



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

April 3, 2025

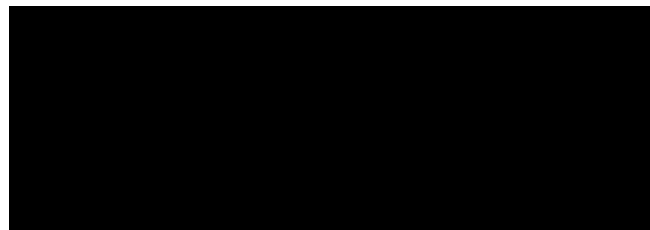
[REDACTED]  
Administrator  
Mary J. Drexel Home  
238 Belmont Avenue  
Bala Cynwyd, Pennsylvania 19004

RE: The Hearth at Drexel  
238 Belmont Avenue  
Bala Cynwyd, Pennsylvania 19004  
License #: 14062

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on December 19, 2024, January 29, 2025, and March 10 and April 3, 2025 of the above facility, we have determined that your submitted plan of correction for the October 23 and 24, 2024 and the January 8, 2025 inspections is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,



Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *THE HEARTH AT DREXEL* License #: *14062* License Expiration: *06/18/2025*  
Address: *238 BELMONT AVENUE, BALA CYNWYD, PA 19004*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *MARY J DREXEL HOME*  
Address: *238 BELMONT AVENUE, BALA CYNWYD, PA, 19004*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *03/10/2014* Issued By: *Lower Merion Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *116* Waking Staff: *87*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *10/24/2024*

**Inspection Dates and Department Representative**

10/23/2024 - On-Site: [REDACTED]  
10/24/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *85* Residents Served: *75*

**Special Care Unit**

In Home: *Yes* Area: *Inspiring Today* Capacity: *20* Residents Served: *17*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *41* Have Physical Disability: *0*

**Inspections / Reviews**

**10/23/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/25/2024*

## 12/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/27/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/08/2024

## 01/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2024

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document  
Submission

## 04/03/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/29/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

17 Record confidentiality

1. Requirements

2800.

- 17. Confidentiality of Records - 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 10-24-24, at 2:06 pm, the medication cellophane packets were in the trash located on the medication cart the following resident names and medication were identifiable as follows:

- Resident #1, Acetaminophen 500mg
- Resident #2, Carbidopa/Levodopa 25-100mg
- Resident #3, Acetaminophen 500mg

Repeat violation-1-26-24, 10-11-23 et al.

Plan of Correction

Accept ( [redacted] - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the Administrator to remove the empty medication packets from the bin on the medication cart and dispose of them in the secure shredding bin.

To enhance the currently compliant operations, on 11/27/2024 the Director of Nursing began in-servicing the LPN, Charge Nurses and Medication Technicians on maintaining resident confidentiality, the secure storage of empty medication packets and the implementation of an audit to ensure compliance with this regulation. All in-servicing to be complete by 12/13/24. The audit will ensure the empty medication packets are stored securely in the medication cart until the end of the shift at which point they will be disposed of in the secured shredding bin.

Effective 12/05/2024 the LPN, Charge Nurses will perform daily audits on each medication cart (four total) to ensure empty medication packets are stored securely inside the locked medication cart through 03/31/2025 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Nurse Manager for further review and continuous improvement.

Proposed Overall Completion Date: 12/13/2024

Licensee's Proposed Overall Completion Date: 12/13/2024

Not Implemented 4/3/25 [redacted]

18 Other laws, regs, ordins.

2. Requirements

2800.

