

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

October 23, 2024

[REDACTED]
LEEDS HEALTH CARE SERVICES INC
[REDACTED]

RE: HEATHER COURT
281 IRONSTONE DRIVE
NORTHUMBERLAND, PA, 17857
LICENSE/COC#: 22706

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2024 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: HEATHER COURT License #: 22706 License Expiration: 12/29/2024
 Address: 281 IRONSTONE DRIVE, NORTHUMBERLAND, PA 17857
 County: NORTHUMBERLAND Region: NORTHEAST

Administrator

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

Legal Entity

Name: LEEDS HEALTH CARE SERVICES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 Date: 09/21/2017 Issued By: NECU

Staffing Hours

Resident Support Staff: Total Daily Staff: 96 Waking Staff: 72

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 08/15/2024

Inspection Dates and Department Representative

08/15/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 48 Residents Served: 48

Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 48 Residents Served: 48

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 48 Have Physical Disability: 0

Inspections / Reviews

08/15/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/01/2024

09/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/21/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/11/2024

Inspections / Reviews *(continued)*

10/23/2024 - Document Submission

Submitted By [REDACTED]

Date Submitted: 10/21/2024

Reviewer [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] a mobile x-ray was ordered for resident [redacted] after the resident fell on [redacted] and complained of side and hip pain. The mobile x-ray indicated that resident [redacted] had fractures of the 8th and 9th ribs. The home did not send an incident report to the department’s regional office regarding the fall and diagnosis of [redacted]

Plan of Correction

Accept [redacted] - 09/06/2024)

Occurrences of incidents/conditions categorized under PA Code 55, Chapter 2600.16 will be reviewed by the administrator at daily 24 hour report reviews to insure that proper notification has been made to the Department. Please see attached audit tool. Audits will continue until 100% accuracy is achieved for three consecutive months.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented [redacted] - 10/23/2024)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] residents [redacted] and [redacted] had an altercation over a cup of tea. Resident [redacted] hit resident [redacted] on the side of the head three times.

Plan of Correction

Accept [redacted] - 09/06/2024)

Residents [redacted] and [redacted] were immediately redirected to opposite areas of the unit following the incident.

Area Agency on Aging notified of incident on 8/7/24 at 9:38am but did not feel incident was in need of investigation (unless directed differently by licensing agency). See attached note regarding call to AAA.

DHS notified of incident. See attached reportable incident.

1:1 abuse re-educations are being conducted with all staff members by Nursing Supervisor and Administrator and will be completed by 9/5/24. See attached education in progress.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented [redacted] - 10/23/2024)

182c - Medication Administration

3. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 1. Identify the correct resident.

182c - Medication Administration (continued)

Description of Violation

On [redacted] during noon medication administration staff person A mistakenly administered resident [redacted] medications to resident [redacted]. It was reported that staff person A was distracted during medication administration by another resident and recognized the error immediately upon attempting to initial resident [redacted] medication administration on the medication administration record (MAR).

Plan of Correction

Accept ([redacted] - 09/06/2024)

Medication Administration Re-Educations are being conducted 1:1 by Nursing Supervisor and Administrator and will be completed by 9/5/24. See attached education in progress. Nursing supervisor will conduct monthly medication administration observations of charge staff. See attached audit tool. Audits will continue until observations are conducted with 100% accuracy for three consecutive months. Administrator will spot check audits for completion. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented ([redacted] - 10/23/2024)

187d Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 7/21/24 during noon medication administration resident [redacted] was mistakenly administered the medications [redacted], [redacted], [redacted], and [redacted]. The medications were resident [redacted] medications and at noon resident [redacted] should have received only [redacted].

Plan of Correction

Accept ([redacted] - 09/06/2024)

Medication Administration Re-Educations are being conducted 1:1 by Nursing Supervisor and Administrator and will be completed by 9/5/24. See attached education in progress. Nursing supervisor will conduct monthly medication administration observations of charge staff. See attached audit tool. Audits will continue until observations are conducted with 100% accuracy for three consecutive months. Administrator will spot check audits for completion. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented ([redacted] - 10/23/2024)

231c Preadmission Screening

5. 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.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. The entire home is a secure dementia facility. The home completed a cognitive screening for the resident on 5/21/24 but did not complete another cognitive screening within 72 hours prior to the resident's admission to the home.

231c - Preadmission Screening (continued)

Plan of Correction

Accept ([redacted] - 09/06/2024)

Nursing supervisor will conduct monthly audits of Cognitive preadmission screening for at least 5 randomly selected residents each month to insure accuracy and timely completion of cognitive preadmission screenings. See attached audit tool. Audits will continue until no errors are found for three consecutive months. Administrator to spot check audits monthly. See attached Administrator Audit tool.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented ([redacted] - 10/23/2024)

251b - Record Entries Legible

6. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The home used correction fluid on physician call reports dated [redacted] and [redacted] physician call reports were found in resident [redacted] record.

Plan of Correction

Accept ([redacted] 09/06/2024)

Staff education of all nursing charge staff has been conducted regarding proper marking of errors in documentation. See attached written education. Administrator will review the charts of two randomly selected residents monthly for proper marking of errors in documentation. See attached audit tool. Audit will continue until no discrepancies are found for three consecutive months.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented ([redacted] 10/23/2024)