

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

January 8, 2025

[REDACTED]
GAHC3 PALMYRA PA ALF TRS SUB LLC

[REDACTED]
C/O HERITAGE SENIOR LIVING
[REDACTED]

RE: TRADITIONS OF HERSHEY
100 NORTH LARKSPUR ROAD
PALMYRA, PA, 17078
LICENSE/COC#: 33260

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/21/2024 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: *TRADITIONS OF HERSHEY* License #: *33260* License Expiration: *02/01/2025*
 Address: *100 NORTH LARKSPUR ROAD, PALMYRA, PA 17078*
 County: *LEBANON* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *GAHC3 PALMYRA PA ALF TRS SUB LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1 2* Date: *06/29/2015* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint* Exit Conference Date: *11/21/2024*

Inspection Dates and Department Representative

11/21/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *36* Residents Served: *33*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

11/21/2024 - Partial

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

Inspections / Reviews *(continued)*

12/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/17/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/20/2024

01/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/17/2024

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] police responded to the home because of a report that a resident was punching and biting a staff person. The home did not report this incident to the Department.

Plan of Correction

Accept ([redacted] - 12/10/2024)

Immediate Corrective Action: Incident Report faxed to Department of Human Services by Resident Care Director on [redacted]

Additional Corrective Actions: Training completed by Resident Care Director on [redacted], with wellness staff. Training covered what is required to be reported to the Department of Human Services, specifically when the Fire Department or Police are dispatched to the community.

Ongoing Corrective Actions: Incidents will be reviewed by the Executive Director, Resident Care Director, and Care Managers at daily Clinical Care Meetings to ensure Incident Reports are sent to the Department of Human Services within 24 hours, beginning [redacted]. Compliance, patterns, and trends will be reviewed at Quarterly Quality Assurance meetings, beginning with the 2024 Q4 Review to be held January 2025.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 01/08/2025)

182b Prescription Medication

2. Requirements

2600.

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

Staff B, who has not successfully completed the Department-approved medication administration course, administered medications to residents including:

- On [redacted], Resident [redacted] at 10:57 AM
- On [redacted], Resident [redacted] at 10:47 AM
- On [redacted], Resident [redacted] at 10:30 AM

182b Prescription Medication (continued)

Plan of Correction

Accept [REDACTED] - 12/10/2024)

Immediate Corrective Action: On [REDACTED] Resident Care Director educated Staff B that only certified Medication Technicians are permitted to administer medications and complete treatments.

Additional Corrective Actions: Training completed for wellness staff on [REDACTED] by Resident Care Director. Training including regulatory requirements that only those who are certified Medication Technicians are able to give residents their medications. and treatments.

Ongoing Corrective Actions: Resident Care Director will complete a daily review of Medication and Treatment Administration Records in the Medication Dashboard, starting [REDACTED]. Compliance, patterns, and trends will be reviewed at Quarterly Quality Assurance meetings, beginning with the 2024 Q4 Review to be held January 2025.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/08/2025)

187a - Medication Record

3. Requirements

2600.

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

- 14. Name and initials of the staff person administering the medication.

Description of Violation

Staff A documented the following medications as administered on the Medication Administration Record (MAR), however, the medications were administered by Staff B. The medications included:

- On [REDACTED], Resident [REDACTED] at 10:57 AM
- On [REDACTED], Resident [REDACTED] at 10:47 AM
- On [REDACTED], Resident [REDACTED] at 10:30 AM

Plan of Correction

Accept [REDACTED] - 12/10/2024)

Immediate Corrective Action: Resident Care Director educated Staff A on [REDACTED] that medications and treatments must be documented by the person who administered or completed them.

Additional Corrective Actions: Training completed for wellness staff on [REDACTED] by Resident Care Director. Training included regulatory requirements that only certified Medication Technicians should document administration of medication and completion of treatments, at the time they complete it.

Ongoing Corrective Actions: Resident Care Director will complete a daily review of Medication and Treatment Administration Records in the Medication Dashboard, starting [REDACTED]. Compliance, patterns, and trends will be reviewed at Quarterly Quality Assurance meetings, beginning with the 2024 Q4 Review to be held January 2025.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/08/2025)