

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

April 17, 2023

[REDACTED]  
LEEDS HEALTH CARE SERVICES INC  
58 NEITZ ROAD  
NORTHUMBERLAND, PA, 17857

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 03/21/2023 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: *58 NEITZ ROAD, NORTHUMBERLAND, PA, 17857*  
 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: *76* Waking Staff: *57*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *03/21/2023*

**Inspection Dates and Department Representative**

*03/21/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *48* Residents Served: *38*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Entire Home* Capacity: *48* Residents Served: *38*

**Hospice**  
 Current Residents: *3*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *38* Have Physical Disability: *1*

**Inspections / Reviews**

**03/21/2023 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/06/2023*

**04/03/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/12/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/07/2023*

Inspections / Reviews *(continued)*

04/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. 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] staff person A was observed by staff person B being physically and verbally abusive to resident #1 during morning care. Resident #1 was resisting care with changing. Staff person A forcefully pulled resident #1 up by the arm and pushed the resident down on the toilet.

Plan of Correction

Accept (JH - 04/03/2023)

Staff person A was removed from the schedule on [redacted] pending investigation results.

Area Agency on Aging was notified of incident at [redacted] on [redacted]. ACT 70 Abuse Report Completed and faxed to Area Agency on Aging (see attached). Area Agency on Aging representative came to facility around 2:00pm that day to investigate incident.

DHS notified of incident at [redacted]. See attached reportable incident.

Point Township Police notified of incident at [redacted] on [redacted]. Police officer came to facility around [redacted] this same date to investigate incident and speak with staff person A, staff person B, human resources, and nursing supervisor.

Investigation resulted in termination of staff person A on [redacted]. Staff person A had not worked in the building from date of incident until termination.

1:1 abuse re-educations are being conducted with all staff members by Nursing Supervisor and Administrator. Abuse policy is being reviewed as well as proper techniques for providing resident care. See attached counseling agenda and sign in sheet.

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

Implemented (JH - 04/17/2023)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Staff person A was observed by staff person B restraining resident #1 by holding the resident's hands down while the resident was being combative during morning care.

Plan of Correction

Accept (JH - 04/03/2023)

1:1 abuse re-educations are being conducted with all staff members by Nursing Supervisor and Administrator. Abuse policy is being reviewed as well as proper techniques for providing resident care and way to reapproach residents. See attached re-education agenda and sign in sheet. Re-education is ongoing until all staff have

**202 - Prohibitions (continued)**

*received 1:1 counseling. Sign in sheet is as of 3/31/2023.*

*Types of abuse and abuse reporting are presented to all staff on an annual basis through online "[REDACTED]" trainings. Administrator will continue to oversee staff completion of these trainings.*

*Resident #1's support plan has been updated to specifically note the need to reapproach the resident during periods of increased irritability, agitation, and aggression. See attached RASP.*

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

***Implemented (JH - 04/17/2023)***