

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

May 13, 2024

[REDACTED], EXECUTIVE DIRECTOR
HEATHER GLEN SENIOR LIVING LLC
415 BLUE BARN ROAD
ALLENTOWN, PA, 18104

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2024, 03/27/2024 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]
Human Services Licensing Supervisor

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: 415 BLUE BARN ROAD, ALLENTOWN, PA, 18104
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/04/1997 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 132 Waking Staff: 99

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Renewal, Complaint Exit Conference Date: 03/27/2024

Inspection Dates and Department Representative

03/22/2024 - On-Site: [REDACTED]
 03/27/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 94

Secured Dementia Care Unit
 In Home: Yes Area: 4 Pods Capacity: 48 Residents Served: 37

Hospice
 Current Residents: 14

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 94
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 38 Have Physical Disability: 0

Inspections / Reviews

03/22/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/25/2024

05/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/10/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/10/2024

Inspections / Reviews *(continued)*

05/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home's current census is 94, requiring 2 staff trained in First Aid and CPR to be present in the building at all times. On 3/15/24, there was only 1 person trained in First Aid and CPR in the building from 11pm to 3am.

Plan of Correction

Accept ([redacted] - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Director of Wellness to review the CPR status of all night shift staff.

To enhance the currently compliant operations:

- 1. on 03/22/2024 the Director of Wellness will review the staffing schedule weekly to ensure 2 First Aid and CPR trained staff members are present in the building at all times, with a completion date of 04/22/2024.
- 2. on 04/23/2024 the Executive Director and Director of Wellness will have all current 11-7 shift staff First Aid/ CPR certified, with a completion date of 04/23/2024.
- 3. Starting on 04/23/2024 the Director of Wellness will discuss and review CPR ratio compliance at the internal monthly QA meeting, with a completion date of 07/31/2024.

The overall completion date is 07/31/2024.

Effective 04/23/2024 the Director of Wellness will perform monthly reviews through 07/31/2024 to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented ([redacted] - 05/13/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

In the bathroom of resident room B2, there was a brown substance smeared on the toilet seat that appeared to be feces.

Plan of Correction

Accept ([redacted] - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 03/27/2024 by the Executive Director to notify the housekeeper.
- 2. on 03/27/2024 by the Housekeeper to clean and sanitize the toilet seat.

85a - Sanitary Conditions (continued)

To enhance the currently compliant operations, on 04/19/2024 the Building Services Director will update the daily cleaning checklist to include a check for sanitized toilets, with a completion date of 04/19/2024.

Effective 04/19/2024 the Building Service Director will perform weekly spot checks through 05/10/2024 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/10/2024

Implemented () - 05/13/2024

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no light accessible at bedside in resident room B2 or resident room 237.

Plan of Correction

Accept () - 05/06/2024

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Maintenance Director to plug in the lamp in room B2 and place a lamp next to the bed in room 237.

To enhance the currently compliant operations:

- 1. on 04/19/2024 the Executive Director and Director of Wellness will perform an audit on each bedroom to ensure there is a functionable lamp or source of light near every bed, with a completion date of 04/26/2024.
- 2. on 05/08/2024 the Executive Director will provide training on bedside lighting at the monthly staff meeting on 5/8/24, with a completion date of 05/08/2024.

The overall completion date is 05/08/2024.

Effective 04/26/2024 the Maintenance Director will perform weekly checks through 05/31/2024 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/08/2024

Implemented () - 05/13/2024

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105g Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

There was a thick layer of lint in the lint trap of the dryer in the laundry room located near resident room E1.

Plan of Correction

Accept () - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Maintenance Director to remove the lint from the lint trap.

To enhance the currently compliant operations:

- 1. on 03/27/2024 the Administrator or Designee will educate all staff on the importance of keeping the lint traps clean to reduce the risk of fire, with a completion date of 04/30/2024.
- 2. on 03/29/2024 the Administrator or Designee will post signs near each dryer to remind staff to empty the lint traps after doing laundry, with a completion date of 03/29/2024.

The overall completion date is 04/30/2024.

Effective 04/19/2024 the Maintenance Director will perform weekly inspections through 05/31/2024 to maintain ongoing compliance with reducing the risks of fire hazards, by removing lint from lint traps and drums of clothes dryers after each use, and to ensure lint is cleaned from vent ducts and internal and external ductwork of clothes dryers according to the manufacturer’s instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented () - 05/13/2024)

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The Exit door near resident room 110 was locked and needed a code to be unlocked, preventing immediate egress.

Plan of Correction

Accept () - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Maintenance Director to contact Eastern Time and schedule the lock deactivation.

To enhance the currently compliant operations, on 03/25/2024 the Maintenance Director met with the labor technician from Eastern Time to disconnect the mag lock, with a completion date of 05/10/2024.

121a Unobstructed Egress (continued)

Effective 03/25/2024 the Maintenance Director will perform weekly checks through 05/10/2024 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/10/2024

Implemented (redacted) - 05/13/2024)

132d - Evacuation

6. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home was given an evacuation time of 15 minutes at the home's annual fire safety inspection and supervised fire drill conducted on 2 20 23. The home conducted a fire drill on 4 14 23 with a recorded time of 15 minutes and 26 seconds which exceeded the evacuation time allotted by the fire safety expert.

Plan of Correction

Accept (redacted) - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/14/2023 by the Executive Director and Maintenance Director to review with staff the issues during the drill causing it to exceed the allotted evacuation time.