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

Description of Violation

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016, Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

**18 Other laws, regs, ordins. (continued)**

*The main kitchen did not have carbon monoxide detectors within the 15 feet range of the gas appliances .*

*The gas dryers located in the basement did not have carbon monoxide detectors within the 15 feet range.*

*Repeat violation-10-11-23*

**Plan of Correction**

**Accept ( [REDACTED] - 12/19/2024)**

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/25/2024 by the Director of Facilities to install and date 10 year carbon monoxide detectors in the main kitchen, within 15 feet of the gas appliances and within 15 feet of the gas dryers in the main laundry.*

*To enhance the currently compliant operations, on 12/10/2024 the Director of Facilities will check for placement and operation of carbon monoxide detectors. An inspection tag has been added to each carbon monoxide detector to document the monthly checks, with a completion date of 12/10/2024.*

*Effective 12/10/2024 the Director of Facilities will perform monthly checks as a standard practice indefinitely, to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 12/10/2024*

**Licensee's Proposed Overall Completion Date: 12/10/2024**

**Implemented ( [REDACTED] - 01/29/2025)**

**42s Privacy - self/possessions****3. Requirements**

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*The home had the following concerns with privacy:*

*At 1:45-1:50pm, the cameras were recording when pressed. The green bar at the bottom of the screen back captured a previously recorded video. The home does not have the sign to communicate video recording.*

*At 2:39 pm, the department reviewed the cameras and room # 40 located on the east side the resident door is in view of the camera.*

*Repeat violation-10-11-23*

**Not Implemented 4/3/25 [REDACTED]**

## 42s Privacy - self/possessions (continued)

**Plan of Correction**

Accept ( ) - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/25/2024 by the Director of Facilities to redirect the camera that captured the door of apartment #40.

To enhance the currently compliant operations:

1. on 1/3/2025 the Director of Facilities will complete an audit of all cameras to ensure no camera captures a resident's door, with a completion date of 1/10/2025.
2. on 11/25/2024 the Administrator requested a change to the camera system to remove the recording function of cameras inside the home. Administrator disconnected the camera system until the camera contractor can make the permanent change, with a completion date of 12/31/2024.

The overall completion date is 12/31/2024.

Effective 1/3/2025 the Director of Facilities will perform monthly checks through 03/28/2025 to maintain ongoing compliance with ensuring each resident has the right to privacy of self and possessions, and privacy is provided to the resident during bathing, dressing, changing and medical procedures. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ( ) - 01/29/2025)

## 66b Content of training plan

**4. Requirements**

2800.

66.b. The plan must include training aimed at improving the knowledge and skills of the residence's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**Description of Violation**

The residence's staff training plan for training year 2023 to 2024 does not include the following: name, title of staff, and location of the Relias training.

**Plan of Correction**

Accept ( ) - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/24/2024 by the Administrator to update the staff training plan to include the following: name, title of staff and location of the training.

**66b Content of training plan (continued)**

*To enhance the currently compliant operations, the Administrator will create a policy to include with the staff training plan that sets forth the format for the training plan going forward. The staff training plan and policy will be included in the front of the QA manual for review quarterly, with a completion date of 12/31/2024.*

*Effective 12/09/2024 the Administrator will perform quarterly reviews through 12/31/2025 to maintain ongoing compliance with ensuring the plan includes training aimed at improving the knowledge and skills of the residence's direct care staff persons in carrying out their job responsibilities, and the staff training plan must include, including the name, position and duties of each direct care staff person, and the required training courses for each staff person, and the dates, times and locations of the scheduled training for each staff person for the upcoming year. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 12/31/2024*

**Licensee's Proposed Overall Completion Date: 12/31/2024**

**Implemented (█ - 01/29/2025)**

**81a Disability accommodation****5. Requirements**

2800.

81.a. The residence shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the residence.

**Description of Violation**

*The bedside mobility device located in room # W58 has an opening measuring 11"x13.5" that exceeds the FDA requirements for zone 1. The device was not covered.*

**Plan of Correction**

**Accept (█ - 12/19/2024)**

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/25/2024 by the Director of Nursing to replace the bedside mobility device cover for apartment #W58.*

*To enhance the currently compliant operations, on 12/09/2024 the Nurse Managers will begin auditing all mobility devices in the community to ensure safety and compliance. One household (unit) per week will be audited. All new mobility devices will be added to the audit and checked to ensure safety and compliance, with a completion date of 01/03/2025.*

*Effective 12/09/2024 the Director of Nursing will perform monthly checks through 02/14/2025, of five mobility devices to maintain ongoing compliance with providing or arranging for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the residence. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 01/03/2025*

