

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

June 13, 2023

[REDACTED], REGIONAL VICE PRESIDENT OF OPERATIONS
DRI/HEARTIS BUCKS COUNTY LLC
[REDACTED]

RE: HEARTIS BUCKS COUNTY
945 YORK ROAD
WARMINSTER, PA, 18974
LICENSE/COC#: 14855

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2023 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: HEARTIS BUCKS COUNTY	License #: 14855	License Expiration: 02/02/2023
Address: 945 YORK ROAD, WARMINSTER, PA 18974		
County: BUCKS	Region: SOUTHEAST	

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

Legal Entity		
Name: DRI/HEARTIS BUCKS COUNTY LLC		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: I-2	Date: 08/09/2021	Issued By: L&I

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 51	Waking Staff: 38

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #:
Reason: Renewal	Exit Conference Date: 02/08/2023	

Inspection Dates and Department Representative	
02/08/2023 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 100		Residents Served: 39	
Special Care Unit			
In Home: Yes	Area: Generations	Capacity: 30	Residents Served: 12
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 39	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 12		Have Physical Disability: 0	

Inspections / Reviews		
02/08/2023 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 03/09/2023
03/10/2023 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 04/14/2023	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 03/15/2023

Inspections / Reviews *(continued)*

03/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/16/2023

06/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/14/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

69 Dementia training

1. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person A, hired on [REDACTED] and transferred to the residence in [REDACTED], did not have a dementia specific training record on file.

Plan of Correction

Accept ([REDACTED] - 03/17/2023)

2800.69 Staff member A completed the 4-hour required dementia specific training on 2/16/2023 (see attached.) All new hire staff members will receive the dementia specific training within the first 30 days of employment according to the staff training plan attached. The Generations Program Director, Resident Care Director, or Executive Director will be responsible to provide and document the training. The Business Office Director will review and maintain documentation of all new hire training in each employee file. The Business Office Director or Executive Director will audit all employee files by 4/15/2023 to ensure compliance with new hire training records.

Licensee's Proposed Overall Completion Date: 04/15/2023

Implemented ([REDACTED] - 06/13/2023)

107d Procedure EMA submission

2. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been reviewed, updated, and submitted to the local emergency management agency since 01/21/2022.

Plan of Correction

Accept ([REDACTED] - 03/17/2023)

2800.107d The Community Disaster Plan was updated and submitted to Warminster Township Department of Emergency Management and Services on 2/28/2023. Approval of the plan was accepted by the Director of EMS on 3/1/2023 (see attached.) Going forward, the task of updating and submitting the Disaster Plan will be entered into our Work Order System for reminder of update and submission at the beginning of each year no later than January 15th. The Executive Director will be responsible for completing this task.

Licensee's Proposed Overall Completion Date: 01/15/2024

Implemented ([REDACTED] 06/13/2023)

141a Medical evaluation

3. Requirements

2800.

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:

141a Medical evaluation (continued)

11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for resident #1, dated [REDACTED], does not include an indication that a tuberculin skin test has been administered with negative results within 2 years.

Resident #6 was admitted to the SDCU [REDACTED]; however, the resident's medical evaluation on file dated [REDACTED] was DME (Documentation of Medical Evaluation Used by Personal Care Homes), not an ADME (used by Assisted Living Residences).

Plan of Correction

Accept ([REDACTED] - 03/17/2023)

2800.141.a The tuberculin skin test was administered by the Resident Care Director to resident #1 on [REDACTED] and documented (see attached.) An ADME was requested and completed for Resident #6 on [REDACTED] by the Resident's Primary Care Physician (see attached.)

Audits were completed by 2/24/2023 to ensure accuracy with all other current Resident state required documents. Any newly admitted resident state required documents will be reviewed prior to admission by both Resident Care Director and Executive Director for accuracy. Any discrepancies in documentation will be addressed by the Resident Care Director or Designee for accurate completion prior to admission or within 7 days post admission.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented ([REDACTED] - 06/13/2023)

183d Current medications

4. Requirements

2800.