To enhance the currently compliant operations:

1. on 04/20/2023 the Maintenance Director conducted a successful fire drill with all residents evacuated in the allotted time frame, with a completion date of 04/20/2023.
2. on 04/20/2023 the Maintenance Director will ensure that all residents are evacuated in the allotted time frame during a fire drill, with a completion date of 04/29/2024.

The overall completion date is 04/29/2024.

Effective 04/20/2023 the Executive Director will perform monthly checks through 04/29/2024 to maintain ongoing compliance with ensuring residents are able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (redacted) - 05/13/2024)

185a - Implement Storage Procedures

7. Requirements

185a - Implement Storage Procedures (continued)

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1's glucometer was not calibrated to the correct date. On 3/22/24, the glucometer reflected a date of 3/23/24.

Resident #6 has a PRN prescription for Gentllax Suppositories. The prescription was not in the medication cart at the time of inspection.

Plan of Correction

Accept ([redacted] - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Director of Wellness to change the date on the glucometer. The Gentllax Suppositories had already been reordered and was delivered by the pharmacy while the inspector was at the medication cart.

To enhance the currently compliant operations:

- 1. on 04/15/2024 the Director of Wellness will audit all glucometers in the community to ensure the date is accurate, with a completion date of 04/16/2024.
- 2. on 04/22/2024 the Director of Welless will provide training to Medication Technicians and Nurses to ensure medications are being reordered within 7 days of last dose, with a completion date of 05/01/2024.

The overall completion date is 05/01/2024.

Effective 05/01/2024 the Director of Wellness will perform monthly medication cart audits through 07/01/2024 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/01/2024

Implemented ([redacted] - 05/13/2024)

187a - Medication Record

8. Requirements

2600.

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

Description of Violation

Resident #5 has a prescription for [redacted]. The resident's Medication Administration Record indicated the correct dosage as 1 tablet containing [redacted]. The bottle indicated a dose of [redacted], and 2 tablets would have been needed to be noted to equal the correct dose.

187a Medication Record (continued)

Plan of Correction

Accept (redacted) - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Director of Wellness to update the directions in the Medication Administration Record to indicate 2 tablets are needed.

To enhance the currently compliant operations, on 04/15/2024 the Medication Technicians will conduct a medication cart audit, comparing medication labels to the MAR. Any discrepancies will be reported to the Director of Wellness, with a completion date of 04/30/2024.

Effective 04/30/2024 the Director of Wellness will perform monthly audits through 07/30/2024 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes the correct dose. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (redacted) - 05/13/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident #5 has a prescription for (redacted). The Medication Administration Record for the resident indicated the dosage as (redacted). The bottle indicated a dose of (redacted) and as per interviews, the resident was given only 1 tablet containing (redacted) on (redacted).

Plan of Correction

Accept (redacted) - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 03/27/2024 by the Director of Wellness to contact the PCP. PCP advised no further action was required and continue with scheduled dose the next day.
- 2. on 03/27/2024 by the Director of wellness to contact the POA and inform the resident.

To enhance the currently compliant operations:

- 1. on 04/15/2024 the Medication Technician will conduct a medication cart audit, comparing medication labels to the MAR. Any discrepancies will be reported to the Director of Wellness, with a completion date of 04/30/2024.
- 2. on 04/26/2024 the Director of Wellness will provide training to the Medication Technicians to review the 5 rights of medication administration, with a completion date of 04/29/2024.

The overall completion date is 04/30/2024.

187d Follow Prescriber's Orders (continued)

Effective 04/30/2024 the Director of Wellness will perform monthly audits through 07/30/2024 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 05/13/2024)

227d - Support Plan Medical/Dental

10. 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 #2 and Resident #3 utilize an enabler bar. Resident #2's Resident Assessment Support Plan dated [REDACTED] and Resident # 3's Resident Assessment Support Plan dated [REDACTED] do not include documentation of safe usage of an enabler bar.

Plan of Correction

Accept [REDACTED] - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/28/2024 by the Director of Wellness to update the care plan for resident #2 and #3 to reflect safe usage of an enabler bar.

To enhance the currently compliant operations, on 04/15/2024 the Director of Wellness will review and update all RASPs of residents who have enabler bars to include documentation of safe usage, with a completion date of 05/15/2024.

Effective 04/23/2024 the Director of Wellness will perform quarterly reviews through 04/23/2025 to maintain ongoing compliance with documentation of safe usage of enabler bars on resident RASPs. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented [REDACTED] - 05/13/2024)

231c - Preadmission Screening

11. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

231c Preadmission Screening (continued)

Description of Violation

Resident #4 was admitted to the facility on [REDACTED]. The resident's Cognitive Screening portion of Preadmission Screening was completed on [REDACTED], greater than 72 hours prior to admission as required by this regulation.

Plan of Correction

Accept [REDACTED] Y - 05/06/2024)

In response to the violation on 03/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/22/2024 by the Executive Director to reeducate the Director of Wellness and Memory Care Director on SDU Preadmission Screening timeframe.

To enhance the currently compliant operations, on 04/22/2024 the Director of Wellness will create a tracking system to show all resident's physical move in dates and dates of the preadmission screening, with a completion date of 04/29/2024.

Effective 04/29/2024 the Executive Director will perform reviews for new admissions of the SDU through 07/31/2024 to maintain ongoing compliance with ensuring a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form is completed for each resident within 72 hours prior to admission to the SDU. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented [REDACTED] - 05/13/2024)