



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 22 2017

Ms. Betty Bebian,
Administrator
Mary J. Drexel Home
238 Belmont Avenue
Bala Cynwyd, Pennsylvania 19004

RE: The Hearth at Drexel
License #: 140620

Dear Ms. Bebian:

As a result of the Department of Human Services' annual licensing inspection on June 29, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

ALR Name: The Hearth at Drexel		License Number: 140620
Address: 238 Belmont Avenue Bala Cynwyd, Pennsylvania 19004		County: Montgomery
Administrator: Betty Beblan		
Legal Entity Name: Mary J. Drexel Home		
Legal Entity Address: 238 Belmont Avenue Bala Cynwyd, Pennsylvania 19004		
Certificate(s) of Occupancy: 1-2 (Lower Merion Township) 3/10/2014		
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: June 29, 2017 Sabrina Freeman & Lauren Kazlmer		
Off-Site Inspection Dates and Inspectors, if Applicable: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85	Number of Residents who:	
Number of Residents Served: 61	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 60	
Area: Memory Support	Have Mental Illness: 0	
Secured Unit Capacity, if Applicable: 20	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 16	Have a Mobility Need: 27	
Number of Current Hospice Residents: 3	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 14		

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 107(d) The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.
Violation The home failed to provide the written emergency procedures which were to be submitted annually to the local emergency management agency.
Plan of Correction <p>Our written emergency procedures are reviewed and updated annually by our safety committee. See attached minutes from safety committee meeting on 2/15/17.</p> <p>We were unaware that these emergency procedures needed to be submitted to emergency management agency. See attached email verifying that our Emergency Plan has been submitted to [REDACTED] Township Emergency coordinator on 7/14/17.</p> <p>This annual task has been assigned to our Facility Director who also chairs our safety committee. The emergency procedure will be forwarded to Township Emergency Coordinator annually after review and updated if needed by safety committee.</p> <p>The administrator will assure compliance with this regulation.</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Betty Bebian</u>	
Signature of Legal Entity Representative (Required on all pages) <u>Betty Bebian</u>	Date <u>7/27/17</u>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/31/17</u> <small>(Date)</small>	Plan of correction implementation status as of <u>8/28/17</u> <small>(Date)</small>
The above plan of correction was approved by <u>AB</u> <small>(Initials)</small>	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 132(d) Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.</p>
<p>Violation The home's fire safety inspection report dated 6/8/17 did not include documentation of the time the home shall be able to evacuate the entire building to a public thoroughfare, or to a designated fire-safe area.</p>
<p>Plan of Correction</p> <p>Our Fire expert at the time of inspection had failed to include the evacuation time in his letter following our Fire Safety inspection in May 2017. We have obtained the services of another Fire Expert who completed an inspection on 7/24/17 and provided us with the required documentation of evacuation time. Please see attached credentials and letter.</p> <p>The administrator will ensure that evacuation times are always included in Fire inspection report.</p>

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa. Code § 2800

<p>Regulation 101(j)(7) Each resident shall have the following in the living unit: An operable lamp or other source of lighting that can be turned on at the bedside.</p>
<p>Violation At the time of inspection, bedroom 11 did not have a source of light that could be turned on/off from the bedside.</p>
<p>Plan of Correction</p> <p style="font-size: 1.2em; margin-top: 20px;"> The bulbs that were blown out in lamp next to bed in room 11 were replaced after inspection. Checking for blown out bulbs was added to our room inspection check list that is completed monthly. Staff were also reminded to check lamps in resident rooms. See attached room inspection checklist. HHC & DON will assign room checks monthly to ensure light is available at bedside. </p>

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 141(a)(11) (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, subject to the provisions of subsection 2800.22 (relating to application and admission). The evaluation must include the following:</p> <p>(11) An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test has 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.</p>
<p>Violation Resident #1 was admitted to the home on [redacted] 16. At the time of inspection, resident #1's record included documentation of a tuberculin skin test on 6/28/17.</p>
<p>Plan of Correction</p> <p>All resident records were reviewed to ensure that all residents requiring a tuberculin skin test have received test. All have been completed at this time.</p> <p>The DON will review all DME's prior to or on admission to determine if a tuberculin skin test is needed. DON will ensure this is completed within 15 days of admission. The administrator or designee will do random checks of new admission charts to monitor compliance.</p>

