

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

March 11, 2025

[REDACTED]
HEATHER GLEN SENIOR LIVING LLC
[REDACTED]
[REDACTED]

RE: HEATHER GLEN SENIOR LIVING
415 BLUE BARN ROAD
ALLENTOWN, PA, 18104
LICENSE/COC#: 22682

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2025 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: HEATHER GLEN SENIOR LIVING License #: 22682 License Expiration: 01/29/2023
 Address: 415 BLUE BARN ROAD, ALLENTOWN, PA 18104
 County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: HEATHER GLEN SENIOR LIVING LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 04/06/2017 Issued By: Upper Macungie

Staffing Hours

Resident Support Staff: 25 Total Daily Staff: 159 Waking Staff: 119

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/05/2025

Inspection Dates and Department Representative

02/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 94
 Secured Dementia Care Unit
 In Home: Yes Area: n/a Capacity: 48 Residents Served: 39
 Hospice
 Current Residents: 6
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 94
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 40 Have Physical Disability: 0

Inspections / Reviews

02/05/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/06/2025

03/06/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/10/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/13/2025

Inspections / Reviews *(continued)*

03/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2025

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

The following medication errors were not reported to the department as required.

Resident [redacted] MG Tablet, take one tablet by mouth every day each morning medications was not administered on [redacted], and [redacted]. Their [redacted] tablet take 1 and 1/2 tablet ([redacted] by mouth every day each morning for HTN. Hold for SBP less than 110 or HR less than 55, was not administered on [redacted], and [redacted] their [redacted] tabs give 1 tablet orally two times a day for [redacted] was not given on [redacted], and [redacted]. Resident [redacted] administer 1 drop into both eyes two times a day for dry eyes was not administered on [redacted].

Plan of Correction

Accept ([redacted] 03/06/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/05/2025 by the Director of Wellness to notify the PCP and submit a report to the department as required.
- 2. on 02/05/2025 by the Director of Wellness to reorder the eye drops for resident [redacted]. The eye drops were delivered that same day.
- 3. on 02/04/2025 by the Director of Wellness called POA to inform her that mail order medications were not delivered to the community timely, so a temporary supply was ordered from the community's contracted pharmacy.

To enhance the currently compliant operations:

- 1. on 02/14/2025 the Director of wellness conducted a training for all LPNs and Medication Technicians to reeducate on the 7 rights of medication administration, reordering medications reporting medication errors, documentation and alerting nursing of resident refusal of medications.

The overall completion date is 04/30/2025.

Effective 02/14/2025 the Director of Wellness or designee will perform monthly medication cart audits through 04/30/2025 to maintain ongoing compliance with ensuring medications are available. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [redacted] - 03/11/2025)

185a - Implement Storage Procedures

2. Requirements

2600.

185a Implement Storage Procedures (continued)

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 following PRN medication for Resident [redacted] was not available in the home at 11:15am, [redacted] PO apply topically to abdominal folds 2 times a day as need for rash.

Plan of Correction

Accept [redacted] - 03/06/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Director of Wellness to evaluate the resident's skin. The PCP was contacted and the medication was discontinued.

To enhance the currently compliant operations, on 02/14/2025 the Director of Wellness will conducted a training for all LPNs and Medication Technicians to reeducate on the 7 rights of medication administration, reordering medications reporting medication errors, documentation, reportable incidents, and alerting nursing of resident refusal of medications, with a completion date of 02/14/2025.

Effective 02/14/2025 the Director of Wellness or designee will perform monthly audits of the medication carts through 04/30/2025 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [redacted] 03/11/2025)

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:

Description of Violation

Resident [redacted] is prescribed [redacted] Tablet, take one tablet by mouth every day each morning. This medication was not available and unable to be administered on [redacted]

Plan of Correction

Accept ([redacted] 03/06/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Director of Wellness to have the pharmacy send a temporary supply of the Gemtesa. The resident was waiting for coverage approval from the insurance company due to the high cost of the medication. On 2/6/2025, notification from the insurance company was received stating that the medication is not covered. PCP discontinued the medication on 2/19/2025 after the temporary supply was finished.

187a Medication Record (continued)

To enhance the currently compliant operations, on 02/14/2025 the Director of Wellness conducted a training for all LPNs and Medication Technicians to reeducate on the 7 rights of medication administration, reordering and discontinuing medications, reporting medication errors, documentation, reportable incidents, and alerting nursing of resident refusal of medications, with a completion date of 02/14/2025.

