

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

October 11, 2023

[REDACTED]
HEATHERWOOD RETIREMENT INVESTORS LLC
[REDACTED]

RE: HEATHERWOOD RETIREMENT
COMMUNITY
3180 HORSESHOE PIKE
HONEY BROOK, PA, 19344
LICENSE/COC#: 10455

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/24/2023 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: HEATHERWOOD RETIREMENT COMMUNITY License #: 10455 License Expiration: 06/03/2024
Address: 3180 HORSESHOE PIKE, HONEY BROOK, PA 19344
County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: HEATHERWOOD RETIREMENT INVESTORS LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/31/1984 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/24/2023

Inspection Dates and Department Representative

07/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 50	Residents Served: 29		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 27		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

07/24/2023 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2023

08/28/2023 - POC Submission
Submitted By: [REDACTED] Date Submitted: 10/11/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/02/2023

Inspections / Reviews *(continued)*

09/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/30/2023

10/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

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

Description of Violation

The home's written emergency procedures have not been submitted to the emergency management agency since 5/4/22. No changes have been made to the policy.

Plan of Correction

Accept (█) - 09/14/2023)

Executive Director mailed homes Emergency Preparedness Plan to Chester County office of Emergency Management on 8/24/23.

Executive Director to ensure plan was received sent plan directly to Deputy Director of Emergency Management on 9/12/2023. (see attachment).

Executive Director will be responsible for making sure plan is reviewed on a monthly basis.

Executive Director will also add the Emergency Preparedness to our quarterly Quality management meeting and plan.

Licensee's Proposed Overall Completion Date: 09/13/2023

Implemented (█) - 10/11/2023)

132c - Fire Drill Records

2. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 6/11/22 to 6/12/23 does not include the alternating exit routes used to evacuate in the fire drills.

Plan of Correction

Accept (█) - 09/14/2023)

Executive Director along with Director of Maintenance will review each month's fire drills starting on 8/29/2023 to make sure all documentation is accurate.

Executive Director discussed violation with Homes Fire Inspector and correct information will be written on each monthly drill. See attached.

Executive Director along with Director of Maintenance will review all monthly drills each month to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/13/2023

Implemented (█) - 10/11/2023)

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record (continued)

13. Date and time of medication administration.

Description of Violation

Resident #1 is prescribed Tramadol 50 mg every 4 hours as needed. This medication was administered on 7/9/23 at 9:20 A.M. and 7/23/23 at 9:00 A.M. by Staff Member A; however, it is not included on Resident #1's medication administration record.

Plan of Correction

Accept ([redacted]) - 09/14/2023)

All Staff were trained by Resident Care Director on 9-7-2023 on medication administration and proper documentation. See Attached.

Resident Care Director will review Medication Records weekly to make sure all medication for each resident is properly documented.

Resident Care Director will perform 1:1 unannounced medication passes for all medication associates to see how they are giving and documenting. This will occur weekly for two months.

Staff Person A will be included in these 1:1 observations.

Licensee's Proposed Overall Completion Date: 09/13/2023

Implemented ([redacted]) - 10/11/2023)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Tramadol 50 mg every 4 hours as needed. Resident #1 's medication administration record does not include the initials of Staff Member A who administered Tramadol 50 mg on 7/9/23 at 9:20 A.M. and 7/23/23 at 9:00 A.M..

Plan of Correction

Accept ([redacted]) - 09/14/2023)

All Staff were trained by Resident Care Director on 9-7-2023 on medication administration and proper documentation.

Resident Care Director will review Medication Records weekly to make sure all medication for each resident is properly documented.

Resident Care Director will perform 1:1 unannounced medication passes for all medication associates to see how they are giving and documenting. This will occur weekly for two months.

Staff Person A will be included in these 1:1 observations.

Licensee's Proposed Overall Completion Date: 09/13/2023

Implemented ([redacted]) - 10/11/2023)