

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

February 20, 2024

[REDACTED]
DRI/HEARTIS BUCKS COUNTY LLC
[REDACTED]
[REDACTED]

RE: HEARTIS BUCKS COUNTY
945 YORK ROAD
WARMINSTER, PA, 18974
LICENSE/COC#: 14855

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/27/2023 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: HEARTIS BUCKS COUNTY License #: 14855 License Expiration: 02/02/2024
Address: 945 YORK ROAD, WARMINSTER, PA 18974
County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

Name: DRI/HEARTIS BUCKS COUNTY LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 84 Waking Staff: 63

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 12/27/2023

Inspection Dates and Department Representative

12/27/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 52

Special Care Unit

In Home: Yes Area: Generations Capacity: 30 Residents Served: 17

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52
Diagnosed with Mental Illness: 19 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 32 Have Physical Disability: 3

Inspections / Reviews

12/27/2023 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/20/2024

01/25/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 02/13/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/30/2024

Inspections / Reviews (*continued*)

02/06/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/19/2024

02/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60a Staffing/support plan needs

1. Requirements

2800.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

Description of Violation

On [redacted] early morning, seven residents, to include residents [redacted] did not receive their [redacted] medication because there was only one medication staff working for the entire building during the overnight shift and the oncoming shift failed to act upon this omission.

Plan of Correction

Accepted [redacted] - 02/06/2024)

On [redacted] medication pass times and staffing start/stop times were reviewed and adjusted by the LPN and the ED to ensure medication administration services were evenly distributed through the shifts per physician's orders. The LPN or designee began a weekly 30-day observation period on [redacted] to ensure effectiveness. The LPN or designee will complete Med tech training for time management and prioritization no later than [redacted].

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] - 02/20/2024)

187d Follow prescriber's orders

2. Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Seven residents who are prescribed [redacted] at [redacted] every day, to include residents [redacted] and [redacted] did not receive this medication on [redacted] at [redacted].

Plan of Correction

Accepted [redacted] - 02/06/2024)

On [redacted], medication pass times and staffing start/stop times were reviewed and adjusted by the LPN and the ED to ensure medication administration services were evenly distributed through the shifts per physician's orders. The LPN or designee began a weekly 30-day observation period on [redacted] to ensure effectiveness. The LPN or designee will complete Med tech training for time management and prioritization no later than [redacted].

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] - 02/20/2024)

227g Support plan - signatures

3. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] initial assessment & support plan (ASP) was not signed by the assessor and the resident.

Plan of Correction

Accepted [redacted] - 02/06/2024)

The original assessor for initial assessment and support plan is no longer employed with the community. Chart audit of ASPs was completed by LPN on [redacted] to ensure resident's signatures are present. Move-in/Admission checklist created and put into use [redacted] to be completed by DSM or designee and reviewed at [redacted].

227g Support plan - signatures (continued)

each admission by ED or Designee to ensure initial assessment participation and signature compliance over the next 60 days from [REDACTED]

This is a duplicate violation.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [REDACTED] /20/2024)

227h Support plan – refusal sign

4. Requirements

2800.

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

Resident [REDACTED] initial ASP was not signed by the resident. The residence did not make a notation regarding the resident's ability/refusal to participate and/or to sign.

Plan of Correction

Accept [REDACTED] - 02/06/2024)

The original assessor for initial assessment and support plan is no longer employed with the community.

Chart audit of ASPs was completed by LPN on [REDACTED] to ensure resident's signatures are present.

Move-in/Admission checklist created and put into use [REDACTED] to be completed by DSM or designee and reviewed at each admission by ED or Designee to ensure initial assessment participation and signature compliance over the next 60 days from [REDACTED].

In future, the Nurse or Designee will ensure a notation of inability or refusal to sign if appropriate.

This is a duplicate violation.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [REDACTED] - 02/20/2024)