**Licensee's Proposed Overall Completion Date: 01/03/2025**

81a Disability accommodation (continued)

Implemented (████) - 04/03/2025)

82c Locked poisons

6. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

*Dawn Mist toothpaste, with a manufacture's label indicating "Call Poison Control", was unlocked, unattended, and accessible to residents. Not all the residents in the Special Care Unit have been assessed capable of recognizing and using poisons safely.*

*Repeat violation: 1-26-24, 10-11-23 et al.*

Plan of Correction

Accept (████) - 12/19/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the Director of Nursing to remove and secure the resident's toothpaste in the locked cabinet in the room. The resident does not have access to the locked cabinet.*

*To enhance the currently compliant operations, on 12/09/2024 the Director of Nursing will educate all direct care staff (CNAs, Medication Technicians and LPN Charge Nurses) on the secure storage of items that may be hazardous to our residents in the Special Care Unit, with a completion date of 12/31/2024.*

*Effective 12/09/2024 the LPN Charge Nurses will perform daily inspections through 01/31/2025 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Nurse Manager for further review and continuous improvement.*

*Proposed Overall Completion Date: 12/31/2024*

**Licensee's Proposed Overall Completion Date: 12/31/2024**

Not Implemented 4/3/25 (████)

85a Sanitary conditions

7. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

*On 10-23-24, the dining room light fixtures in the ceiling located in the dining room on the east side had visible dead bugs.*

*On 10-24-24 the following unsanitary conditions were observed:*

- The refrigerator located on the West side area of the home had 1lb of used butter with a long strand of black*

**85a Sanitary conditions (continued)**

hair attached to the saran wrap.

- The refrigerator located on the east side area located outside of the main kitchen. There was a thermometer stuck in a red substance in the bottom refrigerator drawer.
- At 10:53 am, the bathroom in room East #29 had a strong malodorous smell in the bathroom. t 11:26 am, the shower mat in room #11 was removed from the bathroom floor, there were dark spots on the shower floor.

Repeat violation: 10-11-23 et al.

**Plan of Correction**

Directed ( [REDACTED] - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 10/23/2024 by the Director of Facilities to remove the dead bugs and sanitize the ceiling light fixtures.
2. on 10/24/2024 by the Director of Dining Services to remove the butter from the refrigerator and dispose of it.
3. on 10/24/2024 by the Dining Coordinator to clean the red substance from the bottom refrigerator drawer.
4. on 10/25/2024 by the Director of Facilities to remove the shower mat from the shower. The shower was cleaned and sanitized. The shower mat was disposed of.

To enhance the currently compliant operations:

1. on 12/09/2024 the Director of Facilities will create an environmental rounds checklist to include cleanliness of light fixtures and sanitation of resident bathrooms, with a completion date of 12/13/2024.
2. on 12/09/2024 the Cooks will complete daily documentation for refrigerator sanitation/ labeling/ and dating check on all four households (units), with a completion date of 03/28/2025.

The overall completion date is 03/28/2025.

Effective 12/09/2024 the Director of Dining and the Director of Facilities will perform weekly inspections through 03/28/2025 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 03/28/2025

**Directed Plan of Correction:**

Only the overall completion date has been directed to 1/3/25. This is the date by which the home should be able to demonstrate significant compliance.

Directed Completion Date: 03/28/2025

Implemented ( [REDACTED] - 01/29/2025)

**88a Floors, walls, ceilings, windows, doors**

**8. Requirements**

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation***At 11:26 am, in room #11 there was a cord for bed that was crossing the floor creating a hazard.***Plan of Correction**

Accept ( [REDACTED] - 12/19/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the Director of Facilities to move the power cord to behind the bed.**To enhance the currently compliant operations, on 12/09/2024 the Director of Nursing will train all direct care staff on the importance of reporting hazards upon discovery to their immediate supervisor, with a completion date of 12/31/2024.**Effective 12/10/2024 the Director of Facilities will perform weekly inspections (one household per week) through 01/31/2025 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.**Proposed Overall Completion Date: 12/31/2024*