Effective 02/28/2025 the Director of Wellness or designee will perform daily MAR audits through 03/28/2025 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] - 03/11/2025)

187b - Date/Time of Medication Admin.

4. 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

The Medication Administration Record (MAR) for Resident [redacted] has an order for [redacted] Instill one drop into both eyes 2 times a day for dry eyes. The MAR was initialed for this medication as administered on [redacted], [redacted] and [redacted]. The medication was not available on those days and not administered as indicated.

Plan of Correction

Accept [redacted] - 03/06/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/05/2025 by the Director of Wellness to to ensure all of the resident's current eye medications were available.

To enhance the currently compliant operations, on 02/14/2025 the Director of Wellness conducted a training for all LPNs and Medication Technicians to reeducate on the 7 rights of medication administration, reordering and discontinuing medications, reporting medication errors, documentation, reportable incidents, and alerting nursing of resident refusal of medications, with a completion date of 02/14/2025.

Effective 02/28/2025 the Director of Wellness or Designee will perform daily audits through 03/28/2025 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] 03/11/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident [redacted] did not receive the following medications as prescribed due to the medication not being available.

[redacted] -Instill one drop into both eyes 2 times a day for dry eyes. From [redacted] through [redacted] on , 1 spray in each nostril one time a day for [redacted] blow noes to clear, close opposite nostril were not available. from [redacted] through [redacted].

[redacted] Tablet, take one tablet by mouth every day each morning. On [redacted], and [redacted]. [redacted] tablet take 1 and 1/2 tablet ([redacted]) by mouth every day each morning for HTN. Hold for SBP less than 110 or HR less than 55. On [redacted] and [redacted].

[redacted] tabs give 1 tablet orally two times a day for [redacted]. On [redacted], and [redacted].

Plan of Correction

Accept ([redacted] - 03/06/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/05/2025 by the Director of Wellness to ensure all current medications were available.

To enhance the currently compliant operations, on 02/14/2025 the Director of Wellness will conducted a training for all LPNs and Medication Technicians to reeducate on the 7 rights of medication administration, reordering and discontinuing medications, reporting medication errors, documentation, reportable incidents, and alerting nursing of resident refusal of medications, with a completion date of 02/14/2025.

Effective 02/14/2025 the Director of Wellness or designee will perform monthly audits of the medication carts through 04/30/2025 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (CP - 03/11/2025)

188b - Medication Error Reporting

6. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

The following medication errors were not reported to the prescriber as required.

Resident [redacted] Tablet, take one tablet by mouth every day each morning medications was not administered on [redacted], and [redacted] Their [redacted] tablet take 1 and 1/2 tablet ([redacted]) by mouth every day each morning for HTN. Hold for SBP less than 110 or HR less than 55, was not administered on [redacted], and [redacted] their [redacted] tabs give 1 tablet orally two times a day for [redacted] was not given on [redacted], and [redacted]

188b - Medication Error Reporting (continued)

Resident [REDACTED] administer 1 drop into both eyes two times a day for dry eyes was not administered on [REDACTED].

Plan of Correction**Accepted [REDACTED] - 03/06/2025)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/05/2025 by the Director of Wellness to inform the PCP, POA and resident that the resident did not have these medications due to delay with mail order delivery. A temporary supply was ordered from the local pharmacy.

To enhance the currently compliant operations:

1. on 02/05/2025 the Director of Wellness will had a conversation with the resident and POA regarding mail order medications. Moving forward, medications will be ordered from the local pharmacy if the mail order medications haven't arrived one week prior to the end of supply on hand, with a completion date of 02/05/2025.
2. on 02/14/2025 the Director of Wellness will conducted a training for all LPNs and Medication Technicians to reeducate on the 7 rights of medication administration, reordering and discontinuing medications, reporting medication errors, documentation, reportable incidents, and alerting nursing of resident refusal of medications, with a completion date of 02/14/2025.

The overall completion date is 02/14/2025.

Effective 02/28/2025 the Director of Wellness or designee will perform daily MAR audits through 03/28/2025 to maintain ongoing compliance with ensuring a medication error must be immediately reported to the resident, the resident's designated person and the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented ([REDACTED] - 03/11/2025)