

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

April 5, 2024

[REDACTED]  
MARY J DREXEL HOME  
[REDACTED]

RE: THE HEARTH AT DREXEL  
238 BELMONT AVENUE  
BALA CYNWYD, PA, 19004  
LICENSE/COC#: 14062

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2024 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: *THE HEARTH AT DREXEL* License #: *14062* License Expiration: *06/18/2024*  
 Address: *238 BELMONT AVENUE, BALA CYNWYD, PA 19004*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *MARY J DREXEL HOME*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-3* Date: *03/10/2014* Issued By: *Lower Merion Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *108* Waking Staff: *81*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *01/26/2024*

**Inspection Dates and Department Representative**

*01/26/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *85* Residents Served: *74*

**Special Care Unit**  
 In Home: *Yes* Area: *1st floor* Capacity: *20* Residents Served: *19*

**Hospice**  
 Current Residents: *6*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *34* Have Physical Disability: *0*

**Inspections / Reviews**

**01/26/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/22/2024*

**02/26/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *03/28/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/01/2024*

Inspections / Reviews *(continued)*

03/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/29/2024

04/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at [redacted], the resident's records were accessible, unattended, and unlocked in the nurse's station. The doors to the nurse's station on the first floor and the second floor were open, making records easily accessible.

Plan of Correction

Accept [redacted] - 03/01/2024)

All clinical staff (Director of Nursing, Assistant Director of Nursing, LPN Charge Nurses, Medication Technicians, CNAs) are responsible for and will ensure the door to the Nursing Team Room where resident records are stored is closed and locked when unattended. Training is completed annually for all staff on HIPAA. Education on this violation was completed immediately upon discovery on [redacted] and is ongoing. ADON is responsible for checking daily during rounds.

All Nursing Team Room doors were inspected and repaired to ensure proper closing and latching. Notices have been posted on the interior and exterior of all Nursing Team Room doors to remind all staff to ensure the door is closed and locked when the room is unattended.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [redacted] - 04/05/2024)

42s Privacy - self/possessions

2. Requirements

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] there is a voice-controlled video device located in room [redacted] and room [redacted]. There is no notification posted at the resident rooms indicating video and audio surveillance as per the home's policy.

Plan of Correction

Accept [redacted] 03/01/2024)

Signs have been posted outside of resident apartments [redacted] and [redacted] to notify all who enter there is a resident owned voice controlled video device that may inadvertently capture audio and video. LPN Charge Nurses are responsible for reporting devices to the Administrator upon discovery so appropriate signage can be posted. A check for voice-controlled video devices has been added to the rounds checklist to be completed by the LPN, Charge Nurse on each shift. Director of Nursing to provide education beginning [redacted] and ongoing to ensure all staff have been educated.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [redacted] - 04/05/2024)

82c Locked poisons

3. Requirements

2800.

**82c Locked poisons (continued)**

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

**Description of Violation**

A tube of [REDACTED] and two tubes of [REDACTED] toothpaste, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center immediately", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident [REDACTED], have been assessed capable of recognizing and using poisons safely.

A tube of Colgate toothpaste with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center immediately", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

**Plan of Correction****Directed [REDACTED] - 03/01/2024)**

Items were removed and secured immediately. All staff will ensure that poisonous materials are in the locked cabinets in each resident's apartment. The residents do not have access to these cabinets. LPN Charge Nurses are responsible for ensuring all poisonous materials are locked away during each shift on rounds. Director of Nursing provided education immediately upon discovery on [REDACTED], education is ongoing to ensure all staff have been educated.

**Directed Plan of Correction:**

In addition to the above plan of correction, the administrator or designee shall conduct a weekly audit of at least 3 resident rooms to ensure that staff are securing/storing poisonous items appropriately. Weekly audits shall continue for 4 weeks then shall be completed twice monthly for 3 months. Any areas of non-compliance shall be corrected upon discovery and immediate training shall be conducted with the nurses/staff who are responsible. Documentation of completed training and audits shall be kept for department review upon request.

Proposed Overall Completion Date: 02/28/2024

Directed Completion Date: 03/27/2024

**Implemented [REDACTED] - 04/05/2024)****101i Access****4. Requirements**

2800.

101.i. A resident shall have access to his living unit at all times.

**Description of Violation**

On [REDACTED], at [REDACTED], resident [REDACTED] and resident [REDACTED] did not have access to [REDACTED] living unit. The home is locking resident unit doors to prevent another resident from entering resident [REDACTED] and [REDACTED] rooms and disrupting their personal belongings. Resident [REDACTED] and [REDACTED] cannot unlock their rooms on their own without assistance from staff.

**Plan of Correction****Accept [REDACTED] - 03/01/2024)**

Residents will have access to their living units at all times. The LPN, Charge Nurses are responsible for ensuring all living units are unlocked and accessible to the resident during shift rounds daily. All staff will continue to receive training on Safe Management techniques upon hire, annually and as needed based on the changing population. A

101i Access (continued)

record of all training will be stored in each staff member's administrative file for review by the Department.