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented 4/3/25 [REDACTED]

**91 Telephone Numbers****9. Requirements**

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation***There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in the following rooms: #09 and # E64.***Plan of Correction**

Accept ( [REDACTED] - 12/19/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2024 by the Director of Nursing to replace the emergency stickers with the telephone numbers for the nearest hospital and fire department on the phones in apartment #9 and #64.**To enhance the currently compliant operations, on 12/09/2024 the Administrator will add a check for emergency phone numbers to the environmental rounds audit, with a completion date of 12/13/2024.**Effective 12/09/2024 the Director of Facilities will perform weekly inspections through 01/31/2025 to maintain ongoing compliance with posting on or by each telephone with an outside line the telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.*

91 Telephone Numbers (continued)

Proposed Overall Completion Date: 12/13/2024

Licensee's Proposed Overall Completion Date: 12/13/2024

Not Implemented 4/3/25 [REDACTED]

92 Windows/screens

10. Requirements

2800.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window in the kitchen did not have a screen to enclose the window.

Plan of Correction

Accept ([REDACTED] - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/25/2024 by the Director of Facilities to replace the missing window screen in the kitchen.

To enhance the currently compliant operations, on 12/09/2024 the Administrator will update the environmental rounds audit to include a check for the condition/placement of window screens, with a completion date of 12/13/2024.

Effective 12/09/2024 the Director of Facilities will perform weekly inspections through 01/31/2025 to maintain ongoing compliance with ensuring windows, including windows in doors, are in good repair and securely screened when doors or windows are open. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 12/13/2024

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented ([REDACTED] - 01/29/2025)

95 Furniture & Equipment

11. Requirements

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The bathroom cabinet drawer front panel fell off when opened in room West #58.

Plan of Correction

Directed ([REDACTED] - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2024 by the Director of Facilities to repair the broken cabinet drawer front in apartment #58.

To enhance the currently compliant operations, on 12/09/2024 the Administrator will update the environmental rounds audit to include a check for condition of furniture and equipment, with a completion date of 12/13/2024.

## 95 Furniture &amp; Equipment (continued)

Effective 12/09/2024 the Director of Facilities will perform weekly inspections through 12/31/2024 to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 01/31/2025

**Directed Plan of Correction:**

Only the overall completion date has been directed to 1/3/25. This is the date by which the home should be able to demonstrate significant compliance.

Directed Completion Date: 01/31/2025

Implemented (█) - 01/29/2025)

## 103f Fridge/Freezer Temps

**12. Requirements**

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

On 10: -23-24, at 10:40am, the temperature in the refrigerator located on East area of the home was 50 degrees Fahrenheit and at 1:40 pm it was 58 degrees Fahrenheit.

Repeat violation-10-11-23

**Plan of Correction**

Directed (█) - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/23/2024 by the Director of Dining to remove the refrigerator from service.

To enhance the currently compliant operations, on 11/25/2024 the Director of Facilities will replace the refrigerator, with a completion date of 01/10/2025.

Effective 12/09/2024 the Dining Coordinators will perform daily checks on the refrigerators and freezers on each household (unit) through 03/28/2025 to maintain ongoing compliance with ensuring food that requires refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Dining for further review and continuous improvement.

103f Fridge/Freezer Temps (continued)

Proposed Overall Completion Date: 01/10/2025

**Directed Plan of Correction:**

Only the overall completion date has been directed to 1/3/25. This is the date by which the home should be able to demonstrate significant compliance.

Directed Completion Date: 01/10/2025

Not Implemented 4/3/25 [REDACTED]

103i Outdated food

**13. Requirements**

2800.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

The following concerns were observed with the labeling and date of the food in the home:

10-23-24

There were several unlabeled, undated gallons of ice cream in the refrigerator located on the West side area of the home.

