22, 11/23/22, 11/24/22, 11/25/22, 11/29/22, 12/03/22 and 12/04/22.

Plan of Correction

Accept (MJ - 01/31/2023)

As stated prior, a full investigation was conducted on the allegation and was deemed to be unfounded, however as per DHS regulations staff persons who have an allegation must have an approved plan of supervision. To prevent reoccurrence, management staff were re-educated on plan of supervision requirements on 1/25/23. Please see attached training and sign off sheet. To monitor compliance, all staff training, staff scheduling, and this POC will be reviewed during Quality management meetings by HMOR leadership

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (MJ - 02/09/2023)

18 - Compliance With Laws

3. Requirements

2600.

18 - Compliance With Laws (continued)

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The Food Employee Certification Act requires one supervisory employee per food facility to obtain a food safety certification by taking an ANSI-CFP nationally recognized food safety class. The certified employee must be available during all hours of operation. The certified employee is the Person-in-Charge (PIC) when in the facility.

On 01/05/23, it was stated that only one staff member had received a Servsafe certification; however, no documentation was available to verify this. The home's kitchen is open daily from 6:00 AM to 7:00 PM.

Plan of Correction

Accept (MJ - 01/31/2023)

At the time of the inspection, the Director of Culinary services, who is a new employee, had taken the ServSafe Train the Trainer course and had the test scheduled for 1/12/23. [REDACTED] has completed the test and is now ServSafe Trainer certified. please see attached. This Administrator has also taken the ServeSafe class and is certified as well, please see attached. Going forward, all new employees will be trained in ServSafe practices, see attached new hire orientation checklist. Compliance will be monitored by employee training review during Quality Management meetings with department managers.

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented (MJ - 02/09/2023)

42x - Safeguard

4. Requirements

2600.  
42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

The Home's "Addendum H - House Rules" (PA House Rules Addendum (AL) 7/22) states that "The Community does not provide storage of jewelry or other valuables and cannot guarantee your personal property will not be lost, damaged or stolen."

Plan of Correction

Accept (MJ - 01/31/2023)

To maintain compliance, an additional addendum will be added to the residency agreement stating that HMOR has a system to assist in safeguarding a residents money and property. Please see attached.  
To monitor compliance, ED will conduct monthly file audits (see attached audit) to ensure residents are educated of this right and system put in place to safeguard property. Audits will be reviewed at Quality Management Meeting

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented (MJ - 02/09/2023)

88a - Surfaces

5. Requirements

2600.

88a - Surfaces (continued)

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The wall behind the steam table in the 2nd floor dining room, "The Cafe", is a hazard with peeling/chipped paint in a food serving area.

Plan of Correction

Accept (MJ - 01/31/2023)

Area has been repaired. Compliance will be maintained by Maintenance Director and ED through monthly building/apartment audits and audits will be reviewed during annual QMP Meeting. Please see attached picture of area and building audit checklist

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented (MJ - 02/09/2023)

91 - Telephone Numbers

6. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room #322.

Plan of Correction

Accept (MJ - 01/31/2023)

Phone numbers have been replaced in the residents room. Compliance of this regulation will be monitored by Director of Maintenance and ED through monthly building/apartment audits. Audits will be reviewed at the annual QMP meeting. Please see attached audit check sheet

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented (MJ - 02/09/2023)

103i - Outdated Food

7. Requirements

2600.

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

Description of Violation

On 01/05/23, there were a bowl of cooked leftover scallops, an open 16 ounce container of vegetable base, an open 32 ounce bottle of lemon juice and two open bags of Reliance Whipped Topping without a date or a label in the "reach in" refrigerator of the main kitchen.

Plan of Correction

Accept (MJ - 01/31/2023)

Food was removed at time of inspection. Compliance of this regulation will be monitored by the Director of Culinary Services through monthly Kitchen audits. Audits will be reviewed at annual QMP meetings. please see attached audit checklist.

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented (MJ - 02/09/2023)

## 132b - Safety Inspection/Fire Drill

**8. 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 last fire safety inspection and drill observed by a fire safety expert was conducted on 02/10/22. There was no fire safety inspection and drill completed in the year 2021.*

**Plan of Correction****Accept (MJ - 01/31/2023)**

*Suspension of this regulation was lifted in December 2021. HMOR scheduled an inspection prior to this date, however the fire safety expert was unable to show for the scheduled appointment. Next appointment available was 2/10/22 when the inspection was completed. Going forward, HMOR will ensure timely fire safety inspection and drills. 2023 inspection and observed drill was completed 1/16/23.*

**Licensee's Proposed Overall Completion Date: 01/30/2023**

**Implemented (MJ - 02/09/2023)**

## 183d - Prescription Current

**9. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*Resident #2 is prescribed Warfarin. On 01/04/23, resident #2's prescription changed to one 5 MG tab per day on Mon, Tues, Wed, Thurs, Fri, Sun and 1/2 of a 7.5 MG tab (3.75 MG) on Sat. During the medication audit on 01/05/23, Warfarin Tabs 7.5 MG with instructions stating 1/2 tablet (3.75 MG) by mouth 5X weekly Mon, Wed, Fri, Sat, Sun and Warfarin Tab 5 MG with instruction stating 1 tablet by mouth twice a week Tues, Thurs were found with resident #2's medications. These last two medication orders had been discontinued with the new orders on 01/04/23.*

**Plan of Correction****Accept (MJ - 01/31/2023)**

*Discontinued medications were removed at the time of inspection. Policy on medication storage will be reviewed with nursing staff during staff meeting 2/8/23. To monitor compliance of this regulation, quarterly cart audits are completed by pharmacy services. However, an additional cart audit was completed 1/24/23 by ED. Please see attached audit. All audits are reviewed at quality management meetings by department management team.*

**Licensee's Proposed Overall Completion Date: 02/08/2023**

**Implemented (MJ - 02/09/2023)**

## 185a - Implement Storage Procedures

**10. 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**

*On 01/05/23, 1 and a half loose pills were found in the 2nd floor med cart; 1 white oval pill marked with "06" on one side and "H" on the other side, the 1/2 pill was yellow in color and marked with "768" on one side. The pills were not identified.*

185a - Implement Storage Procedures (continued)

**Plan of Correction**

*Accept (MJ - 01/31/2023)*

*Please see attached medication storage policy. Nursing team will be re-educated on medication storage policy during nursing staff meeting scheduled for 2/8/23*

*To monitor compliance of this regulation, quarterly cart audits are completed by pharmacy services, last audit was completed in October 2022. Another cart audit was completed by ED on 1/24/23. All cart audits will be reviewed at Quality management meetings. Please see attached cart audit.*

**Licensee's Proposed Overall Completion Date: 02/08/2023**

*Implemented (MJ - 02/09/2023)*

227d - Support Plan Medical/Dental

**11. 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**

*The assessment for resident #3, dated [redacted] indicates the resident has a need for a mechanical soft diet. The resident's support plan, dated [redacted] does not document how this need will be met. Additionally, the resident's prescription need for a shower chair is not addressed in [redacted] support plan.*

*Repeat Violation: 12/28/21*

**Plan of Correction**

*Accept (MJ - 01/31/2023)*

*Residents support plan was updated at time of inspection. RASP training scheduled for nursing staff on 2/8/23.*

*Going forward, to monitor compliance of this regulation, monthly file audits will be completed by DHW or ED and audits will be reviewed at the annual Quality management meeting. Please see attached January Audit and updated RASP for resident #3*

**Licensee's Proposed Overall Completion Date: 02/08/2023**

*Implemented (MJ - 02/09/2023)*