

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

February 21, 2024

[REDACTED]
HEATHER GLEN SENIOR LIVING LLC
[REDACTED]
[REDACTED]

RE: HEATHER GLEN SENIOR LIVING
415 BLUE BARN ROAD
ALLENTOWN, PA, 18104
LICENSE/COC#: 22682

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/20/2023, 12/22/2023, 01/05/2024 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: HEATHER GLEN SENIOR LIVING License #: 22682 License Expiration: 01/29/2023
 Address: 415 BLUE BARN ROAD, ALLENTOWN, PA 18104
 County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: HEATHER GLEN SENIOR LIVING LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 130 Waking Staff: 98

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/05/2024

Inspection Dates and Department Representative

12/20/2023 - On-Site: [REDACTED]
 12/22/2023 - Off-Site: [REDACTED]
 01/05/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 92

Secured Dementia Care Unit
 In Home: Yes Area: 48 Capacity: n/a Residents Served: 36

Hospice
 Current Residents: 9

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 92
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 38 Have Physical Disability: 0

Inspections / Reviews

12/20/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/08/2024

02/14/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/16/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/16/2024

Inspections / Reviews (*continued*)

02/21/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] was admitted to the home's secured dementia care unit on [REDACTED]. Per the resident's assessment and support plan (RASP) dated [REDACTED] and staff interviews, Resident [REDACTED] did not require physical assistance with daily care needs. Per Resident [REDACTED] RASP, the resident required supervision in the home and cannot leave the home attended, with staff monitoring the resident regularly throughout the day to ensure the resident's safety. Per staff interviews, staff are instructed to perform safety checks on resident's every 2 hours.

On [REDACTED] at approximately [REDACTED], Staff Person A and Staff Person B discovered that Resident [REDACTED] was missing from the SDCU. A subsequent search of the home conducted by staff and police revealed that Resident [REDACTED] could not be located in the home and a search of the surrounding area was initiated.

Upon interview, Staff Person C stated they witnessed Resident [REDACTED] go into their bedroom at approximately [REDACTED] on [REDACTED] and also stated they saw Resident [REDACTED] laying in bed when they performed a safety check at approximately [REDACTED] that night. Staff Person D stated that they witnessed a [REDACTED] they believed to be Resident [REDACTED] in [REDACTED] bedroom at approximately [REDACTED] on [REDACTED] while completing safety checks. Staff Person E stated they saw Resident [REDACTED] in [REDACTED] bedroom and spoke to the resident at approximately [REDACTED] on [REDACTED]

Verification was received from hotel staff that Resident [REDACTED] had checked into a hotel, which is approximately 3 miles away from the facility, at [REDACTED] on [REDACTED]. Verification included receipt of a security deposit upon check-in, as well as times that Resident [REDACTED] used [REDACTED] keycard to access the hotel room at [REDACTED] and [REDACTED] on [REDACTED]

Resident [REDACTED] was found on [REDACTED] at [REDACTED] in the hotel parking lot. Resident [REDACTED] was unharmed but taken to the hospital for evaluation.

Due to the aforementioned verification that Resident [REDACTED] had eloped from the home's secured dementia care unit and checked into a nearby hotel on [REDACTED] into [REDACTED], the home's staff were not completing 2 hour checks on the resident to ensure the resident's safety.

Plan of Correction

Accept [REDACTED] - 02/08/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on [REDACTED] by the Maintenance Director to add additional security features on all of the windows in the Secured Dementia Unit.
2. on [REDACTED] by the Administrator to conduct interviews and collect statements from staff members A, B, C, D and E.

To enhance the currently compliant operations, on [REDACTED] the Administrator and Director of Wellness will conduct a training for care staff on Meeting Resident's Needs- RASP, Elopement Procedures and Resident's Rights, with a completion date of [REDACTED]

23a - Activities of Daily Living Assistance (continued)

Effective 02/05/2024 the Memory Care Director will perform weekly audits through 03/04/2024 to maintain ongoing compliance with documented wellness checks of the Secured Dementia Unit residents. This will ensure each resident is provided with assistance of ADLs as indicated in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented [REDACTED] - 02/21/2024)