10-24-24

- Used 1lb of butter wrapped in saran wrap, undated with long dark hair under the saran wrap
- Ball of butter wrapped in saran wrap unlabeled and undated.
- Russian dressing unlabeled and undated

In the freezer, there was an Unlabeled food product without a date all items located on the West side are of the home.

**Plan of Correction**

Accept [REDACTED] - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the Director of Dining to remove and discard all food items that were unlabeled and undated.

To enhance the currently compliant operations, on 12/09/2024 the Director of Dining will implement a checklist for labeling and dating of all food items stored in the household (unit) kitchens, with a completion date of 12/13/2024.

Effective 12/09/2024 the Dining Coordinators will perform daily audits through 03/28/2025 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not used. Compliance monitoring activities will be implemented under the supervision of the Cooks. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Director of Dining for further review and continuous improvement.

Proposed Overall Completion Date: 12/13/2024

103i Outdated food (continued)

Licensee's Proposed Overall Completion Date: 12/13/2024

Not Implemented 4/3/25

121a Unobstructed egress

15. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On 10-24-24, at 10:18am, there was a blocked egress with a stop sign on the patio door. This was located on the 1st floor of the east side area of the home.

Plan of Correction

Accept ( ) - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the Director of Facilities to remove the stop sign from the door leading to the courtyard.

To enhance the currently compliant operations:

- 1. on 12/09/2024 the Administrator will update the environmental rounds audit to include a check to ensure unobstructed egress, with a completion date of 12/13/2024.
- 2. on 12/09/2024 the Director of Nursing will educate staff on the requirement for unobstructed egress from resident living units, with a completion date of 12/31/2024.

The overall completion date is 12/31/2024.

Effective 12/09/2024 the Director of Facilities will perform weekly inspections through 03/28/2025 to maintain ongoing compliance with stairways, hallways, doorways, passageways and egress routes from living units and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented 4/3/25

141a Medical evaluation

16. Requirements

2800.

- 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:
  - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  - 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

**141a Medical evaluation (continued)**

The medical evaluations for the following residents do not include the Tuberculosis test/chest x-ray or medication regimen:

- Resident # 4's ADME dated [REDACTED]
- Resident # 6's ADME dated [REDACTED]
- Resident # 7's ADME dated [REDACTED]

**Plan of Correction****Directed ( [REDACTED] - 12/19/2024)**

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/25/2024 by the Director of Nursing to bring the ADMEs for Residents #4, #6 and #7 into compliance by including the medication regimen and TB test.

To enhance the currently compliant operations:

1. on 12/09/2024 the Director of Nursing will audit all current resident records to ensure all ADMEs include the required information, with a completion date of 12/31/2024.
2. on 12/10/2024 the Director of Nursing will create an ADME tracker for all residents. All residents will be added to the tracker which will include their admission date, date of last annual ADME and all other required information, with a completion date of 12/31/2024. New residents will be added to the tracker upon admission.

The overall completion date is 12/31/2024.

Effective 12/13/2024 the Nurse Managers will perform monthly reviews through 03/28/2025 to maintain ongoing compliance and ensure all required information is included on the ADME and is completed in the required timeframe. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing for further review and continuous improvement. Director of Nursing will review five ADMEs each month to monitor for ongoing compliance.

Proposed Overall Completion Date: 03/28/2025

**Directed Plan of Correction:**

Only the overall completion date has been directed to 1/3/25. This is the date by which the home should be able to demonstrate significant compliance.

Directed Completion Date: 03/28/2025

**Implemented ( [REDACTED] - 01/29/2025)****141b1 Annual medical evaluation****17. Requirements**

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

## 141b1 Annual medical evaluation (continued)

**Description of Violation**

Resident # 4's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

Repeat violation: 11-21-23, 10-11-23 et al.

**Plan of Correction**

Accept ([REDACTED] - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 10/29/2024 by the Director of Nursing to ensure the annual ADME for Resident #4 for year 2024 would be completed in the required timeframe.

