

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

February 7, 2024

[REDACTED]  
Heritage Grove at Indiana, LLC  
[REDACTED]

RE: Heritage Grove at Indiana  
1703 Warren Rd  
Indiana, PA, 1571  
LICENSE/COC#: 455160

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2023 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: *Heritage Grove at Indiana* License #: *455160* License Expiration: *12/04/2023*  
 Address: *1703 Warren Rd, Indiana, PA 1571*  
 County: *INDIANA* Region: *WESTERN*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *Heritage Grove at Indiana, LLC*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/17/1993* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:  
 Reason: *Change Legal Entity* Exit Conference Date: *01/17/2024*

**Inspection Dates and Department Representative**

11/30/2023 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: Residents Served: *33*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *Lower Level/Memory* Capacity: *16* Residents Served: *10*  
 Hospice  
 Current Residents: *8*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*  
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *14* Have Physical Disability: *0*

**Inspections / Reviews**

11/30/2023 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/28/2024*

01/31/2024 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *02/05/2024*  
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *02/10/2024*

Inspections / Reviews *(continued)*

02/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

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

Resident [redacted] has a bedrail on the bed that measures 19 1/2 inches by 6 inches and has an uncovered opening measuring 18 inches by 6 inches, posing a potential entrapment hazard.

Plan of Correction

Accept [redacted] 01/31/2024)

Upon becoming aware of the bedrail, the resident care coordinator obtained an order for the bedrail to be used for resident [redacted] (see attached). A new administrator was hired by the company's CEO on [redacted] and gained access to SansWrite on [redacted]. The railing was covered, preventing the potential entrapment hazard on [redacted] by the resident care coordinator after discussion with the administrator (see attached photo). The administrator or designee will monitor all occupied resident rooms to ensure any mobility devices in use have orders and are in compliance with regulations. The schedule for monitoring will be as follows: Beginning [redacted] rooms to be checked 5 days per week for one month, then 3 days per week for one month, then two days per week for one month, ongoing room checks will be routine and monthly. Documentation will kept. Administrator will conduct a staff meeting to educate all staff on regulation 2600.81.b Tentative date for staff meeting is [redacted] @ [redacted]. Documentation of education and attendance will be kept.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 02/07/2024)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident [redacted] medical evaluation, dated [redacted], did not include an order for the use of the bedrail which is currently on the resident's bed.

Plan of Correction

Accept [redacted] 01/31/2024)

Upon becoming aware of the bedrail, the resident care coordinator attempted to obtain an order for the bedrail to be used for resident [redacted] (see attached). A new administrator was hired by the company's CEO on [redacted] and gained access to SansWrite on [redacted]. Resident [redacted] was seen, at the facility, by medical provider on [redacted], awaiting completion of updated DME, proof will be attached when document is complete. Resident care coordinator will be

141a 1-10 Medical Evaluation Information (continued)

educated on regulation 2600.141.a by [REDACTED]. Documentation will be kept. All staff will be educated on regulation 2600.141.a at the tentatively scheduled staff meeting on [REDACTED] at [REDACTED]. documentation of education and attendance will be kept. Administrator or designee will conduct a house wide audit of DME's ensuring that no other resident DME's need updating. Audit completion date will be [REDACTED]. Documentation will be kept. Resident care coordinator or designee will review DMEs prior to appointments moving forward to ensure any changes are reflected. A normalized routine review schedule will be created by the Administrator to routinely review DMEs, RASPs, and orders for each resident. Documentation of monthly reviews will be kept.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [REDACTED] - 02/07/2024)

144c2 - Smoking Area Distance

3. Requirements

2600.

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
  - 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated staff smoking area is across the alley from the home. However, staff are smoking directly outside of the emergency exit #4 where there are two chairs set up with an ashtray.

