

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

March 22, 2024

[REDACTED]
HEATHERWOOD RETIREMENT INVESTORS LLC
[REDACTED]

RE: HEATHERWOOD RETIREMENT
COMMUNITY
3180 HORSESHOE PIKE
HONEY BROOK, PA, 19344
LICENSE/COC#: 10455

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2024 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: HEATHERWOOD RETIREMENT COMMUNITY License #: 10455 License Expiration: 06/03/2024
Address: 3180 HORSESHOE PIKE, HONEY BROOK, PA 19344
County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: HEATHERWOOD RETIREMENT INVESTORS LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/31/1984 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 02/07/2024

Inspection Dates and Department Representative

02/07/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 50	Residents Served: 28		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 27		
Diagnosed with Mental Illness: 17	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 2	Have Physical Disability: 5		

Inspections / Reviews

02/07/2024 - Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/03/2024

03/01/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 03/20/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 03/20/2024

Inspections / Reviews *(continued)*

03/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. 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

Resident [redacted] medical evaluation completed on [redacted] did not include the medical information pertinent to diagnosis and treatment in case of an emergency.

Resident [redacted] medical evaluation completed on [redacted] did not include the medical information pertinent to diagnosis and treatment in case of an emergency, the special health or dietary needs of the resident, or the current medication list.

Plan of Correction

Accept [redacted] - 03/01/2024)

Assistant Resident Care Director (ARCD) completed PCH Resident chart audits for all current residents on [redacted]. In cases where the DME was found to be incomplete, providers were contacted on [redacted] in order to obtain the missing information. Chart audits will be completed by the ARCD monthly for three months and reported to QMPI Committee monthly for three months.

Proposed Overall Completion Date: 03/20/2024

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented ([redacted] - 03/22/2024)

224a - Preadmission Screen Form

2. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department’s preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident's preadmission screening form was not completed.

Resident [redacted] preadmission was completed on [redacted] however, the resident's preadmission screening form was missing the level of supervision needed.

Plan of Correction

Accept [redacted] 03/01/2024)

For all admissions subsequent to [redacted], Resident Care Director (RCD) will ensure preadmission screening tool is completed with no blank fields and included with preadmission paperwork. Prescreening form will be filed in the hard copy chart with admission records. ARCD will complete chart audits monthly for three months to ensure compliance. Auditing results will be reported at QMPI monthly for three months.

Proposed Overall Completion Date: 03/20/2024

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented [redacted] - 03/22/2024)

227d - Support Plan Medical/Dental

3. 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

The medical evaluation for resident [redacted], dated [redacted], indicates the resident has a need for a mechanical soft diet and no concentrated sweets. The resident's support plan, dated [redacted] does not document how this need will be met.

The medical evaluation for resident [redacted], dated [redacted], indicates the resident has a need for a mechanical soft diet. The resident's support plan, dated [redacted] does not document how this need will be met.

Plan of Correction

Accept [redacted] - 03/01/2024)

ARCD completed PCH Resident chart audits for all current residents on [redacted] to ensure diet consistencies are documented on the dashboards of each resident in PCC and that the physicians diet orders are represented on the eMAR. Resident name, apartment number, colorized resident photo, diet type, texture, fluid consistency, allergies, food intolerances, adaptive equipment, and special orders are listed in the "AL Diet Binder" in the Nurse's Station and in the DR for the Care Team and Dining Services Associates to reference. The Service Plan will be automatically updated with the diet order in April 2024 as a component of the V6 PCC electronic service plan modification.

227d - Support Plan Medical/Dental (continued)

Chart audits will be completed by the ARCD monthly for three months and reported to QMPI Committee by the ARCD monthly for three months.

Proposed Overall Completion Date: 03/20/2024

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented [redacted] - 03/22/2024)

228a - Assistance Relocating

4. Requirements

2600.

228.a. At the resident's request, the home shall provide assistance in relocating to the resident's own home or to another residence that meets the needs of the resident.

Description of Violation

Based on the interviews, on [redacted], resident [redacted] went to the facility and had an in-person conference with staff members A and B. The initial care conference at the facility was because the resident level of care went from level 5 to level 6 which the home offers. Staff members A and B did not mention anything at that point about a higher level of care or that they weren't able to meet the needs of resident [redacted]. On [redacted], resident [redacted] was sent to Reading Hospital due to having the [redacted] and an [redacted]. On [redacted], staff member A called the resident's [redacted] and said that the resident was ready to be discharged from the hospital but that they could not take the resident back because they discussed with the hospital social worker that the resident needed a higher level of care. The resident's [redacted] asked if they should bring the resident to the facility and do private duty until they find something else, staff member A said no. Staff member A did not offer to help look for a facility. Staff member A never gave the resident's [redacted] any recommendations for a new facility. The home did not provide the resident with that assistance.

Plan of Correction

Accept [redacted] 03/01/2024)

RCD or Executive Director (ED) will inform resident and/or their Responsible Party (RP) regarding change in condition and commensurate levels of care at Care Plan Evaluation Meetings. RCD or ED will assist residents and/or their RP to find alternate placement once a determination has been made that the resident's level of care exceeds the capacity of Heatherwood to maintain. A list of credentialed and approved private duty providers will be made available to resident and/or their RP on an as needed basis as requested.

Proposed Overall Completion Date: 03/20/2024

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented [redacted] - 03/22/2024)

228b - Discharge or Transfer

5. Requirements

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

228b - Discharge or Transfer (continued)

Description of Violation

On [REDACTED], the home discharged resident [REDACTED]. However, the home did not provide resident [REDACTED] with a 30-day termination letter.

Plan of Correction

Accept [REDACTED] - 03/01/2024)

Resident and/or their RP will be provided with a 30-day written advance notice of intent to discharge or transfer contingent upon the health, safety or well-being of the resident or others in the home. The process for determining if/when a 30-day written notice of intent to discharge will be issued will be overseen by the Executive Director.

Proposed Overall Completion Date: 03/20/2024

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented [REDACTED] 03/22/2024)

252 - Record Content

6. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.

252 - Record Content (continued)

- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident [REDACTED] record does not include the residents Social Security number or hair color.

Resident [REDACTED] record does not include the residents Social Security number or hair color.

Plan of Correction

Accepted [REDACTED] 03/01/2024)

ARCD completed PCH Resident chart audits for all current residents on [REDACTED] In cases where the electronic health record (EHR) Move in Record was found to be incomplete, all charts were brought up to compliance with social security number and hair color. Audits will be completed monthly for three months and reported to QMPI Committee for three months by the ARCD to ensure hair color and social security numbers are on move in records.

Proposed Overall Completion Date: 03/20/2024

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented [REDACTED] - 03/22/2024)