

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

December 1, 2023

[REDACTED], ADMINISTRATOR
HEARTLAND RETIREMENT PERSONAL CARE HOME INC
[REDACTED]

RE: HEARTLAND RETIREMENT
PERSONAL CARE HOME
46 ELEMENTARY LANE, BOX 210
WOOLRICH, PA, 17779
LICENSE/COC#: 22712

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2023 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: HEARTLAND RETIREMENT PERSONAL CARE HOME License #: 22712 License Expiration: 07/13/2024
 Address: 46 ELEMENTARY LANE, BOX 210, WOOLRICH, PA 17779
 County: CLINTON Region: NORTHEAST

Administrator

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

Legal Entity

Name: HEARTLAND RETIREMENT PERSONAL CARE HOME INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/04/2003 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 08/15/2023

Inspection Dates and Department Representative

08/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 48 Residents Served: 14
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 14
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

08/15/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/17/2023

10/19/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/30/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/24/2023

Inspections / Reviews *(continued)*

10/23/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/30/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/27/2023

12/01/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 10/30/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not change and date the batteries in the homes CO2 monitor on an annual basis. The Homes carbon monoxide detector located in the front room by the fireplace was dated 6/22. The Pennsylvania care facility carbon monoxide alarm standard act indicated that carbon monoxide detector batteries are to be checked annually and dated when that occurs.

Plan of Correction

Accept [redacted] - 10/23/2023)

The Administrator failed to check the batteries in the carbon monoxide detectors. The batteries were checked the date the state was in on 8/15/2023. Date was documented on 8/15/2023. Administrator will do a check on the expiration of batteries making sure they are not expired. Every 3 months Administrator will log that documents to confirm that batteries are in good condition and properly dated.

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 11/16/2023)

25a - Written Contract and Review

2. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The resident home contract for resident #1 admitted on [redacted] could not be found in the home.

Plan of Correction

Accept [redacted] - 10/23/2023)

The administrator misplaced the contract of a resident. On 10/19/23 Administrator contacted the Poa/family member to have them sign the contract. Administrator will do a monthly check on all resident's files to ensure all required documents are in the resident's file. Administrator will have a log that documents the checks of the residents' files are being checked.

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 11/16/2023)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident home contract dated [redacted] for resident #2, admitted on [redacted], was not signed by the resident.

Plan of Correction

Accept [redacted] - 10/23/2023)

Administrator failed to confirm all signatures were signed on the home agreement. If resident refused to sign the

25b Contract Signatures (continued)

agreement, the administrator will place refuse to sign. Administrator will confirm that all signatures are signed. 10/20/2023 Administrator will contact court appointed POA to send letter stating they are not able to make decision on their own. Administrator will do monthly checks on resident's files to make sure all documents are signed.

Licensee's Proposed Overall Completion Date:

Implemented () - 11/16/2023)

56 - Admin 20 Hours/Week

4. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

Staff A is not completing 20 Administrator hours per week. During the week of July 31 though August 5, 2023, 12 administrator hours were completed.

Plan of Correction

Accept () - 10/23/2023)

Staff A is responsible for making sure 20 hours of administrative hours are being worked. Staff A wasn't getting total 20 hours in due to working floor. Staff A is now working on days off so 20 hours are being completed in administration. Staff A is and still continuing trying to find workers to work so she may back off floor hours to fulfill her obligations on her Administration hours. In future Administrator will continue to come in days off so gets all hours required by state.

Licensee's Proposed Overall Completion Date:

Implemented () - 11/16/2023)

64c - Annual Training

5. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 7.75 hours of Department approved training in training year 2022.

Plan of Correction

Accept () - 10/23/2023)

Administrator did not have 24 hours of annual training and is responsible for doing so. Administrator will make up the hours failed to get in the 2022 year. Administrator will have done the extra hours in a timely manner. Administrator will complete by the end of the year. Administrator will work on the computer if allowed to get all the 24 hours needed annually.

