

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

November 21, 2024

[REDACTED], ADMINISTRATOR
HEARTLAND RETIREMENT PERSONAL CARE HOME INC
[REDACTED]

RE: HEARTLAND RETIREMENT
PERSONAL CARE HOME
46 ELEMENTARY LANE, BOX 210
WOOLRICH, PA, 17779
LICENSE/COC#: 22712

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/03/2024 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: HEARTLAND RETIREMENT PERSONAL CARE HOME License #: 22712 License Expiration: 07/13/2025
Address: 46 ELEMENTARY LANE, BOX 210, WOOLRICH, PA 17779
County: CLINTON Region: NORTHEAST

Administrator

Name: [Redacted]

Legal Entity

Name: HEARTLAND RETIREMENT PERSONAL CARE HOME INC
Address: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/04/2003 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 10/03/2024

Inspection Dates and Department Representative

10/03/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 48 Residents Served: 10
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 10
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

10/03/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/26/2024
10/31/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 11/14/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/07/2024

Inspections / Reviews *(continued)*

11/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/14/2024

11/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 10/3/24 at approximately 10:00am, a CO2 monitor was not located in the living room where there was a fireplace present.

Repeat violation: 8/15/2023

Plan of Correction

Accept ([redacted] - 10/31/2024)

- Administrator had removed the CO2 monitor from the wall that was to be located in the living room where the fireplace was located.
- The importance of having this located by the fireplace is to ensure that there aren't any poisons in the air that can't be detected without the CO2 monitor.
- Administrator put the CO2 monitor back on the wall the same day as the inspection was being conducted.
- Administrator will make sure when doing walk throughs of the building that it is still on the wall. If Administrator takes the CO2 monitor off the wall to check, they will put back up at the time she is done with conducting check on the monitor.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ([redacted] - 11/15/2024)

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff Member A only completed 19 hours of the required 24 hours of administrator training for the training year 2023.

Repeat violation: 8/15/2024

Plan of Correction

Accept ([redacted] - 10/31/2024)

- Staff member A was short 5 hours of administrator training.
- Staff member A will complete the 5 hours that are due by November 5th, 2024.
- Once the classes are complete online, they will be printed out and attached for proof of completion.
- Staff member A will make sure that all 24 hours are completed and count the hours before the end of each year to make sure they have all required CEU's.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ([redacted] - 11/15/2024)

81b - Resident Personal Equipment

3. Requirements

81b Resident Personal Equipment (continued)

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at approximately [redacted] Resident 1's bed enabler was observed uncovered. The openings measure 17x5 inches and present as a possible entrapment hazard.

Plan of Correction

Accept ([redacted] - 11/07/2024)

-Resident #1 had a bed enabler on her bed that wasn't covered up with any blankets or pillowcase that would block a resident of getting stuck in any way.

-Resident #1 bed enabler was removed from the bed 10/3/2024 to prevent any entrapment hazard in any way.

-Administrator and staff at all times while doing walkthroughs will make sure that there aren't any bed rail devices being used. If there is one being used for the resident's needs, then they will be made sure at all times that they will have a pillowcase on them to prevent future possible entrapment hazards.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented ([redacted] - 11/15/2024)

103e Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 10/3/24, at approximately 12:15pm, half of a hoagie was observed located in the walk-in refrigerator. The hoagie was not labeled with a date.

On 10/3/24, at approximately 12:15, located in the walk-in refrigerator was a whole pumpkin pie and in dry storage was a plastic container containing Raisin Bran. Both items did not have a label with a date.

Plan of Correction

Accept ([redacted] - 10/31/2024)

- There were items that were not labeled correctly with dates, and container with cereal with no label or date.

-The items in the cool storage area were removed and thrown away the day of inspection.

-Administrator will make sure walkthroughs on a weekly/daily basis are being done to make sure that the staff remove their belongings they bring in for lunch, and that the boxes or containers are with dates/labels. They will be kept in the original containers as well.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ([redacted] - 11/15/2024)

125a Combustible Storage

5. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

125a Combustible Storage (continued)

Description of Violation

On 10/2/24, at approximately 10:15am, a washcloth was found in the laundry room behind the dryer and in close proximity of the dryer's exhaust vent, posing a potential fire hazard.

Plan of Correction

Accept (█ - 10/31/2024)

Washcloth was found in the laundry room behind the dryer and was close to the dryer's exhaust vent. This is a potential hazard for fire.

Washcloth was removed the day of inspection.

Administrator/Caregivers will make sure weekly that there will be no fire hazard materials behind the washer/dryer. There will be a sheet to be signed off to state it was checked for safety.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented (█ - 11/15/2024)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

As of 10/3/2024, there have been no overnight fire drills completed in home since 10/24/2024.

Plan of Correction

Accept (█ - 10/31/2024)

There was no overnight fire drill completed in the home in a 6 month period.

