

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

May 29, 2026

[REDACTED], REGIONAL DIRECTOR
HEATHERWOOD RETIREMENT INVESTORS LLC
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2026 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: Other Date: 11/05/2025 Issued By: Honeybrook Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/07/2026

Inspection Dates and Department Representative

05/07/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value, Category, Value. Rows include General Information (License Capacity: 50, Residents Served: 37), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 1), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 36, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 1, Have Mobility Need: 4, Have Physical Disability: 1).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 05/07/2026 Full (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 05/31/2026) and 05/29/2026 - POC Submission (Submitted By: [Redacted], Date Submitted: 05/29/2026, Reviewer: [Redacted], Follow-Up Type: Bypass Document Submission).

Inspections / Reviews *(continued)*

05/29/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home'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 home's staff training plan does not include the required training courses for each staff person, the name, position and duties of each direct care staff person .

Plan of Correction

Accept ([REDACTED] - 05/29/2026)

Immediate review was conducted of all current direct care staff training records.

All staff were verified as receiving or scheduled to receive required training, including:

- 1.Fire safety*
- 2.Emergency preparedness*
- 3.Resident rights*
- 4.Abuse recognition/reporting (Older Adult Protective Services Act)*
- 5.Falls prevention.*
- 6.New population groups that are being served at the home that were not previously served.*

The updated training plan for Direct care staff now includes:

- 1. Medication self-administration training.*
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
- 3. Care for residents with dementia and cognitive impairments.*
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition.*
- 5. Personal care needs of the resident.*
- 6. Safe management techniques.*
- 7. Care for residents with mental illness or mental retardation, or both, if the population is served in the home.*
- 8. Dehydration Prevention.*

It also includes- Individual Staff Identification:

- Full name of each staff member.*
- Position/title.*
- Job duties.*
- Training Location and Time.*

The Administrator or Designee will follow:

- Quarterly audits of the training plan to ensure all components remain complete and current.*
- Documentation of audits will be maintained and available for survey review.*
- Any discrepancies will result in immediate correction and staff re-education as needed.*

66b Training Plan Content (continued)

Findings will be discussed at the QMPI meeting for the next 3 months.

Licensee's Proposed Overall Completion Date: 06/10/2026

Implemented (█) - 05/29/2026

103g - Storing Food**2. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were 3 5 gallon ice cream containers in the ice cream freezer opened and unsealed.

Plan of Correction

Accept (█) - 05/29/2026

1.Immediately upon identification, all open and unsealed ice cream containers were:

Properly sealed with tight fitting lids.

Inspected for safety and contamination.

2.Any product that could not be properly sealed or deemed compromised was discarded.

3.Heatherwood has implemented the following corrective measures:

All food must be covered, sealed, and protected from contamination at all times.

Containers must have tight fitting lids or approved coverings.

The Dinning Director or designee will:

Starting 5/8//26 Designee will conduct weekly kitchen audits to verify compliance for next three months following quarterly audits.

Complete random checks of refrigerators and freezers.

Document findings on a kitchen sanitation/food storage log.

On 5/15/2026 all dietary staff received in service training on:

Proper food storage and sealing requirements.

Findings will be discussed at the QMPI meeting for the next 3 months.

103g - Storing Food (continued)

Licensee's Proposed Overall Completion Date: 06/10/2026

Implemented (█) - 05/29/2026

107c - Food/Water 3 Day Supply

3. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 5/7/2026, the home served 37 residents, requiring 111 gallons of emergency drinking water. However, the home had only 30 gallons. The home does not have a contract with a local bottled water supplier that includes the remaining water needed.

Plan of Correction

Accept (█) - 05/29/2026

Heatherwood has a contract in place in case of emergency. Please, see attached.

1. Additional potable water was obtained to meet and exceed the required 111 gallons (3-day supply).

2. Current inventory was verified and adjusted to ensure full compliance.

3. The facility will maintain a minimum of:

-1 gallon per resident per day x 3 days

-Based on census and updated regularly by designee.

4. A calculation sheet will be maintained to reflect:

-Current census.

-Required emergency water amount.

-Actual supply on hand.

5. The Executive Director or designee will:

-Conduct monthly audits of emergency water supply.

-Verify supply meets required gallons based on current census.

On 5/13/26 staff responsible for inventory management were trained on:

-Emergency supply requirements (3-day water).

-Proper storage and rotation of water.

-Location and access to emergency water.

- Findings will be discussed at the QMPI meeting for the next 3 months.

Licensee's Proposed Overall Completion Date: 06/08/2026

Implemented (█) - 05/29/2026

124 - Notice to Fire Department

4. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

124 - Notice to Fire Department (continued)**Description of Violation**

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction**Accept ([REDACTED] - 05/29/2026)**

1. A written notification was completed and sent to the local fire department on 5/21/2026.

The notification included:

-Facility address

- Location of resident bedrooms.

-Description of evacuation assistance required for residents.

2. A copy of the notification is now maintained on-site for review.

3. A dedicated Fire Department Communication File has been established and

Includes:

-Copy of notification letter.

-Proof of delivery.

4.The Executive Director or designee will:

-Verify documentation is present quarterly.

-Confirm updates are completed annually and whenever, there is a change in layout or resident evacuation needs.

-Maintain documentation in survey-ready binder.

6. Fire department notification is now included in the facility's emergency preparedness plan checklist.

7.Findings will be discussed at the QMPI meeting for the next 3 months.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented ([REDACTED] - 05/29/2026)