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

Implemented [redacted] 04/05/2024)

107b Emergency procedures

5. Requirements

2800.

107.b. The residence shall have written emergency procedures that include the following:

Description of Violation

The residence did not follow the written Emergency Procedures and evacuate the residents during their utility emergency. On [redacted] the residence provided portable heater to resident's rooms. The Residents were not relocated to other rooms where heat was functioning.

Plan of Correction

Accept [redacted] - 03/01/2024)

Going forward the Administrator will follow the written Emergency Procedures during a utility emergency. The Administrator will ensure all guidelines outlined in the Emergency Procedures are followed. All staff are trained upon hire and annually by the Director of Facilities on Emergency Procedures. A record of the training will be kept in each staff member's administrative file for review by the Department.

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

Implemented [redacted] - 04/05/2024)

107d Procedure EMA submission

6. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been submitted to the local management agency.

Plan of Correction

Accept [redacted] - 03/01/2024)

Administrator educated the Director of Facilities on the requirement to submit the reviewed and updated Emergency Management Plan to the Office of Emergency Management annually. The Emergency Management Plan has been reviewed and updated, submittal to the OEM occurred on 2/26/24.

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

Implemented [redacted] - 04/05/2024)

183b Medications and syringes locked

8. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On [redacted], at [redacted] prescription medication [redacted], prescribed for resident [redacted], was

**183b Medications and syringes locked (continued)**

unlocked, unattended, and accessible in resident#2's bathroom. Resident is not assessed as capable of self-administering medication.

On [REDACTED], at [REDACTED], prescription medications, [REDACTED] and [REDACTED] [REDACTED] prescribed for resident [REDACTED] were unlocked, unattended, and accessible in resident [REDACTED] bathroom. Resident is not assessed as capable of self-administering medication.

**Plan of Correction****Directed [REDACTED] 03/01/2024)**

All items were removed and stored appropriately immediately. All staff will ensure prescription medications, OTC medications, CAM and syringes are in the locked cabinets in each resident's apartment or stored in a locked medication cart. LPN Charge Nurses are responsible for ensuring all medication is stored appropriately. CNAs, Medication Technicians and LPNs will monitor for compliance daily on each shift. Education was completed upon discovery by the Director of Nursing on [REDACTED] and is ongoing as part of additional in-servicing to ensure all staff are educated.

**Directed Plan of Correction:**

In addition to the above plan of correction, the administrator or designee shall conduct a weekly audit of at least 3 resident rooms to ensure that staff are securing/storing medications items appropriately. Weekly audits shall continue for 4 weeks then shall be completed twice monthly for 3 months. Any areas of non-compliance shall be corrected upon discovery and immediate training shall be conducted with the nurses/staff who are responsible. Documentation of completed training and audits shall be kept for department review upon request.

**Directed Completion Date: 03/27/2024**

**Implemented [REDACTED] 04/05/2024)****187a Medication record****9. Requirements**

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident [REDACTED] is prescribed. [REDACTED] and [REDACTED] apply to the face daily, and [REDACTED] applies to the legs daily. These medications are not on the resident's medication administration record. Medications are present in resident's unit.

**Plan of Correction****Accept [REDACTED] - 03/01/2024)**

Orders were obtained and added to the medication administration record. All staff will ensure prescription medications, OTC medications, CAM and syringes are in the locked cabinets in each resident's apartment or stored in a locked medication cart. LPN Charge Nurses are responsible for ensuring all medication is stored appropriately. CNAs, Medication Technicians and LPNs will monitor for compliance daily on each shift. LPN Charge Nurses will audit the medication administration record and carts monthly at the end of the month to ensure accuracy of medication orders and medication supply. Audits will be documented and maintained for department review. Director of Nursing provided education immediately upon discovery on [REDACTED] and will be included as part of ongoing education to ensure compliance. Next in-services scheduled for [REDACTED] and [REDACTED].

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

**Implemented [REDACTED] - 04/05/2024)**

187a Medication record (continued)

203 Bedside rails

10. Requirements

2800.

203.b. Half-length rails are permitted only if the following conditions are met:

1. The resident's assessment or support plan, or both, addresses the medical symptoms necessitating the use of half-length rails and the health and safety protection necessary in order to safely use half-length rails.

Description of Violation

Half-length rails are used on resident [REDACTED] bed; however, resident [REDACTED] assessment and support plan does not address the medical symptoms necessitating the use of half-length rails and the health and safety protection necessary in order to safely use half-length rails.

Plan of Correction

Accept [REDACTED] 03/01/2024)

Director of Nursing to update resident's ASP to reflect the need for the use of bedside rails and the resident's ability to safely use the bedside mobility device. Director of Nursing is responsible for ensuring all bedside rails meet the guidelines set forth by the Department, the resident has a documented medical need for and ability to safe use the bedside mobility device and the ASP has been updated to reflect the need. Director of Nursing will provide in-servicing on [REDACTED] and [REDACTED].

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

Implemented [REDACTED] - 04/05/2024)