

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

October 20, 2023

[REDACTED]
HERITAGE HILLS RETIREMENT COMMUNITY INC
[REDACTED]
[REDACTED]

RE: HERITAGE HILLS RETIREMENT
COMMUNITY
2256 SHANKS CHURCH ROAD
GREENCASTLE, PA, 17225
LICENSE/COC#: 30169

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2023, 09/14/2023 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: HERITAGE HILLS RETIREMENT COMMUNITY License #: 30169 License Expiration: 06/20/2024
 Address: 2256 SHANKS CHURCH ROAD, GREENCASTLE, PA 17225
 County: FRANKLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: HERITAGE HILLS RETIREMENT COMMUNITY INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 12/16/2022 Issued By: Building Code Official Accredited Services

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/14/2023

Inspection Dates and Department Representative

09/13/2023 - On-Site: [REDACTED]
 09/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 86 Residents Served: 44
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 0
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/13/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/29/2023

Inspections / Reviews *(continued)*

10/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/16/2023

10/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/20/2023

10/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

44g - Telephone Number

1. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 10/06/2023)

1. The Executive Director printed the poster off from the DHS website on 9/14/2023.
2. The Executive Director completed the poster with the appropriate phone numbers on 9/14/2023
3. The Executive Director place the poster on the wall outside the nurses station on the first floor on 9/14/2023
4. The Executive Director will ensure poster is posted during a monthly facility walk through.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented [REDACTED] - 10/20/2023)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff member A, hired on [REDACTED]/23 does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] - 10/13/2023)

1. The Executive Director reached out to the staff person requesting that [REDACTED] bring in either a copy of [REDACTED] diploma or transcripts on September 14, 2023.
2. The Staff Person retrieved [REDACTED] transcripts from [REDACTED] high school and provided a copy to the Executive Director on September 26, 2023. The copy was placed in [REDACTED] employee file.
3. The Office Manager will ask all new hired Direct Care Staff to bring proof of graduating either through a copy of a diploma or high school transcripts.
4. Effective September 15, 2023, The Administrator will review all new Direct Care Staffs employee file and complete a checklist to ensure the staff provides proof of High School graduation and all other information required upon hire.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [REDACTED] - 10/20/2023)

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

A roll of unlabeled, undated dough was observed in the refrigerator and an unlabeled, undated zip lock bag of biscuits was observed in the freezer.

Plan of Correction

Accept [REDACTED] - 10/13/2023)

1. The regulation requiring all leftover food to be dated and sealed was reviewed with the Dietary Department.

The Executive Director put out a memo for all dietary staff on 9/15/2023

2. A checklist will be kept in the kitchen for staff to mark daily that all leftover food put away is sealed and dated.

The checklist was started on 9/15/2023 and put on the refrigerator door.

3. Starting October 15th, the Executive Director will do unannounced spot checks twice a month to ensure all food is dated and sealed.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [REDACTED] - 10/20/2023)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #5's most recent medical evaluation was completed on [REDACTED]/23. The resident's previous medical evaluation was completed on [REDACTED]/22.

Plan of Correction

Accept [REDACTED] 10/13/2023)

1. The Administrator will enter the due date for each resident's annual DME into the Electronic Records by September 27, 2023..

2. Starting October 15th 2023, each month the Administrator will run a report for upcoming DMEs due for the following month.

3. The report will be given to both the Administrator and the Floor nurse to ensure the resident has an appt schedule with their PCP to have the DME completed.

3. If the resident sees the PCP that comes to Heritage, the Nurse will schedule those appt. within the needed time frame.

4. If the resident sees a PCP outside of Heritage, the Nurse will notify the family to schedule the appt for the DME to be completed within the needed timeframe.

5. On October 3rd a Memo from the Executive Director will be sent to both the Administrator and the Floor nurse to review the procedures to ensure all DMEs are completed in the required timeframe.

Licensee's Proposed Overall Completion Date: 10/16/2023

141b1 - Annual Medical Evaluation (continued)

Implemented [redacted] - 10/20/2023)

224a - Preadmission Screen Form

5. 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 #2 was admitted to the home on [redacted] 23; however, the resident's preadmission screening form was completed on [redacted] /23.

Plan of Correction

Accept ([redacted] 10/13/2023)

1. On the day prior to an Admission of each new resident, the Administrator will review the date on the Preadmission screening to ensure it was completed 30 days or less.
2. If the Preadmission screening was completed more than 30 days prior to the admission date, a new Preadmission screening will be completed by the Administrator.
3. If there has been no Preadmission screening completed, it will be completed on the day prior to Admission.
4. Starting October 15th, 2023, the Executive Director will audit all new admission paperwork during the previous month to ensure the Preadmission screenings were completed in the appropriate time.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [redacted] - 10/20/2023)

227h - Support Plan Refuse Sign

6. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan for Residents #3 and #4 lacked resident signatures. The home did not document a notation regarding the resident's inability or refusal to sign.

Plan of Correction

Accept ([redacted] - 10/13/2023)

1. The Administrator had the residents sign the RASPs that were not signed the day of inspection.
2. Once a RASP is completed the Administrator will review with the resident within 24 hours. If the resident refuses or is unable to sign, the Administrator will document on the RASP that the resident refused or was unable to sign.
3. Starting October 15th, The Administrator will review resident records monthly. The files that will be reviewed will be the ones that had DMEs and RASPs due the month prior.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [redacted] - 10/20/2023)