

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

October 18, 2024

[REDACTED], ADMINISTRATOR
HERITAGE CAMPUS GREEN HILLS OPCO LLC
400 TRANQUILITY LANE
READING, PA, 19067

RE: THE HERITAGE OF GREEN HILLS
CARE CENTER
400 TRANQUILITY LANE
READING, PA, 19067
LICENSE/COC#: 23113

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/12/2024 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: THE HERITAGE OF GREEN HILLS CARE CENTER **License #:** 23113 **License Expiration:** 08/18/2025
Address: 400 TRANQUILITY LANE, READING, PA 19067
County: BERKS **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: HERITAGE CAMPUS GREEN HILLS OPCO LLC
Address: 400 TRANQUILITY LANE, READING, PA, 19067
Phone: [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 06/06/2022 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 89 **Waking Staff:** 67

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 09/12/2024

Inspection Dates and Department Representative

09/12/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 90	Residents Served: 67		
Secured Dementia Care Unit			
In Home: Yes	Area: unit	Capacity: 20	Residents Served: 19
Hospice			
Current Residents: 12			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 67		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 22	Have Physical Disability: 2		

Inspections / Reviews

09/12/2024 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/10/2024

10/11/2024 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 10/18/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/18/2024

Inspections / Reviews *(continued)*

10/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/23/2024

10/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

In the Secured Dementia unit, the public bathroom across from the laundry room was unlocked and a disinfectant cleaning spray was found in the top drawer.

Plan of Correction

Accept ([redacted] - 10/11/2024)

The disinfectant cleaning spray was immediately removed from the public restroom in the Secured Dementia Unit. Administrator held a training and provided a read and sign to staff on 09/17/2024 to review this regulation and the importance of ensuring that all poisonous materials are locked away and not accessible to any resident in the Secured Dementia Unit. Memory Care Housekeeping is doing daily checks of the bathroom and bathroom cabinetry to ensure all poisonous products are locked away.

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

Implemented ([redacted] - 10/18/2024)

162c - Menus Posted

2. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 9/12/2024, the menu posted in the Secured Dementia unit was not posted for [redacted] and not posted for the required 1 week in advance.

Plan of Correction

Accept ([redacted] - 10/11/2024)

The missing week menu was immediately posted correctly. Menus and activity schedules are kept in a locked display box in the common area of the Secured Dementia Unit, the only people who access this box are the dining supervisor and the activity staff. Training and a read and sign will be provided to the dining and activities staff so that they understand the regulations and requirements for posting menus. Going forward, activity staff and dining staff will check weekly when they post new schedules to ensure that the proper menus are posted each week.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented ([redacted] - 10/18/2024)

181c - Self-administration Assessment

3. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 1's Initial Documentation of Medical Evaluation (DME) dated [redacted] and their Resident Assessment and Support Plan (RASP) dated [redacted] indicated they cannot self-administer medications. The following items were

181c Self administration Assessment (continued)

noted in Resident 1's room: [REDACTED]

Plan of Correction

Accept ([REDACTED] - 10/16/2024)

The administrator held a training and provided a read and sign to staff on 09/17/2024 to review this regulation and the importance of ensuring that if over the counter medications are found/seen in a resident room the supervisor is immediately notified. The supervisor is to check the resident information to verify if the resident has an order to self administer medications. If the resident does, the supervisor will check to ensure that the resident has an order for the specific medication. Once the order is verified or obtained from the physician, it will be properly labeled and returned to the resident. All staff are responsible for reporting all unlabeled OTC medications in resident rooms,

OTCs were removed from resident's room on 9/12/24, it was reviewed with the resident's doctor who determined that he was not appropriate to self administer medications. The doctor provided scripts for the medications that were currently appropriate/needed and we labeled them appropriately and put the in the medication cart.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented ([REDACTED] - 10/18/2024)

185a - Implement Storage Procedures**4. Requirements**

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 3 has an order for [REDACTED] to be applied to legs as needed for [REDACTED]. The medication was not available on the medication cart on [REDACTED].

Resident 4 has an order for [REDACTED] to be given every 6 hours as needed for [REDACTED]. The medication was not available on the medication cart on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 10/16/2024)

A meeting was held on October 1, 2024 with our pharmacy provider to discuss this violation and what went wrong and how we will ensure that we will either have the medication ordered on hand or a doctored ordered substitute or and order from the doctor putting the medication on hold until it is obtained. It was agreed that if the pharmacy is not able to fill a medication immediately because it is not in stock or available to them, the pharmacy will contact the prescribing medical provider obtain either a suitable substitute or a hold until obtained order from the medical provider. Please see documentation of this meeting. Also, on October 2, 2024 a Med Tech meeting was held to review this process so that they can ensure that it is being followed. Any questions or deviations from this process should be reported to the Director of Wellness immediately.

Medications were received from pharmacy that evening making them available to the resident if needed.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented ([REDACTED] - 10/18/2024)

187a - Medication Record

5. Requirements

2600.

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

8. Frequency of administration.

Description of Violation

Resident 2 has a prescribed order for [REDACTED] to be given every 6 hours as needed for pain. The Medication Administration Record incorrectly indicated the medication to be given every 4 hours as needed.

Plan of Correction

Accept [REDACTED] - 10/16/2024)

A meeting was held on October 1, 2024 with our pharmacy provider to discuss this violation and what went wrong and how we will ensure that entered orders are correct and match the prescribed order and the label that is on the medication. Pharmacy should be checking the orders that Med Techs are entering on a daily basis. If they find a mistake they are to email the Heritage Nursing Staff group email so that it can immediately be fixed. The Director of Wellness will verify the correction was made. On a quarterly basis, as a back up and to ensure we are compliant our Clinical Consultant will do an audit of the med carts and orders. Please see documentation of this meeting. Also, on October 2, 2024 a Med Tech meeting was held to review this process so that they can ensure that it is being followed. Any questions or deviations from this process should be reported to the Director of Wellness immediately.

Medication was pulled from med cart and the original order from the doctor was reviewed, the order for acetaminophen on our MAR was incorrect, it was corrected.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented ([REDACTED] - 10/18/2024)