

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

July 28, 2025

[REDACTED]
HEATHERWOOD RETIREMENT INVESTORS LLC

[REDACTED]
ATTN: LESLIE RAY
[REDACTED]

RE: HEATHERWOOD RETIREMENT
COMMUNITY
3180 HORSESHOE PIKE
HONEY BROOK, PA, 19344
LICENSE/COC#: 10455

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2025 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: HEATHERWOOD RETIREMENT COMMUNITY License #: 10455 License Expiration: 06/03/2026
 Address: 3180 HORSESHOE PIKE, HONEY BROOK, PA 19344
 County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: HEATHERWOOD RETIREMENT INVESTORS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/31/1984 Issued By: L & I

Staffing Hours

Resident Support Staff: Total Daily Staff: 38 Waking Staff: 29

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 07/01/2025

Inspection Dates and Department Representative

07/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 36
 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: 35
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

07/01/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/27/2025

07/28/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/28/2025
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

07/28/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103e - Left Overs

1. 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 [REDACTED]

- there were two unlabeled, undated containers of peaches and, one unlabeled, undated container of applesauce in the main kitchen refrigerator.
- there was an unlabeled, undated container of Ritz cracker crumbs on the dry goods shelf.

Plan of Correction

Accept [REDACTED] - 07/28/2025)

- All unlabeled and undated food items were discarded to prevent any risk of contamination or foodborne illness.
- Dietary staff were immediately informed of the violation and reminded of the facility's food labeling policy.
- A Labeling and Dating Policy was reviewed and updated to require that all opened or prepared food items be labeled with the item name and the date of opening/preparation.
- A mandatory training session on food safety and labeling procedures was conducted for all dietary staff by the Dining Director and Administrator.
- Training materials include a handout, quiz, and hands-on labeling practice.
- The kitchen supervisor will conduct daily checks for 4 weeks of all refrigerators and dry storage areas to ensure compliance.
- A weekly audit log of refrigerators and dry storage areas will be maintained and reviewed by the administrator on ongoing basis.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented [REDACTED] - 07/28/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/28/2025)

- See attached.
- A new medical evaluation for Resident [REDACTED] has been completed on [REDACTED].
- The updated evaluation has been filed in the resident's medical record.

141b1 Annual Medical Evaluation (continued)

All resident medical records were reviewed to identify any other overdue evaluations.

The Resident Care Coordinator will review the log monthly to ensure evaluations are scheduled at least 30 days before the due date.

The Resident Care Director will conduct weekly audits of medical records for next four weeks to ensure evaluations are completed on time.

The resident care director and Administrator will conduct ongoing monthly audits of DME tracking log.

Staff responsible for Medical Evaluations documentation will receive training on regulatory requirements and timely medical evaluations procedures by 7/25/25.

Regulatory requirements and documentation procedure training is scheduled quarterly on ongoing basis.

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented [REDACTED] - 07/28/2025)