

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

April 17, 2025

[REDACTED]  
MARY J DREXEL HOME  
[REDACTED]

RE: THE HEARTH AT DREXEL  
238 BELMONT AVENUE  
BALA CYNWYD, PA, 19004  
LICENSE/COC#: 14062

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2025 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: *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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-3* 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: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *03/06/2025*

**Inspection Dates and Department Representative**

03/06/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *85* Residents Served: *73*

**Special Care Unit**  
 In Home: *Yes* Area: *SCDU* Capacity: *20* Residents Served: *20*

**Hospice**  
 Current Residents: *2*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *43* Have Physical Disability: *0*

**Inspections / Reviews**

03/06/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2025*

04/02/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *04/11/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/14/2025*

Inspections / Reviews *(continued)*

04/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 185b Medication procedures

## 1. Requirements

2800.

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

## Description of Violation

Resident [REDACTED] has a standing order for [REDACTED] every 8 hours and has a As needed order for [REDACTED] of [REDACTED] every 4 hours. The home's staff was documented all administration on the [REDACTED] standing order on the 8 hours narcotic sheet.

Resident [REDACTED] has a standing order for [REDACTED] every 8 hours and has a as needed order for [REDACTED] every 4 hours. The home's staff was documented all administration on the [REDACTED] standing order on the 8 hours narcotic sheet.

## Plan of Correction

Accept [REDACTED] - 04/02/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/11/2025 by the Director of Nursing to review the narcotic sheets to determine which staff documented on the incorrect narcotic sheets. Each staff member identified was given a corrective action for not appropriately documenting the administration of medication on the correct narcotic sheet.

To enhance the currently compliant operations, on 03/11/2025 the Director of Nursing developed a narcotic audit to be completed weekly.

Effective 03/13/2025 the Nurse Manager will perform weekly audits through 04/11/2025 to maintain ongoing compliance with ensuring all narcotics are documented appropriately on the 2 West household. 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.

Licensee's Proposed Overall Completion Date: 04/12/2025

Implemented [REDACTED] 04/17/2025)

## 187d Follow prescriber's orders

## 2. Requirements

2800.

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

## Description of Violation

Resident # [REDACTED] is prescribed an As Needed Order of [REDACTED] every 4 hours. However, resident [REDACTED] was administered [REDACTED] on 2/16/25 at 9am, 12:13pm, 1:36pm and 4:30pm and on 2/18/25 at 5:00pm and 8:00pm

Resident [REDACTED] is prescribed an As Needed Order for [REDACTED] every 4 hours. However, on [REDACTED] at 2:30pm and 4:00pm the medication was administered.

**187d Follow prescriber's orders (continued)****Plan of Correction****Accept** [REDACTED] - 04/02/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/11/2025 by the Director of Nursing investigated to determine the narcotics were documented on the incorrect narcotic count sheets. In addition [REDACTED] reviewed the narcotic sheets to determine which staff documented on the incorrect narcotic sheets. Each staff member identified was given a corrective action for not appropriately documenting the administration of medication on the correct narcotic sheet.

To enhance the currently compliant operations, on 03/11/2025 the Director of Nursing developed a narcotic audit to be completed weekly.

Effective 03/13/2025 the Nurse Manager will perform weekly audits through 04/11/2025 to maintain ongoing compliance with ensuring all narcotics are documented appropriately on the 2 West household. 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.

Licensee's Proposed Overall Completion Date: 04/11/2025

**Implemented** [REDACTED] - 04/17/2025)