

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

October 4, 2024

[REDACTED] OWNER/OPERATOR
HERITAGE HILLS RETIREMENT COMMUNITY INC
[REDACTED]
[REDACTED]

RE: HERITAGE HILLS RETIREMENT
COMMUNITY
2256 SHANKS CHURCH ROAD
GREENCASTLE, PA, 17225
LICENSE/COC#: 30169

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/04/2024, 09/05/2024 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: HERITAGE HILLS RETIREMENT COMMUNITY License #: 30169 License Expiration: 06/20/2025
 Address: 2256 SHANKS CHURCH ROAD, GREENCASTLE, PA 17225
 County: FRANKLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: HERITAGE HILLS RETIREMENT COMMUNITY INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 12/16/2022 Issued By: Building Code Official Accredited Services

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 47 Waking Staff: 35

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/05/2024

Inspection Dates and Department Representative

09/04/2024 - On-Site: [REDACTED]
 09/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 86 Residents Served: 46
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 48
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

09/04/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/26/2024

Inspections / Reviews *(continued)*

09/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/30/2024

09/27/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/07/2024

10/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 9/4/24 at approximately 9:45 AM the 1st floor nurses station was observed having resident records on a countertop beside the staff computer unlocked, unattended and accessible.

Plan of Correction

Accept () - 09/27/2024

On 9/4/24 the forms with resident information were immediately placed in a locked file drawer at the nurse's station. On 9/4/24, the administrator discussed with the nurses the importance of keeping all resident information in a secured place anytime they walk away from the nurses' station. The nurses will be responsible for assuring that all forms with any resident information are placed in the locked file drawer anytime they leave the nurse's station unattended. Beginning 9/30/24, the administrator will randomly inspect the nurses station monthly to ensure confidential information is filed in away in a locked drawer.

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 10/04/2024

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff member A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. The high school diploma observed on file for staff member A was from the University of [REDACTED], located in [REDACTED]

Repeated violation - 9/13/23, et al.

Plan of Correction

Accept () - 09/27/2024

On 09/05/2024 staff involved in the hiring of Direct Care Staff were made aware that if a new hire has a high school diploma or college degree from outside the US, it will need to be verified and a waiver will need to be requested. To prevent further occurrences, the new employee file checklist was edited on 9/05/24 to include "diploma verified and waiver applied for if diploma is from outside the US. All new completed new hire files will be reviewed by the administrator monthly. On 9/19/2024 a waiver application was sent to DHS. The staff person provided transcripts for both her High School and College classes.

Licensee's Proposed Overall Completion Date: 09/30/2024

54a - Direct Care Staff (continued)

Implemented () - 10/04/2024

171b4 - Staff Training

3. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff Member B volunteers at the home and provides transportation to residents. Staff Member B has not received any direct care staff training.

Plan of Correction

Accept () - 09/27/2024

The volunteer completed the direct care giving training on 9/22/24. The administrator will ensure any new volunteer or staff person who transport residents completed the direct care staff training prior to providing transportation to residents. On 09/10/24 the new volunteer file checklist was edited to include "direct care training if providing transportation to residents". Beginning 9/30/24, all new completed new volunteer files will be reviewed by the administrator monthly

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 10/04/2024

171b5 - First Aid Kit

4. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit located in the Honda Odyssey used to transport residents did not include eye coverings.

Plan of Correction

Accept () - 09/27/2024

On September 5, 2024 an eye shield was added to the first aid kit in the Honda Odyssey. A completed checklist of items will be kept in the van in the first aid kit. Starting 10/24 the administrator will audit the first aid kit quarterly to ensure all required items are in the first aid kit.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented () - 10/04/2024

182b - Prescription Medication

5. Requirements

2600.

182b - Prescription Medication (continued)

- 182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 - 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On 8/2/24, 8/9/24, 8/16/24, 8/23/24 an 8/30/24 at 8:00 AM Staff Members A and D administered Ozempic 2 MG subcutaneously to Resident #1. Neither staff person A nor D are licensed nurses or trained to administer this medication.

Plan of Correction

Accept () - 09/27/2024)

On 9/4/24 all nursing staff were immediately notified that only licensed nurses are permitted to administer GLP-1 medications. Starting 10/24, the administrator will be responsible for auditing MARs monthly to ensure that nurses are the only staff administering the GLP-1 medications.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented () - 10/04/2024)

183b - Meds and Syringes Locked

6. Requirements

- 2600.
- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/5/24 at approximatley10:30 AM, medications were observed unlocked, unattended, and accessible in room number #202. The following medications were observed accessible and sitting on top of the resident's microwave: Care One Aspirin, 81 mg, Carvedilol Tabs, 3.125 mg, Tamsulosin HCL 0.4 mg, Atorvastatin, 40 mg, and Metformin HCL Tabs, 500 mg. The resident who resides in room #202 is not assessed to be capable of self-administering medications.