To enhance the currently compliant operations:

on 12/09/2024 the Director of Nursing will audit all current resident records to ensure all ADMEs are in compliance with the timeframe required for completion, with a completion date of 12/31/2024.

on 12/10/2024 the Director of Nursing will create an ADME tracker for all residents. All residents will be added to the tracker which will include their admission date, date of last annual ADME and all other required information, with a completion date of 12/31/2024. New residents will be added to the tracker upon admission.

The overall completion date is 12/31/2024.

Effective 12/13/2024 the Nurse Managers will perform monthly reviews through 03/28/2025 to maintain ongoing compliance and ensure all required information is included and the ADME is completed in the required timeframe. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing for further review and continuous improvement. Director of Nursing will review five ADMEs each month to monitor for ongoing compliance.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 01/29/2025)

## 183b Medications and syringes locked

**18. Requirements**

2800.

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 living unit.

**Description of Violation**

On 10-24-24, at 11:39am, prescription sunscreen was unlocked, unattended, and accessible in room #7.

Repeat violation- 1-26-24, 10-11-23 et al.

183b Medications and syringes locked (*continued*)**Plan of Correction**

Accept ( [REDACTED] ) - 12/19/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2024 by the Director of Nursing to remove the resident's prescription sunscreen from the apartment and secure it in the locked medication cart.*

*To enhance the currently compliant operations, on 12/09/2024 the Director of Nursing will educate all direct care staff (CNA's, Medication Technicians and LPN Charge Nurses) on the secure storage of prescription medications, OTC medications, CAM and syringes, with a completion date of 12/31/2024.*

*Effective 12/09/2024 the LPN Charge Nurses will perform daily checks on the 1 West household through 01/31/2025 to maintain ongoing compliance with prescription medications, OTC medications, CAM and syringes being kept in an area or container that is locked. This includes keeping medications and syringes in the resident's living unit. Compliance monitoring activities will be implemented under the supervision of the Nurse Managers. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Director of Nursing for further review and continuous improvement.*

*Proposed Overall Completion Date: 12/31/2024*

**Licensee's Proposed Overall Completion Date: 12/31/2024**

**Not Implemented 4/3/25 [REDACTED]**

## 227c Final support plan - revision

**19. Requirements**

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

**Description of Violation**

*Resident # 5's assessment and support plan (ASP), dated [REDACTED], has not been reviewed on a quarterly basis.*

**Plan of Correction**

Accept ( [REDACTED] ) - 12/19/2024)

*In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/27/2024 by the Director of Nursing to update the resident's support plan with a quarterly review sheet.*

*To enhance the currently compliant operations:*

- 1. on 12/09/2024 the Director of Nursing will review all current resident support plans to ensure quarterly reviews have been completed, with a completion date of 12/31/2024.*
- 2. on 12/09/2024 the Director of Nursing will create a tracker for resident support plans to include the date of admission, last annual support plan, quarterly review dates and requirements for compliance. All new residents will be added to the tracker upon admission, with a completion date of 12/31/2024.*

*The overall completion date is 12/31/2024.*

**227c Final support plan - revision (continued)**

Effective 12/09/2024 the Nurse Managers will perform monthly reviews through 03/28/2025 to maintain ongoing compliance with the final support plan being revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment, and the residence reviewing each resident's final support plan on a quarterly basis and modifying as necessary to meet the resident's needs. Compliance monitoring activities will be implemented under the supervision of the Director of Nursing. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (████) - 01/29/2025)

**227d Support plan – med/dental****20. Requirements**

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

**Description of Violation**

On 10-23-24, resident # 4's Assessment and Support Plan determined that the resident has a need for a bedside mobility device. The resident's support plan, dated █████, does not address how this need will be met.

**Plan of Correction**

Accept (████) - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/26/2024 by the Director of Nursing to update the resident's ASP to address how the bedside mobility device will meet the resident's need.

To enhance the currently compliant operations:

1. on 12/09/2024 the Director of Nursing will create an audit to check the ASPs for all residents with bedside mobility devices to ensure the support plan addresses the need for the device, the intended use, safety risks associated with use, the resident's ability to use the device safely for the purpose intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines, with a completion date of 12/31/2024.
2. on 12/10/2024 the Director of Nursing will audit the support plans of all residents who use bedside mobility devices to ensure the plan addresses how the resident's need will be met, with a completion date of 12/31/2024.

