

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

April 20, 2023

[REDACTED]
HERITAGE CAMPUS GREEN HILLS OPCO LLC
400 TRANQUILITY LANE
READING, PA, 19067

RE: THE HERITAGE OF GREEN HILLS
CARE CENTER
400 TRANQUILITY LANE
READING, PA, 19067
LICENSE/COC#: 23113

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2023 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: *THE HERITAGE OF GREEN HILLS CARE CENTER* License #: *23113* License Expiration: *08/18/2023*
 Address: *400 TRANQUILITY LANE, READING, PA 19067*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *HERITAGE CAMPUS GREEN HILLS OPCO LLC*
 Address: *400 TRANQUILITY LANE, READING, PA, 19067*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/06/2022* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *03/09/2023*

Inspection Dates and Department Representative

03/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *90* Residents Served: *40*

Secured Dementia Care Unit
 In Home: *Yes* Area: *1st floor* Capacity: *20* Residents Served: *7*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *3*

Inspections / Reviews

03/09/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/07/2023*

04/11/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/17/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/14/2023*

Inspections / Reviews *(continued)*

04/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/20/2023

04/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 was admitted to the home on [REDACTED] and the residents prescreen was completed on [REDACTED] more than 30 days prior to admission.

Plan of Correction**Accept (MM - 04/17/2023)**

The pre-screen could not be corrected as this was a closed chart, the resident no longer lives at the facility, the staff member who made the mistake no longer works at the facility. In order to fix/prevent the same issue from happening again an in-person training was provided 3/22/23 to all staff members. This includes the Director of Wellness, [REDACTED] and the Director of Personal Care, [REDACTED] who are responsible for ensuring that all pre-screens are completed within 30 days of admission going forward. All open charts of current residents were reviewed by 4/5/23 to ensure that all previous pre-screens were completed within 30 days of admission. See in-service attendance log attached.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented (MM - 04/20/2023)

227d - Support Plan Medical/Dental

2. 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 was admitted to the home on [REDACTED]. Upon admission resident had a hospital bed, fall mats, and bed cane for mobility. These assistive devices were not addressed in the assessment and support plan. Additionally, it was documented that resident needed some physical assistance for ADLs. However, Staff A and Staff B stated the resident was total assist and could not do ADLS for self.

Plan of Correction**Accept (MM - 04/17/2023)**

The RASP could not be corrected as this was a closed chart, the resident no longer lives at the facility, the staff member who made the mistake no longer works at the facility. In order to fix/prevent the same issue from happening again an in-person training was provided 3/22/23 to all staff members. This includes the Director of Wellness, [REDACTED] and the Director of Personal Care, [REDACTED] who are responsible for ensuring that all RASPs include the proper and most current information on what and how to take care of residents properly going forward. All open charts of current residents were reviewed by 4/5/23 with care staff to ensure that they were current and up to date with what is required to care for each resident. See in-service attendance log attached.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented (MM - 04/20/2023)