Plan of Correction

Accept () - 09/27/2024)

Effective 9/6/24, any resident who self-medicates has been asked by the administrator to keep their room doors locked. Starting 9/6/24, the administrator will conduct random daily checks to ensure the doors are being kept locked. Locked medication cabinets have been purchased as an option if the administrator finds the doors are not being kept locked and/or the resident does not wish to keep their doors locked. The administrator will be responsible for follow-through of proper policy and procedures.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 10/04/2024)

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

The glucometer for resident #4 was found not calibrated correctly for the month of August. All blood glucose measurements for the month of August were recorded on the glucometer as being completed in the month of October.

Plan of Correction

Accept () - 09/24/2024

During an audit of Libre2 reader on 9/3/24 by the nurse, the nurse noted the reader results to be incorrectly dated. The reader required a reset. All the dates, times, and results were found to be correct after 9/3/24 at 9:15pm. Direct staff have been reminded to notify a nurse if they find any inaccurate information when performing glucoscan or Libre2 checks. As of 9/3/24 the nurse is responsible for checking all glucoscan units and Libre2 readers each day to confirm correct date, time, results and entry to the MAR.

Licensee's Proposed Overall Completion Date: 09/23/2024

Implemented () - 10/04/2024

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 9/5/24 at 9:20 AM, staff member C provided resident #2 with their medications. However, resident #2 did not ingest the medications and left them at the table to be taken after breakfast. Staff member C documented the medications as being administered on the Medication Administration Record.

Plan of Correction

Accept () - 09/27/2024

On 9/5/24 the administrator met with staff member C, who immediately recognized () did not follow proper policy and procedures. On 9/6/24, all nursing staff were reminded of the regulation and policy to observe residents when they are given their medications and to only mark the medication as administered on the MAR after they have visually noted the resident to ingest the medication. Starting on 9/23/24 the administrator will be responsible for making random and unannounced observations during medication passes to ensure policy and procedures are being followed.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 10/04/2024

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed blood sugar checks 3 times daily. On 8/3/24 there were 3 blood sugar measurements recorded on the Medication Administration Record (MAR). However, the glucometer being used for resident #4 was reported by the administrator to be incorrectly calibrated for the correct month during August 2024. All measurements taken for the month of August were reported as being recorded on the glucometer as the month of October 2024. On

187d - Follow Prescriber's Orders (continued)

10/3/24 (which was the 8/3/24 measurement) the glucometer, was observed having only recorded 2 measurements. However, 3 measurements are prescribed and recorded on the MAR.

Resident #5 is prescribed Dorzolam/Timolol 10 ML eyedrops 2 times daily at 8:00 AM and 8:00 PM. On 8/12/24 at 8:00 PM and 8/13/24 at 8:00 AM resident #5 was not administered this medication.

Resident #5 is prescribed Insulin Aspart Flex 100/ML per the following sliding scale:

- 70-150 = 4 units
- 151-200 = 8 units
- 201-250 = 10 units
- 251-300 = 12 units
- 301-350 = 14 units

On 8/23/24 resident #5 had a documented blood sugar of 121. However, the MAR recorded 0 units were administered and a note stating insulin was "not needed" was recorded at this date and time.

Plan of Correction

Accept () - 09/27/2024

On 8/12/24 Nurse notified resident #5 POA that Dorzolam/Timolol eye drops needed. Family supplies this medication from an outside pharmacy. Family brought supply in on 8/13/24 in the afternoon (they live away). On 9/5/24 the Nursing staff were reminded to alert family well in advance of low supply of any medication. Notice will also be given to families who supply medications from an outside pharmacy reminding them supplies not received in an appropriate timeframe will be ordered through the house pharmacy so there are no missed doses. Starting 9/23/24, the nurse will be responsible to complete weekly audits of all medications to ensure supplies that are low are refilled in a timely manner.

Regarding Aspart Flex insulin sliding scale – 9/6/24 reviewed with direct caregiver the importance of accuracy when giving all medications and insulin. Retrained and reviewed with the direct caregiver policies and procedures of medication administration that must be followed. The administrator will conduct random checks during medication administration times to ensure policies and procedures for medication administration are being followed.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 10/04/2024

227e - Self Administer Medication

10. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

On 9/5/24 the MAR for resident #5 stated the resident was able to self-administer the following medications: Acetaminophen 650 MG, Albuterol HFA 90 MCG 18 GM in haler, and Glucose tablets chewable. However, the most recent RASP dated stated the resident is unable to self-administer medications.

Plan of Correction

Accept () - 09/27/2024

On 9/6/24, RASP updated to reflect that resident can self-administer some medications but not others as stated on

227e - Self Administer Medication (continued)

█ DME. The administrator will be responsible for ensuring that RASP is up to date and any changes that are noted are reflected in a timely manner. Starting 10/1/24, the administrator will review updated resident DME and document any changes on the RASP. Starting 10/1/24, the administrator review the files of residents that had new DMEs completed the previous month to ensure the RASP reflects the DME.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented (█ - 10/04/2024)