

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

November 13, 2023

[REDACTED], EXECUTIVE DIRECTOR
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 10/18/2023 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]
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE HERITAGE OF GREEN HILLS CARE CENTER License #: 23113 License Expiration: 08/18/2024
 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: [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: 83 Waking Staff: 62

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/18/2023

Inspection Dates and Department Representative

10/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 90 Residents Served: 58
 Secured Dementia Care Unit
 In Home: Yes Area: back Capacity: 23 Residents Served: 15
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 58
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 25 Have Physical Disability: 1

Inspections / Reviews

10/18/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/10/2023

11/09/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/09/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/15/2023

Inspections / Reviews *(continued)*

11/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. 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 contracts for Resident #1 dated [REDACTED], Resident #2 dated [REDACTED], and for Resident #3 dated [REDACTED] were not signed by the residents. There was no documentation that the residents were unable to sign the resident home contracts.

Plan of Correction

Accept [REDACTED] - 11/09/2023)

#1 and #3 are unable to sign the resident home contract, that notification has been updated on the contract. Resident #2 has signed the contract, please see the attached updated contract signature pages. An audit has been completed of all contracts to ensure resident signatures have been documented. A read-and-sign was provided to the sales and marketing team and the administrative assistant to ensure that they understand what is required during the contract-signing process. The sales and marketing team is responsible for obtaining and executing the contract correctly. The administrative assistant will be responsible for auditing the contracts to ensure compliance going forward any contracts and objection statements not executed properly will be returned to sales staff for immediate correction.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented [REDACTED] - 11/13/2023)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A, date of hire [REDACTED] only completed 6.5 hours of annual training in training year 2022.

Direct care staff person B, date of hire [REDACTED] did not complete any of the required training for training year 2022.

Plan of Correction

Accept [REDACTED] - 11/09/2023)

Training was provided to staff persons A and B to get them up-to-date on all training they missed in 2022. Please see attached training documents for staff person A and B.

At an in-person training provided on 10/24/23, reviewed the regulations 2600.65 and 2600.236 regarding staff training and the requirements for both personal care and secured dementia unit staff and the importance of making sure that each staff member completes the monthly trainings. Attached are the sign-in sheets for the staff training from 10/24/23. The administrative assistant is the keeper of all training. She will notify the administrator if someone has not completed the required training so that the administrator can follow up with individuals to complete the training.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented [REDACTED] - 11/13/2023)

65f - Training Topics

3. Requirements

65f Training Topics (continued)

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A, date of hire [REDACTED], did not complete training in medication self-administration, infection control/cleanliness/immobility concerns, personal care needs of the resident, or safe management techniques for training year 2022. Direct care staff person B, date of hire [REDACTED] did not complete any of the required training for training year 2022.

Plan of Correction

Accept ([REDACTED] - 11/09/2023)

Training was provided to staff persons A and B to get them up-to-date on all training they missed in 2022. Please see attached training documents for staff person A and B.

At an in-person training provided on 10/24/23, reviewed the regulations 2600.65 and 2600.236 regarding staff training and the requirements for both personal care and secured dementia unit staff and the importance of making sure that each staff member completes the monthly trainings. Attached are the sign-in sheets for the staff training from 10/24/23. The administrative assistant is the keeper of all training. She will notify the administrator if someone has not completed the required training so that the administrator can follow up with individuals to complete the training.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented ([REDACTED] - 11/13/2023)

65g Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A, hire on [REDACTED], and staff person B, hired [REDACTED], did not receive training in emergency preparedness procedures, resident rights, Older Adult Protective Services Act, Falls and Accident Prevention and new population groups during training year 2022.

Plan of Correction

Accept ([REDACTED] - 11/09/2023)

Training was provided to staff persons A and B to get them up-to-date on all training they missed in 2022. Please see attached training documents for staff person A and B.

At an in-person training provided on 10/24/23, reviewed the regulations 2600.65 and 2600.236 regarding staff training and the requirements for both personal care and secured dementia unit staff and the importance of making sure that each staff member completes the monthly trainings. Attached are the sign-in sheets for the staff training from 10/24/23. The administrative assistant is the keeper of all training. She will notify the administrator if someone has not completed the required training so that the administrator can follow up with individuals to complete the training.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented ([REDACTED] - 11/13/2023)

81b Resident Personal Equipment

5. Requirements

81b Resident Personal Equipment (continued)

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bedside mobility devices located in rooms 141, 148, 149, 240, 346, 323 and 340 were not firmly secured to the bed posing a potential hazard to the residents.

Plan of Correction

Accept () - 11/09/2023

The devices found in rooms 141, 148, 149, 240, 346, 323, and 340 were removed if not able to be securely installed per the manufacturer's instructions. Maintenance will be required to install mobility devices, mobility devices must be installed per the manufacturer's instructions. If they are not stable after being installed properly the family will be required to purchase another device that can be installed securely. A read-and-sign to train the new policy was provided to all staff involved in determining if a resident can safely use the device.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented () - 11/13/2023

124 Notice to Fire Department

6. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The letter to the fire department, dated 7/27/23, indicated that the homes capacity is 87. However, the homes capacity is 90.

Plan of Correction

Accept () - 11/09/2023

The administrator emailed the Fire Chief on 10/27/23 a corrected letter to indicate that the home's capacity is 90. The letter will be reviewed yearly or with a significant change to the building to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented () - 11/13/2023

132g Fire Drills Days/Times

7. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

A review of the home's fire drill log from 2/23/23 to 9/28/23 indicates that the fire drills are being routinely conducted between the 23th and 28st of the month.