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

Description of Violation

On [REDACTED], [REDACTED] prescribed for resident #2 was in the medication cart of the residence's Secured Dementia Care Unit (SDCU); however, the resident passed away on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 03/17/2023)

2800.183.d Resident #2 had passed away 2 days prior to survey visit. All other medications had been removed from the cart except for [REDACTED]. The medication was removed from the cart and destroyed at time of inspection by the Resident Care Director and Med Tech. Cart audits are scheduled for each Monday and was scheduled for the day of survey, however, had not occurred by the time the cart was inspected. Resident Care Director in serviced Med Techs on 2/9/2023 the importance of removing all medication from the cart immediately following discharge. Cart audits will be reviewed by the Resident Care Director or Designee upon completion beginning 3/15/2023 and will continue weekly for four weeks and monthly going forward.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented ([REDACTED] - 06/13/2023)

183e Storing Medications

5. Requirements

183e Storing Medications (continued)

2800.

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

On [redacted], an opened bottle of [redacted] eye drop prescribed for resident #3 was in the residence's 1st floor medication cart without an open/discard after date.

Two opened insulin pens ([redacted]) were in the home's 1st floor medication cart without an open/discard after date.

Plan of Correction

Accept ([redacted] - 03/17/2023)

2800.183.e The Resident Care Director labeled the identified medication with the open dates at the time of inspection. Cart audits are scheduled for each Monday and was scheduled for the day of survey, however, had not occurred by the time the cart was inspected. Resident Care Director in serviced Med Techs on the importance of labeling such medications (eye drops, insulin pens) with the open and discard date immediately upon opening on 2/9/2023. Resident Care Director ordered labels from the pharmacy for use by the med techs that will be kept in the med room for use which arrived on arrived on 2/2/13/2023. Cart audits will continue to be completed weekly by the Med tech to ensure ongoing compliance. The Resident Care Director or Resident Care Coordinator will review the audits weekly beginning 3/15/2023 for 4 weeks and monthly after.

Licensee's Proposed Overall Completion Date: 04/15/2023

Implemented ([redacted] - 06/13/2023)

184a Resident meds labeled

6. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

A plastic box of [redacted] was in the residence's SDCU unit's medication cart without a label. Only the resident's name was written on the box.

Two insulin pens ([redacted]) belonging to resident #4 were in the medication cart without a label.

Plan of Correction

Accept ([redacted] - 03/17/2023)

2800.184.a The medication identified was labeled at the time of inspection by the Resident Care Coordinator. Resident Care Director in-serviced all Med techs of the importance of labeling all OTC medication provided by families prior to going into the cart or use or administration to the Resident. Resident Care Director ordered labels from the pharmacy for use by the med techs that will be kept in the med room for use. Cart audits will continue weekly by the med-techs to ensure ongoing compliance. The Resident Care Director or Resident Care Coordinator will review the audits weekly beginning 3/15/2023 for 4 weeks and monthly after

Licensee's Proposed Overall Completion Date: 04/15/2023

184a Resident meds labeled (continued)

Implemented () - 06/13/2023

185a Storage procedures

7. Requirements

2800.

185.a. The residence 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 #4 was prescribed accuchecks three times a day before meals, which changed to three times a day after lunch, dinner, and at bedtime on [redacted]. The following blood glucose readings were not documented:

- [redacted]
- [redacted]
- [redacted]

The numbers on the resident's glucometer and the log do not match on:

[redacted]

Plan of Correction

Accept () - 03/17/2023

2800.185.a Resident #4's accu-checks had been completed, however, not accurately documented on the record. Med techs were in serviced on 2/9/2023 by the Resident Care Director for accuracy and compliance. Documentation was also added to the EMAR system providing accountabilities for all med techs to accurately document completion of the task prior to the end of the med pass. The eMar system alerts the RCD when a medication or treatment has been missed or not documented. The Resident Care Director will continue to monitor accurate documentation of administration of medication or treatments, provide appropriate action and documentation of training.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented () - 06/13/2023

187b Date/time of med admin

8. Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 is prescribed [redacted] every 4 hours as needed up to 6 tabs in 24 hours. This medication was signed out 4 times every day almost everyday including [redacted], requiring 24 staff initials. However, the resident's Feb medication administration record (MAR) displays only 10 staff initials who administered this medication from [redacted].