The overall completion date is 12/31/2024.

**227d Support plan – med/dental (continued)**

Effective 12/11/2024 the Nurse Managers will perform quarterly reviews through 03/28/2025 to maintain ongoing compliance with documenting in the resident's final support plan the dietary, 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, and this requirement does not require a residence to pay for the cost of these medical and behavioral care services, and the final support plan documenting the assisted living services and supplemental health care services, if applicable, that will be provided to the resident. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing for further review and continuous improvement.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (████) - 01/29/2025)

**227g Support plan - signatures****21. Requirements**

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident # 7 participated in the development of █████ support plan on █████ However, the resident did not sign the support plan.

Repeat violation: 10-11-23 et al.

**Plan of Correction**

Accept (████) - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/26/2024 by the Director of Nursing to review the support plan with the resident again and provide another opportunity to sign. The resident signed the support plan.

To enhance the currently compliant operations:

1. on 12/10/2024 the Director of Nursing will update the ASP tracker to include a check for all of the compliance requirements, including signature of resident, with a completion date of 12/13/2024.
2. on 12/10/2024 the Nurse Managers will ensure all residents are provided the opportunity to participate in the development of and to sign their support plan. For residents who cannot sign, the Nurse Manager will check the appropriate box on the standard DHS support plan form to denote the inability to sign, with a completion date of 12/13/2024.

The overall completion date is 12/13/2024.

227g Support plan - signatures (continued)

Effective 12/16/2024 the Director of Nursing will perform monthly reviews through 03/28/2025 to maintain ongoing compliance with individuals who participate in the development of the support plan signing and dating the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 12/13/2024

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented ( [redacted] - 01/29/2025)

251b Record entries - legible

22. Requirements

2800.

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

Correction fluid was used on resident # 4 's assessment and support plan dated [redacted]

Plan of Correction

Directed ( [redacted] - 12/19/2024)

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 12/01/2024 by the Director of Nursing to update the resident's annual assessment and support plan.

To enhance the currently compliant operations:

- 1. on 12/10/2024 the Director of Nursing will educate the clinical staff on how to appropriately document an error in the resident's medical record, with a completion date of 12/31/2024.
- 2. on 12/10/2024 the Director of Nursing will update the ASP audit to include a check to ensure the record is permanent, legible, dated and signed by the staff person making the entry, with a completion date of 12/13/2024.

The overall completion date is 12/31/2024.

Effective 1/1/2025 the Director of Nursing will perform monthly reviews of the support plans due the previous month, through 03/28/2025 to maintain ongoing compliance with the entries in a resident's record being permanent, legible, dated and signed by the staff person making the entry. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented for further review and continuous improvement.

Proposed Overall Completion Date: 12/31/2024

Directed Completion Date: 12/31/2024

Not Implemented 4/3/25 [redacted]

251c Standardized forms

23. Requirements

2800.

251.c. The residence shall use standardized forms to record information in the resident's record.

## 251c Standardized forms (continued)

**Description of Violation**

The following resident records were not on the 2600 standardized form:

- Resident # 5's Assessment and Support Plan dated [REDACTED], was not completed on the Department's standardized form.
- Resident # 7's Assisted Support Plan dated [REDACTED], was not completed on the Department's standardized form.

**Plan of Correction****Accept ( [REDACTED] - 12/19/2024)**

In response to the violation on 10/23/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 11/27/2024 by the Director of Nursing to transfer the residents' assessment and support plan information to the home's form which contains all information captured by the Department's form.

To enhance the currently compliant operations:

1. on 12/09/2024 the Administrator updated the Department's Standardized ASP form to a fillable pdf to ensure compliance with the regulation, with a completion date of 12/10/2024.
2. on 12/10/2024 the Director of Nursing will audit all resident records to ensure the Assessment and Support Plan are in compliance, with a completion date of 12/31/2024.