Plan of Correction

Accept [REDACTED] - 01/31/2024)

The facility's CEO immediately moved the chairs and the ashtray away from the exit doors. The CEO has changed the designated smoking area to a new location on the other side of the walkway, far from any exit doors, and far from any resident areas (see attached). The facility's maintenance department has posted no smoking signs near the exit door (see attached). The CEO has updated Hertiage Grove's employee handbook to reflect the smoking policy (see attached, section 6.10). The administrator will educate all employees of the policy and the smoking location at the staff meeting tentatively scheduled for [REDACTED] at [REDACTED]. Documentation of education and attendance will be kept. Rounds will be done by maintenance department or designee 5 days per week, beginning [REDACTED] for one month to make sure smoking chairs and ashtrays remain in designated area. After one month, rounds will be done twice per week, for one month, and then once per week for one month, and then monthly for one week. Documentation of rounds will be kept.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [REDACTED] - 02/07/2024)

181c - Self-administration Assessment

4. Requirements

2600.

- 181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

## 181c - Self-administration Assessment (continued)

**Description of Violation**

The over the counter (OTC) medication, [REDACTED] was sitting on the nightstand in the shared bedroom of resident [REDACTED] and [REDACTED]. However, these residents have not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

**Plan of Correction**

Accept [REDACTED] - 01/31/2024)

Resident care coordinator removed the [REDACTED] from the residents' room on [REDACTED]. Resident [REDACTED] has prescription [REDACTED] ordered for pain relief. Resident care coordinator and lead med techs then conducted a house wide search, with resident permission, for OTC medications in all resident rooms. This was completed by [REDACTED]. Administrator will draft a letter by [REDACTED], to all residents and families explaining that the facility must be aware of all OTC medications brought into the building and we must have orders for them. All staff members will be educated on regulation 2600.181.c at the next staff meeting tentatively planned for [REDACTED] at [REDACTED]. Documentation of education and attendance will be kept. Resident rooms are deep cleaned once per week, housekeeping or designee will alert administrator or resident care coordinator if any medications are found in resident rooms.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [REDACTED] - 02/07/2024)

## 227d - Support Plan Medical/Dental

**5. 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**

Resident [REDACTED] support plan, dated [REDACTED], does not document how the home will meet the resident's need of the use of a bedrail and the safety risks and precautions involved.

**Plan of Correction**

Accept [REDACTED] - 01/31/2024)

Upon becoming aware of the bedrail being used the resident care coordinator hand wrote an additional note to the support plan per the instruction of the prior administrator. Resident [REDACTED] was seen on [REDACTED] by a medical provider in the facility. Resident care coordinator currently waiting on updated DME to be returned and signed. Updated RASP will have mobility needs including the bed rail on it. Expected completion date for new RASP [REDACTED]. All staff will be educated on regulation 2600.227.d at the next staff meeting tentatively planned for [REDACTED] at [REDACTED]. Documentation of education and attendance will be kept. Administrator or designee will conduct a house wide audit of RASP's ensuring that no other resident RASP's need updating. Audit completion date will be [REDACTED]. Documentation will be kept. Resident care coordinator or designee will review RASPs prior to appointments moving forward to ensure any changes are reflected. A normalized routine review schedule will be created by the Administrator to routinely review DMEs, RASPs, and orders for each resident. Documentation of monthly reviews will be kept.

Licensee's Proposed Overall Completion Date: 01/31/2024

227d - Support Plan Medical/Dental (continued)

Implemented [redacted] - 02/07/2024)

233d - Electronic/Magnetic System

6. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The gate on the fence enclosing the secured dementia care unit (SDCU) courtyard has a slide lock only and does not have an electronic or magnetic locking system. This gate leads to the unsecured grounds of the home.

Plan of Correction

Accept [redacted] - 01/31/2024)

The gate in question is not an exit door, nor is the courtyard an exit area. The gate has been bolted closed (see attached before and after photos). This gate no longer opens. The CEO and other ownership discussed this solution with [redacted] at DHS on [redacted] this correction was approved. All staff will be made aware of this change and the regulation that prompted this change at the staff meeting tentatively scheduled for [redacted] at [redacted]. Documentation of education and attendance will be kept. (see before and after photos of bolted gate attached).

Proposed Overall Completion Date: 01/31/2024

By 2/10/24: The administrator or designee shall ensure that any hardware that makes this gate appear to be an exit from the inside is permanently removed.

By 2/10/24: The administrator or designee shall check all doors that open from the SDCU onto areas such as parking lots, or other potentially unsafe areas to ensure they are locked by an electronic or magnetic system.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 02/07/2024)