This policy is very important to make sure that all residents are removed in a case of an emergency in a timely manner for all safety.

10/30/2024 fire drill will be conducted for overnight.

Administrator will mark on Calendar for the next 6 months overnight fire drill to be completed.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented (█ - 11/15/2024)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 2's initial Documentation of Medical Evaluation (DME) was completed on [REDACTED]. The medication section indicated "see attached" No documentation was attached.

Plan of Correction

Accept [REDACTED] - 11/07/2024)

- Resident # 2 Didn't have a medication list attached to the DME.
- The importance of this is to make sure that the residents medications match up to what they are to be taken upon arrival, also for the caregivers to go back to reference to if any questions about the medications.
- Administration went into the DME on [REDACTED] and wrote the medications to be taken upon arrival.
- Medications will be wrote in on the required paper and also attach the medication list to the DME upon all new residents being admitted to the home.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 11/21/2024)

185a - Implement Storage Procedures

8. 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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident 3- At [REDACTED] on [REDACTED] the reading on the glucometer was [REDACTED] but was incorrectly transcribed as [REDACTED], on [REDACTED], the reading on the glucometer was [REDACTED] but was incorrectly transcribed as [REDACTED], and on [REDACTED] the reading on the glucometer was [REDACTED] but was incorrectly transcribed as [REDACTED]

Resident 4 has a PRN order for [REDACTED] to take [REDACTED] tab daily as needed for [REDACTED]. The blister pack is a 12 count, 9 doses are unaccounted for. There is no narcotic book, no count sheet, and no Medication Administration Record documentation of when the medication was distributed.

Plan of Correction

Directed [REDACTED] - 11/07/2024)

- Resident #4 didn't have a PRN narcotic count sheet that documented of when the medication was distributed.

185a - Implement Storage Procedures (continued)

- Staff member A failed to confirm there was a narcotic count sheet to be provided for the medication caregivers.
- Narcotic sheet was pulled out by Staff member A the day of inspection on 10/3/2024 and is being counted at the beginning of each shift and end of each shift.
- This procedure is important due to the narcotics being accounted for and how often the medication is being given so there isn't any over medicating a resident.
- Staff member A will do weekly checks starting 11/3/2024 to make sure that all the count is matched up and monitor the narcotics.

Proposed Overall Completion Date: 11/06/2024

Directed: Staff that perform blood glucose checks will be trained regarding proper documentation of blood glucose readings by 11/14/2024. The administrator or designee will complete daily audits of the blood glucose documentation until 11/30/2024 and then complete weekly audits through 12/31/2024.

Directed Completion Date: 11/14/2024

Implemented (████) - 11/15/2024)

185b - Medication Procedures

9. Requirements

2600.

185.b. At a minimum, the procedures must include:

Description of Violation

The facility was not following their narcotic policy stating that a narcotic count must be maintained, as well as completing Medication Administration Records completed when medications are distributed.

Plan of Correction

Accept (████) - 11/07/2024)

- Staff A did not properly have a sign in and out narcotic count sheet in the Medication Administration Record book as in the policy on 10/3/2024.
- The medication staff was documenting in the report book during the shift they were working and not on the MAR.
- Staff A with being the medication trainer retrained the staff with a signed Policy and maintained in the Medication staffs file to make sure they are to document into the MAR and Narcotic count sheet.
- Staff A with being the medication trainer will check the Narcotic count sheet to make sure it all matches up and being properly being documented on a monthly/quarterly basis starting 10/4/2024.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented (████) - 11/15/2024)

225a - Assessment 15 Days

10. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a - Assessment 15 Days (continued)

Description of Violation

Resident 2 was admitted on [REDACTED]. The resident's initial assessment was completed on [REDACTED], more than 15 days after the date of admission.

Plan of Correction

Accept ([REDACTED] - 10/31/2024)

- Resident #2 was admitted to the facility on [REDACTED] and was over the 15 day of admissions.
- Administration was 4 days past making sure the proper paperwork was completed in the timely manner it was to be done.
- Administration will make sure when a resident is admitted to the home, they will put it in the Calander the day that the resident needs to have the proper paperwork completed.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ([REDACTED] - 11/15/2024)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 1 uses a bedside mobility device. Resident 1's Assessment Support Plan dated [REDACTED] does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept ([REDACTED] - 10/31/2024)

- Resident #1 had a bedside mobility device attached to her bed.
- Resident #1 didn't need to have this on the side of [REDACTED] bed as it was from a pass client and was never removed and overlooked.
- Administration will make sure that when a resident receives another bed that there will not be any bedside mobility device attached to the bed.
- Administrator/Caregiver when doing weekly walkthroughs or daily will make sure nothing is attached to bedside.
- Bedside mobility device has been removed

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ([REDACTED] - 11/15/2024)