

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

July 8, 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 05/09/2024 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: HEARTIS BUCKS COUNTY License #: 14855 License Expiration: 02/02/2025
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: 66 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 05/09/2024

Inspection Dates and Department Representative

05/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 47

Special Care Unit

In Home: Yes Area: Generations Capacity: 30 Residents Served: 14

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

05/09/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/08/2024

06/13/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/07/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/24/2024

Inspections / Reviews *(continued)*

07/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a Medical evaluation

1. Requirements

2800.

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:

6. Immunization history.

11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for resident [redacted], dated 09/21/2023, does not include Immunizations and Tuberculosis Testing. This area of the form is blank.

Repeat Violation: 12/27/2023 et al.

Plan of Correction

Accept [redacted] - 06/13/2024)

The medical evaluation for resident [redacted] will be updated by the PCP to reflect the current immunization and tuberculosis testing. ED or designee will re-educate clinical leadership on 141a compliance of ensuring the ADME document is fully and appropriately completed by the physician upon receipt to meet regulatory compliance requirements by 06/30/24. If ADME is incomplete, it will be returned to the physician.

Generations Program Director, Resident Care Director, or designee will conduct an audit of all special care unit charts for 141a compliance by 06/30/24.

The residence will implement the use of a checklist that the GPD, RCD, or designee will complete, and that requires the ED or designee to review and sign for accuracy of the preadmission screening. New checklist will be ongoing for new move ins, and in place on or before 07/01/24.

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

Evidence of Completion

Implemented [redacted] - 07/08/2024)

See attached.

202 Prohibitions

2. Requirements

2800.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident [redacted] was prescribed [redacted] every 6 hours as needed for agitation/anxiety before being discontinued on [redacted]. According to the resident's progress notes, this medication was administered to the resident when the resident refused to stay in bed and tried to get out of bed on [redacted] at [redacted], [redacted] at [redacted], [redacted] at [redacted], [redacted] at [redacted], and [redacted] at [redacted].

Repeated Violation: 5/24/2023

202 Prohibitions (continued)

Plan of Correction

Accept [REDACTED] - 06/13/2024)

The residence will apply and follow company policy on Psychotropic Medications and ensure medications are given in a safe manner according to physician's orders. The residence will make all attempts to find alternatives to psychotropic medications and if used med techs will administer medications as prescribed for appropriate symptoms. RCD and or designee will re-educate staff on the prohibitions of chemical restraints including proper interventions prior to use. Re-education to be completed by 6/30/24.

Licensee's Proposed Overall Completion Date: 06/30/2024

Evidence of Completion

Implemented [REDACTED] - 07/08/2024)

See attached.

221a Program activities

3. Requirements

2800.

221.a. The residence shall develop a program of daily activities designed to promote each resident's active involvement with other residents, the resident's family and the community and provide the necessary space and equipment for the activities in accordance with § § 2800.98 and 2800.99 (relating to indoor activity space; and recreation space). The residence shall offer the opportunity for the residents' active participation in the development of the daily activities calendar.

Description of Violation

The residence does not have a program of activities designed to promote the active The residence's May 2024 activity calendar does not have any activities planned for residents in the Secured Dementia Care Unit (SDCU). The calendar includes trips to markets, the casino, lunch at a Villa, and run errands and go to lunch. No residents in the SDCU are able to participate in these activities. The activities calendar every Wednesday says only "10:00 Memory Care" with no details of any activities planned.

Plan of Correction

Directed [REDACTED] - 06/13/2024)

The residence had a current, monthly activity calendar specific to the Secured Dementia Unit for May. The residence refers to their Secured Dementia Unit as "Generations", and the calendar is labeled as so. The calendar referred to is specifically for Assisted Living. Some outings are combined, but not the 10:00am Wednesday drive. As of 05/21/24 the residence has employed a full-time staff who is to specifically implement the activities in the Secured Dementia Unit/ Generations, and or work with staff or other designees to complete. The residence has a current activity calendar specific for the Secured Dementia Unit for June. The calendar is distributed at the start of the month and as requested. The calendar is displayed.

DIRECTED PLAN OF CORRECTION [REDACTED] 6/13/24):

- The administrator will conduct a review of the activities in the Generations Secure Unit at least once weekly, to ensure the residents are actively engaged in a meaningful activity, starting 6/15/24.
- The administrator will educate the newly hired staff on the activities required in accordance with the regulations by 6/23/24.

Proposed Overall Completion Date: 06/06/2024

Directed Completion Date: 06/23/2024

Evidence of Completion

Implemented [REDACTED] - 07/08/2024)

See attached.

227g Support plan - signatures

4. 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] assessment/support plan (ASP) dated [redacted] was not signed by the assessor, the resident, or the family/designee.

Repeat Violation: 12/27/2023

Plan of Correction

Accept [redacted] - 06/13/2024)

A new ASP will be completed by 6/7/24 and updated to include required signatures for [redacted] compliance for resident [redacted]

On or before 7/1/2024, ED or designee will reeducate clinical leadership on [redacted] compliance of ensuring documents are printed and signed by required parties. Reeducation will also include reviewing company standards of holding care conferences when able to meet with resident and family/designee. As an on-going practice RCD, GPD, RCC, or designee will ensure all participants signatures are obtained at the completion of the development of the ASP and during the care conference.

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

Evidence of Completion

Implemented [redacted] 07/08/2024)

See attached.

231c1 Preadmit screening

5. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident [redacted] was admitted to the special care unit on [redacted]. However, the resident's written cognitive preadmission screening dated [redacted] is missing the determination that the resident's needs can be met by the residence.

Plan of Correction

Accept [redacted] 06/13/2024)

Preadmission screening for resident [redacted] has been updated to determine the resident does require the services of a special care unit and can be served in the unit operated by the residence. Screening was updated by Executive Director on [redacted] as part of the plan of correction.

Generations Program Director, Resident Care Director, or designee will conduct an audit of all special care unit charts for 231c1 compliance by 06/30/24.

The residence will implement the use of a move in checklist that the GPD, RCD, or designee will complete, and that requires the ED or designee to review and sign for accuracy of the preadmission screening. New checklist will be ongoing for new move ins, and in place on or before 07/01/24.

Licensee's Proposed Overall Completion Date: 06/30/2024

231c1 Preadmit screening (continued)

Evidence of Completion

Implemented [REDACTED] - 07/08/2024)

See attached.

234d Support plan - review

6. Requirements

2800.

234.d.1. The support plan for a resident of a special care unit for residents with Alzheimer's disease or dementia shall be reviewed, and if necessary, revised at least quarterly and as the resident's condition changes.

Description of Violation

Resident [REDACTED] returned from a skilled rehab on [REDACTED] and was found to need full assistance and 2 person assistance with transfer. However, the ASP dated [REDACTED] was a copy of the previous ASP dated [REDACTED] without reflecting these changes. The resident began receiving hospice care on [REDACTED]; however, the ASP was not updated until [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/13/2024)

A new and updated ASP will be created for resident [REDACTED] on or before [REDACTED] GPD or designee will update the ASP to reflect the current care, transfer needs, and hospice services.

ED or designee will reeducate clinical leadership on process for updating ASP quarterly, and as needed for changes in condition to meet regulatory compliance requirements by [REDACTED]. As an on-going practice the RCD, GPD, RCC, or designee will follow the reminders set within the Eldermark "EMAR" system to ensure support plans are reviewed and updated quarterly for changes. Any changes found during this review period will be documented as necessary to update the resident's condition.

Licensee's Proposed Overall Completion Date: 06/17/2024

Evidence of Completion

Implemented [REDACTED] 07/08/2024)

See attached.