

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

March 29, 2023

[REDACTED]
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 03/02/2023 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: 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: 1 2	Date: 09/21/2017	Issued By: NECU

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 82	Waking Staff: 62

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Incident	Exit Conference Date: 03/02/2023	

Inspection Dates and Department Representative	
03/02/2023	On Site [REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 48		Residents Served: 41	
Secured Dementia Care Unit			
In Home: Yes	Area: Entire Home	Capacity: 48	Residents Served: 41
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 41	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 41		Have Physical Disability: 0	

Inspections / Reviews		
03/02/2023 - Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 03/14/2023
03/13/2023 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 03/29/2023	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 03/20/2023

Inspections / Reviews *(continued)*

03/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/20/2023

03/29/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/29/2023

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]/23 resident #1 pushed resident #2 with a walker causing resident #2 to fall. Resident #2 suffered fractures [redacted]. The home did not report the incident of resident to resident abuse to the Area Agency on Aging as required.

Plan of Correction

Accept [redacted] - 03/14/2023)

Area Agency on Aging notified on 3/2/23 at 11:45am of incident. Area Agency on Aging visited facility on 3/3/23 at 09:30am to interview Resident #2. No further follow up from AAA as of 3/13/23.

Point Township Police Department notified on 3/2/23 at 13:05 of incident.

[redacted] reviewed with facility administrator and nursing supervisor proper procedures and parties to notify for future instances of abuse. As of 3/2/23, Administrator (or Nursing Supervisor in Administrator's absence) is responsible for reporting all abuse in a timely manner on weekdays and weekends, per Abuse Reporting Policy which is attached.

The facility's Abuse Reporting policy is attached. Abuse reporting was reviewed with staff at staff meetings held on 3/7/23 and 3/9/23. These meetings were conducted by the Administrator and the Nursing Supervisor. Meeting agenda and meeting sign in sheets are attached. Appropriate reporting of external agencies will be followed in the future.

Licensee's Proposed Overall Completion Date: 03/13/2023

Implemented [redacted] - 03/29/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted]/23 resident #1 pushed resident #2 with a walker causing resident #2 to fall. The fall resulted in fractures [redacted]

Plan of Correction

Accept [redacted] - 03/14/2023)

Resident #1's room was changed to a separate unit from Resident #2 on [redacted] 23. See attached screenshot of census lines denoting resident #1's room change. Resident #1 returned to facility on [redacted] 23 following a skilled rehab stay and an addendum was added to her RASP on this date secondary to [redacted] aggression and agitation around others. RASP addendum is attached.

As a result of this incident and beginning 3/3/23, residents will be assessed on a regular basis in conjunction with their annual RASP or any RASP related to a significant change to determine residents' safety around others.

42b - Abuse (continued)

Nursing Supervisor will complete these assessments and RASP reviews. Administrator will oversee completion of these assessments. See attached Assessing Resident Safety Around Others RASP tracker. Tracker put into use on 3/9/23.

Licensee's Proposed Overall Completion Date: 03/13/2023

Implemented [REDACTED] - 03/29/2023)