

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

July 8, 2024

[REDACTED]  
HEATHERWOOD RETIREMENT INVESTORS LLC

[REDACTED]  
ATTN: LESLIE RAY  
[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 05/02/2024 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: 38 Waking Staff: 29

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 05/02/2024

Inspection Dates and Department Representative

05/02/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value, Category, Value. Rows include General Information (License Capacity: 50, Residents Served: 34), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 0), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 33, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 1, Have Mobility Need: 4, Have Physical Disability: 1).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 05/02/2024 - Partial (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 06/01/2024) and 06/20/2024 - POC Submission (Submitted By: [Redacted], Date Submitted: 07/01/2024, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 07/01/2024).

Inspections / Reviews *(continued)*

07/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42v - Resident-Home Contract

1. Requirements

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

Since [REDACTED], the personal care unit elevator has not been in service.

The home failed to provide the services of an elevator and activities to the residents on the second floor to include resident [REDACTED] as contracted for in the resident-home contract. Resident [REDACTED] has mobility needs and uses a wheelchair to be able to go out of the facility. The elevator has been broken for at least two weeks, and the resident has not been able to go to [REDACTED] doctor's appointments or participate in any activities.

Plan of Correction

Accept [REDACTED] - 06/20/2024)

Heatherwood Sales Director will review Personal Care contracts to ensure that residents are receiving services as contractually agreed upon. Two random contracts will be audited monthly for six months to ensure contractually agreed upon services are being provided, starting 7/1/24.

Regional Care Manager interviewed all residents on the A-building second floor have been given the option of relocating to the ground level floor. Two residents had expressed their desire to relocate to the ground level floor and will be relocated there by 7/1/24.

The ED arranged for Combat Elevator Inc. to complete a modernization of A-Building Elevator. Combat Elevator estimates have been received and approved by Century Park Associates Corporate Office and parts have been ordered to complete the modernization. Combat Elevator estimates a lead time of 6-8 weeks with installation of the new components to begin approximately the end June 2024.

Executive Director will request an emergency transport chair from the Southeast Region of the LTC Rise HealthCare Coalition. Executive Director will reach out to sister facility Hickory House to establish if they can offer support through manpower or equipment to assist with transports on/off the second floor. Local non emergent Honeybrook EMS will be contacted for routine transport for residents needing to be transported to doctors' appointments. The 2nd floor has a fire safe area for any residents requiring a wheelchair in an emergency evacuation.

Life Styles Director will re-evaluate all residents on A-Building second floor for leisure and recreation needs based on interests and abilities to determine appropriate program planning in order to provide an ongoing program of activities to meet the needs in all domains of wellness of the residents residing there. Leisure/Recreational pursuits will be offered on the second floor of A building for the residents residing there. Six random audits will be conducted monthly for three months and three random audits for six months. Results will be run through the QMPI Committee monthly with recommendations as necessary.

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] 07/08/2024)

85a - Sanitary Conditions

2. Requirements

85a - Sanitary Conditions (continued)

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] the carpets in the hallways in the Personal Care Unit had stains that looked like water stains or liquids throughout the facility.

Plan of Correction

Accept [REDACTED] - 06/20/2024)

Regional Director of Operations conducted an assessment of the condition of the carpets throughout the A-building will be completed to determine needs on 6/3/24. All common area carpets will be cleaned by Heatherwood Housekeeping associates, started 6/3/24 and ongoing. Routine carpet cleaning will be put on a regular rotating schedule, starting immediately and ongoing. Carpet squares on which stains can't be removed will be replaced, starting 6/3/24. The Maintenance Director will audit bi-monthly for three months and monthly for six months. Results will be reported to the QMPI Committee monthly with recommendations as necessary, starting 7/1/24.

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 07/08/2024)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Since [REDACTED] the personal care unit elevator has not been in service.

Plan of Correction

Accept [REDACTED] 06/20/2024)

The ED contracted with Combat Elevator Inc. to complete a modernization of A-Building Elevator by 7/1/24. Combat Elevator estimates has been received and approved by Century Park Associates Corporate Office and parts have been ordered to complete the modernization. Combat Elevator estimates a lead time of 6-8 weeks with installation of the new components to begin around the end June 2024.

The ED will advise the residents and the Department of any future delays regarding the elevator repair, if longer 7/1/24.

Proposed Overall Completion Date: 07/24/2024

Licensee's Proposed Overall Completion Date: 07/24/2024

Implemented [REDACTED] - 07/08/2024)

101o - Walls, Floors, Ceilings

4. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

101o - Walls, Floors, Ceilings (continued)

Description of Violation

There was a ceiling tile in the hallway on the first floor of the personal care unit that had a hole in it.