The Controlled Drug Count Sheet and MAR show the following discrepancies:

- On [redacted], the Count Sheet is signed by Staff person C as withdrawing the medication. However, the MAR shows that Staff person B administered this medication at [redacted].
- On [redacted], the Count Sheet is signed by Staff person D as withdrawing the medication. However, the MAR does not show that this medication was administered.
- On [redacted] and [redacted], the Count Sheet is signed by Staff person B as withdrawing the medication. However, the MAR does not show that this medication was administered.
- On [redacted] at [redacted], the Count Sheet is signed by Staff person D as withdrawing the medication. However,

187b Date/time of med admin (continued)

the MAR does not show that this medication was administered.

- On [redacted] at [redacted], the Count Sheet is signed by Staff person D as withdrawing the medication. However, the MAR does not show that this medication was administered.
- On [redacted] [redacted], the Count Sheet is signed by Staff person D as withdrawing the medication. However, the MAR does not show that this medication was administered.
- On [redacted] at [redacted] and at [redacted], the Count Sheet is signed by Staff person B as withdrawing the medication. However, the MAR does not show that this medication was administered.
- On [redacted] at [redacted], the Count Sheet is signed by Staff person D as withdrawing the medication. However, the MAR does not show that this medication was administered.
- On [redacted] the Count Sheet is signed by Staff person B at [redacted] and again at [redacted], and signed by Staff person D at [redacted] and [redacted]. However, the MAR does not show that these medications were administered.

Resident #5 is prescribed [redacted] as needed. This medication was signed out by Staff person D on [redacted] but there is no staff initials present for this administration on the resident's Feb MAR.

Plan of Correction

Accept ([redacted] - 03/17/2023)

2800.187.b Staff members were signing out on the count sheet, but not consistently on the EMAR. Med techs were in serviced by the Resident Care Director on 2/9/2023 on the importance of consistent and accurate documentation on administration of all medications including additional necessary documentation for controlled substances. Resident Care Director or Designee will continue to audit documentation daily for 4 weeks for accuracy beginning 3/15/2023, and weekly after that. Audits will be completed by comparing the emar against the paper count sheet provided by pharmacy. Any discrepancies will be addressed by the Resident Care Director.

Licensee's Proposed Overall Completion Date: 04/15/2023

Implemented ([redacted] - 06/13/2023)

187d Follow prescriber's orders

9. Requirements

2800.

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

Description of Violation

Resident #5 is prescribed [redacted] orally daily as needed. However, the resident was administered this med twice on [redacted].

Plan of Correction

Accept ([redacted] - 03/17/2023)

2800.187.d Resident #5's order for [redacted] 1/2 tablet daily as needed required clarification. Clarification of the order was requested and received on 2/9/2023 to identify that the medication may be administered as needed. Med techs were in serviced by the Resident Care Director on 2/9/2023 on the importance of gaining clarification of any order that may be required to adequately provide what is necessary for the residents health and wellness. A new order from the physician was obtained by the Resident Care Director on 2/15/2023 to be administered once daily only.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented ([redacted] - 06/13/2023)

190a Completion of course—meds

10. Requirements

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B completed the initial medication administration training course on [redacted] and was recertified through annual practicums until [redacted]. There is no record of an annual practicum for the year 2022.

Plan of Correction

Accept [redacted] - 03/17/2023)

2800.190.a Staff member B was re-certified by the Resident Care Director on 2/22/23 by the Resident Care Director (see attached.) The Resident Care Director possesses the Train the Trainer certification. The Resident Care Coordinator is a practicum observer. All other med tech certifications were audited on 2/10/2023 to ensure compliance. The Resident Care Director and Resident Care Coordinator will continue to complete observations as required to maintain med tech status. Any newly hired med techs will be required to present adequate documentation prior to passing medication in the community.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [redacted] - 06/13/2023)

231c1 Preadmit screening

11. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident #7 was admitted to the SDCU on [redacted]. However, the resident’s written cognitive preadmission screening was not dated.

Plan of Correction

Accept [redacted] - 03/17/2023)

2800.231.c The pre-admission screen had been completed by the Generations Program Director but not dated. The screen was dated at time of inspection. An audit was completed of all Memory Care Resident files by the Generations Program Director on 2/10/2023 to ensure accuracy and compliance. Going forward the screens will be viewed by the assessor and the Resident Care Director to ensure accuracy prior to admission.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [redacted] - 06/13/2023)