Plan of Correction

Accept () - 11/09/2023

The Director of Maintenance has provided a fire drill schedule for the next year to ensure that fire drills are done at different times of the month to ensure compliance with the regulations. Maintenance staff have also been provided a read-and-sign training to ensure that they know the regulations on fire drills. The administrator will track fire

132g Fire Drills Days/Times (continued)

drills to ensure that they are meeting the requirements for timing of the fire drills.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented (████) - 11/13/2023)

183f - Discontinued Medications**8. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident # 5 is prescribed (████) on a sliding scale three times daily. The medication pen was not dated when it was open, therefore it could not be measured when it would expire. It was considered an expired medication.

Plan of Correction

Accept (████) - 11/09/2023)

All insulin medication pens must be labeled when they are opened with the date they were opened. Med Techs must ensure that they are labeling insulin pens each and every time they open a new one for a resident. Any insulin pen that is not labeled will be considered an expired medication and discarded immediately. The insulin pen in question was discarded 10/18/23, after being found during the inspection to not be labeled. To ensure continued compliance with the labeling of insulin pens, the night shift Med Techs will check the open insulin pens for labels when they do their weekly audits of the glucometers. If they find an unlabeled pen, they will discard it immediately and notify the Director of Nursing and the Administrator. A read and sign training has been provided to all Med Techs to ensure that they understand what is required.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented (████) - 11/13/2023)

225a - Assessment 15 Days**9. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 was admitted to the home on (████). The Resident Assessment Support Plan notes the Assessment was completed on (████), greater than 15 days from the date the resident was admitted to the home.

Plan of Correction

Accept (████) - 11/09/2023)

The Director of Nursing and the Administrator have reviewed all RASPs to ensure they have been dated correctly. This was a typo as all other RASPs were correct. Going forward, when a RASP is completed by either the DON or Administrator the other will check the RASP for accuracy and correct dating. A read and sign training was provided to the DON and the Administrator to ensure they understand the requirements for RASPs.

Licensee's Proposed Overall Completion Date: 11/07/2023

225a - Assessment 15 Days (continued)

Implemented (█ - 11/13/2023)

227d - Support Plan Medical/Dental

10. 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

Residents #2, #3, #4 and #5 all use bedside mobility devices. The most recent Resident Assessment support plans for the residents, dated █ respectively, do not include the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█ - 11/09/2023)

The Director of Nursing and Administrator will keep a list of residents that have mobility devices. All resident RASPs have been updated to include the following information: the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines. Going forward, when therapy determines that a bedside mobility device is needed and the resident is safe to use it, the Director of Nursing or Administrator will add that person to the mobility device list, discuss with the family which devices are recommended, and update the RASP as noted above. A read-and-sign training was provided to the DON and the Administrator to ensure they understand the requirements for RASPs.

Licensee's Proposed Overall Completion Date:

Implemented (█ - 11/13/2023)

231e - No Objection Statement

11. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

The consent form to reside in a secure Memory Care Unit for resident #1 is not signed by the resident. There is no documentation in the resident record to indicate that the resident did not object to the admission to the secured unit.

Repeat Violation 11/8/22

Plan of Correction

Accept (█ - 11/09/2023)

Resident #1 is unable to sign the no-objection statement, that notification had been updated on the no-objection statement. Please see the attached updated no-objection statement. An audit has been completed of all secured dementia unit residents' documents to ensure resident signatures have been documented on the no-objection

231e - No Objection Statement (continued)

statements. A read-and-sign was provided to the sales and marketing team and the administrative assistant to ensure that they understand what is required during the contract-signing process. The sales and marketing team is responsible for obtaining and executing the contract and other admissions paperwork correctly. The administrative assistant will be responsible for auditing the contracts to ensure compliance going forward any contracts and objection statements not executed properly will be returned to sales staff for immediate correction.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented (█) - 11/13/2023

234b - Support Plan Needs Elements**12. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #1 uses a bedside mobility device. The Resident Assessment Support Plan dated █ for does not include the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█) - 11/09/2023

The Director of Nursing and Administrator will keep a list of residents that have mobility devices. All resident RASPs have been updated to include the following information: the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines. Going forward, when therapy determines that a bedside mobility device is needed and the resident is safe to use it, the Director of Nursing or Administrator will add that person to the mobility device list, discuss with the family which devices are recommended, and update the RASP as noted above. A read-and-sign training was provided to the DON and the Administrator to ensure they understand the requirements for RASPs.

Licensee's Proposed Overall Completion Date:

Implemented (█) - 11/13/2023

236 - Staff Training**13. Requirements**

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Staff A did not complete 6 hours of dementia training for training year 2022.

Plan of Correction

Accept (█) - 11/09/2023

Training was provided to staff persons A and B to get them up-to-date on all training they missed in 2022. Please see attached training documents for staff person A and B.

At an in-person training provided on 10/24/23, reviewed the regulations 2600.65 and 2600.236 regarding staff

236 Staff Training (continued)

training and the requirements for both personal care and secured dementia unit staff and the importance of making sure that each staff member completes the monthly trainings. Attached are the sign in sheets for the staff training from 10/24/23. The administrative assistant is the keeper of all training. She will notify the administrator if someone has not completed the required training so that the administrator can follow up with individuals to complete the training.

Licensee's Proposed Overall Completion Date: 11/07/2023

Implemented (█ - 11/13/2023)