Plan of Correction

Accept [redacted] - 06/20/2024)

The broken tile has been replaced by Maintenance Director on 6/3/24. The maintenance director will conduct a visual inspection to be completed on ceilings in the A-building to determine condition of ceiling tiles and subsequent needs for repair or replacement by 7/1/24. The maintenance director will be conducted bi-monthly audits for three months and monthly for six months. Results will be reported to the QMPI Committee monthly with recommendations for follow-up as necessary, starting 7/1/24.

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [redacted] - 07/08/2024)

103b - Clean/Sanitized Kitchen Surfaces

5. Requirements

2600. 103.b. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Description of Violation

The kitchenette in the Personal Care Unit was in disrepair, and the surfaces were dirty and dusty. The sink pipes were broken, and the ice cream freezer had a brown substance at the bottom.

Plan of Correction

Accept [redacted] - 06/20/2024)

The kitchenette was thoroughly cleaned and sanitized by housekeeping on 5/6/2024 at which time the ice cream freezer in question had been disposed. The steam table was cleaned and delimed and is currently being serviced. Broken sink pipes have been repaired with the installation of an in-sink disposal. Maintenance director will ensure the faucet on the sink will be replaced by 7/1/24. Audits will be conducted bi-monthly for three months and monthly for six months. Results will be reported to the QMPI Committee monthly with recommendations as necessary, starting 7/1/24.

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [redacted] - 07/08/2024)

103c - Food Protected

6. Requirements

2600. 103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [redacted] there was an uncovered cake on the table of the main kitchen.

103c - Food Protected (continued)

**Plan of Correction**

**Accept** [REDACTED] - 06/20/2024)

The cake in question was disposed of. Dining Services Staff were re-educated on the importance of maintaining protective coverings on food when stored and not being served, by 7/1/24 by the Dining Services Director. The Dining Services Director will conduct random audits will be conducted bi-monthly for three months and monthly for six months to ensure compliance with food safe handling regulations pertaining to safe food handling, starting immediately. Results will be reported to the QMPI Committee monthly with recommendations as necessary, starting 7/1/24.

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

**Implemented** [REDACTED] - 07/08/2024)

103i - Outdated Food

**7. Requirements**

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

On [REDACTED], there were three unlabeled, undated containers of cereal in the Personal Care Unit Kitchenette.

**Plan of Correction**

**Directed** [REDACTED] - 06/20/2024)

The Dining Services Director will audit of food storage areas will be conducted to determine opened and use by dates, starting immediately. Any food item found to be out of date will be discarded. All opened containers of food will be appropriately labeled and dated. Audits will be conducted bi-monthly for three months and monthly for six months to ensure compliance, by the Dining Services Director, starting immediately. Training of all dining staff regarding the importance of dating and labeling all food items, by 7/1/24. Results will be reported the QMPI Committee monthly with recommendations as necessary, starting 7/1/24.

Proposed Overall Completion Date: 07/01/2024

Directed Completion Date: 07/01/2024

**Implemented** [REDACTED] 07/08/2024)

221b - Activity Types

**10. Requirements**

- 2600.
- 221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

**Description of Violation**

The home's activities program does not include any activities for the social, physical, intellectual, or recreational benefit of the residents. The residents of the Personal Care Unit with mobility needs who live on the 2nd floor have not been able to participate in any activities since [REDACTED] due to a lack of activities and the elevator being broken.

221b - Activity Types (continued)

**Plan of Correction**

**Accept** [REDACTED] - 06/20/2024)

*Life Styles Director will re-evaluate all personal care residents to determine leisure and recreation needs based on interests and abilities to determine appropriate program planning in order to provide an ongoing program of activities to meet the needs in all domains of wellness, started by 7/1/24 and ongoing until completion.*

*Leisure/Recreational pursuits will be offered to all personal care residents including those residing on the second floor of A building, starting immediately. Random audits will be conducted monthly for six months to ensure programming is meeting the assessed needs of the residents audited. Results will be run through the QMPI Committee monthly with recommendations for follow-up as necessary, starting 7/1/24.*

*Proposed Overall Completion Date: 07/01/2024*

**Licensee's Proposed Overall Completion Date: 07/01/2024**

**Implemented** [REDACTED] - 07/08/2024)

227c - Support Plan Revision

**12. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**Description of Violation**

Resident [REDACTED] most recent support plan was not completed on [REDACTED]

**Plan of Correction**

**Accept** [REDACTED] - 06/20/2024)

*The Assistance Resident Service Director (ARSD) will complete an audit of all residents to ensure service plans are completed timely, starting 7/1/24. Resident number one's support plan was updated on 4/25/24. The ARSD will choose six random resident records to audit monthly for three months and three random audits monthly for six months to ensure timely revision of support plans. Results will be reported to the QMPI Committee monthly with recommendations for follow-up as necessary, starting 7/1/24.*

*Proposed Overall Completion Date: 07/01/2024*

**Licensee's Proposed Overall Completion Date: 07/01/2024**

**Implemented** [REDACTED] 07/08/2024)