Licensee's Proposed Overall Completion Date:

Implemented () - 12/01/2023)

95 - Furniture and Equipment

6. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

PTAC unit in room 11 was damaged while the grass was being mowed a month prior to the onsite inspection. The cover to the unit was left with a large gap that was in need of repair.

Plan of Correction

Accept (████ - 10/23/2023)

Administrator is responsible for fixing the heating vent on the outside or room 11 heating vent. Administrator removed the damaged heating vent and replaced it with another heating vent on 10/7/2023. In the event this would happen again the administrator would cover unit with metal material that is able to be vented until heating vent is replaced.

Licensee's Proposed Overall Completion Date:

Implemented (████ - 11/16/2023)

107c - Food/Water 3 Day Supply

7. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On ██████, the home served 14 residents, requiring 42 gallons of emergency drinking water, 1 gallon, per resident, per day for 3 days. However, the home had only 13 gallons. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept (████ - 10/23/2023)

The administrator had failed to have the required water supply. Administrator has put 3 one-gallon bottles of water in each room per resident on 10/17/2023. Administrator will make sure all rooms with residents have the proper water supply. Administrator will check every time a new resident comes in to confirm there is enough water for all residents.

Licensee's Proposed Overall Completion Date:

Implemented (████ - 11/16/2023)

123a - Exit Doors

8. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The emergency exit located next to room 206 would not open without excessive force, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept (████ - 10/23/2023)

The emergency exit located next to room 206 was difficult to push. Administrator had Lubrication added to the door so it would open without excessive force on 10/17/2023. Administrator/Staff will do walk throughs to confirm that all doors open with easy force.

123a - Exit Doors (continued)

Within 2 days of receipt of this directed plan of correction:

The administrator shall monitor all exit doors and ensure --Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

The administrator shall monitor all exits bi-weekly for 2 months.

Documentation of monitoring exit doors, issues encountered and how the issues was resolved shall be maintained by the home and available to the department upon request.

Licensee's Proposed Overall Completion Date:

Implemented () - 11/16/2023)

162e - Menu Changes

9. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

A change to the menu had not been made indicating that on 8/15/23 for breakfast pancakes and bacon would be served instead of cereal and milk, toast, and juice. Also, on 8/15/23 for lunch a menu change was not posted indicating that pizza and salad would be served instead of KFC Famous bowl mashed potatoes, chicken chunks, gravy, and corn.

Plan of Correction

Accept () - 10/23/2023)

Administrator changed the breakfast and lunch menu on 8/15/2023 without letting residents knowing. The administrator/residents will not change the menu unless residents are notified within 24 hours' notice. If home does not have ingredients staff/administrator will go to the store to get the ingredients so they are able to make the menu. Administrator will make sure all ingredients are available on a weekly basis.

Licensee's Proposed Overall Completion Date:

Implemented () - 11/16/2023)

191 - Resident Right to Refuse

10. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation resident #1 was educated on the right to question or refuse medication.

Plan of Correction

Accept () - 10/23/2023)

Administrator misplaced the contract that contains the right to question or refuse medication. Administrator will confirm that the right to question or refuse medication is in the contract/file. Administrator will do monthly check to ensure all required documents are in resident's files.

Licensee's Proposed Overall Completion Date:

Implemented () - 11/16/2023)

221a - Program Activities

11. Requirements

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

A calendar of activities was posted in the home. Through resident interviews it was determined that activities are not being conducted in the home.

Plan of Correction

Accept [redacted] - 10/23/2023)

Administrator is responsible for making sure activities Calander is posted on a monthly basis.

Caregivers/Administrator will make sure residents are offered verbally activities along with Calander. Administrator will keep a log of who is offered and who participates and who refuses to participate. 10/20/2023 will be when activity log goes into effect.

Licensee's Proposed Overall Completion Date:

Implemented ([redacted] - 11/16/2023)