The overall completion date is 12/31/2024.

Effective 12/11/2024 the Director of Nursing will perform monthly reviews through 03/28/2025 to maintain ongoing compliance with the residence using standardized forms to record information in the resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

**Implemented ( [REDACTED] - 01/29/2025)**

**Facility Information**

Name: *THE HEARTH AT DREXEL* License #: *14062* License Expiration: *06/18/2025*  
 Address: *238 BELMONT AVENUE, BALA CYNWYD, PA 19004*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *MARY J DREXEL HOME*  
 Address: *238 BELMONT AVENUE, BALA CYNWYD, PA, 19004*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *03/10/2014* Issued By: *Lower Merion Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Monitoring* Exit Conference Date: *01/08/2025*

**Inspection Dates and Department Representative**

*01/08/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *85* Residents Served: *74*

**Special Care Unit**  
 In Home: *Yes* Area: *Inspiring Today* Capacity: *20* Residents Served: *19*

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *40* Have Physical Disability: *0*

**Inspections / Reviews**

**01/08/2025 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/08/2025*

**02/21/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *03/18/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/26/2025*

Inspections / Reviews (*continued*)

03/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/12/2025

04/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date:

## 82c Locked poisons

## 1. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

## Description of Violation

*On 1/8/25 at approximately 1:20 pm the door to the laundry room was unlocked in the secure unit. Provon hand soap, with a manufacture's label indicating "if swallowed consult a physician or poison control center immediately", was unlocked, unattended, and accessible to residents. Not all the residents of the residence have been assessed capable of recognizing and using poisons safely.*

## Plan of Correction

Accept (█ - 03/10/2025)

*In response to the violation on 01/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/08/2025 by the Executive Director to lock the door to the laundry room on the secured unit.*

*To enhance the currently compliant operations, the Nurse Manager will include a check to the rounding sheet to ensure the laundry room door is locked on the secured unit.*

*Effective 02/25/2025 the Med Tech will perform daily checks and document on the rounding sheet through 03/31/2025 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials. Compliance monitoring activities will be implemented under the supervision of the Nurse Manager. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Director of Nursing for further review and continuous improvement.*

Licensee's Proposed Overall Completion Date: 03/07/2025

Not Implemented 4/3/25 █

## 103f Fridge/Freezer Temps

## 2. Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

## Description of Violation

*On 1/8/25, at 1:30pm, the temperature in the secure unit kitchenette freezer was 10 degrees Fahrenheit and at 1:50pm it was 10 degrees Fahrenheit.*

## Plan of Correction

Accept (█ - 03/10/2025)

*In response to the violation on 01/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/08/2025 by the Director of Dining to monitor the freezer temperature for the remainder of the shift to ensure the freezer met the required temperature, all food was removed from the freezer until it reached and maintained the appropriate temperature.*

*The Director of Dining in-serviced the Dining Coordinators between 2/5/25-2/10/25, on Food Safety.*

103f Fridge/Freezer Temps (continued)

Effective 02/24/2025 the Dining Coordinators will perform daily checks on the secured household refrigerator through 03/31/2025 to maintain ongoing compliance with ensuring food that requires refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are in refrigerators and freezers. Compliance monitoring activities will be implemented under the supervision of the Director of Dining. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented ( [redacted] ) - 04/03/2025

103i Outdated food

3. Requirements

2800.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated stick of butter in the secure unit kitchenette refrigerator.

Plan of Correction

Accept ( [redacted] ) - 03/10/2025

In response to the violation on 01/08/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/08/2025 by the Executive Director to remove and discard the unlabeled, undated stick of butter in the secure unit kitchenette refrigerator.

To enhance the currently compliant operations, the Director of Dining will add a check for labeling, dating of opened food in the secured unit kitchenette refrigerator.

Effective 02/17/2025 the Dining Coordinator will perform daily checks through 03/31/2025 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Compliance monitoring activities will be implemented under the supervision of the Director of Dining. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/07/2025

Implemented ( [redacted] ) - 04/03/2025