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LICENSING INSPECTION SUMMARY
 Assisted Living Residences – 55 Pa.Code § 2800

Regulation 183(d) Only current prescriptions, OTC medications, sample and CAM for individuals living in the residence may be kept in the residence.
Violation The as needed Oxycod/APAP 6-325mg tab for resident #2 was discontinued on 5/1/17. At the time of inspection, the medication was still on the med cart.
Plan of Correction All med carts and resident med cabinets were audited to ensure no other discontinued meds were present. Nurses meeting held on 7-11-17 where all survey results were shared and LPN's instructed by DON & Administrator to ensure that discontinued medication are remove immediately. Random audits will be done on all med cabinets and med cart. See attached audit sheet. This will be monitored by DON. We are also obtaining the services of a consultant pharmacist to do quarterly audits and training for nurses. DON will report any failed audits to administrator

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 185(a) The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.</p>
<p>Violation The home has an electronic medical record system, and at the time of inspection there were blank spaces on the residents' medication administration record. The home failed to document if the resident received or refused the medication for resident # 2, 3 and 4.</p> <p>Resident #2 – The medication administration record had a blank space and did not include a signature or a staff persons initials indicating that the resident received their medication: On 6/15/17 in the evening the home failed to document whether resident #2 received or refused the prescribed Tramadol HCL 50 mg which the resident is to receive one tablet twice a day.</p> <p>Resident #3 – The medication administration record had blank spaces and did not include a signature or staff persons initials indicating that the resident received their medication: -On 6/3/17, the home failed to document whether resident #3 received or refused the prescribed Furosemide 20mg tablet. -On 6/5/17, the home failed to document whether resident #3 received or refused the prescribed Lac-Hydrin Lot Five which was to be applied twice a day to bilateral lower extremities, specifically at 8PM. -On 6/5/17, the home failed to document whether resident #3 received or refused the prescribed Lovastatin 40mg tablet which was to be given at bedtime. -On 6/14/17, the home failed to document whether resident #3 received or refused the prescribed Melatonin 1 mg tablet which was to be given in the evening. -On 6/11/17 & 6/23/17, the home failed to document whether resident #3 received or refused the prescribed daily weight which is to be obtained before breakfast.</p> <p>Resident #4 – The medication administration record had blank spaces and did not include a signature or staff persons initials indicating that the resident received their medication: -On 6/20/17, the home failed to document whether resident #4 received or refused the prescribed Donepezil 10mg tablet which was to be given once daily at bedtime. -On 6/20/17 & 6/27/17, the home failed to document whether resident #4 received or refused the prescribed application of Vaseline lotion which was to be applied on the evening of 6/20/17 & during the day on 6/27/17. -On 6/6/17, the home failed to document whether resident #4 received or refused the prescribed Vitamin D3 1,000 unit capsules which was to be given once daily.</p> <p style="font-style: italic; font-size: 1.2em;">All staff who worked on the days + shift of these missed med documentation were interviewed and stated meds were given. Between LPN's and med techs it is difficult to determine specific responsibility each day.</p>

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LICENSING INSPECTION SUMMARY
 Assisted Living Residences - 55 Pa.Code § 2800

Plan of Correction
 Nurses meeting held 7-11-17 with all LPN's. Concerns and issues from Survey shared. LPN's all counseled on need to document appropriately in EMAR system and to supervise Med Tech's are doing the same. Meeting held with CPS Pharmacy for review of issues. Pharmacy recommend a consultant to do quarterly audits and training. Also instructed DON and nurses on ability to run a Miss Med report everyday to double check that all meds are given. We are reaching out to a consultant and will obtain contract. We are also teaching all LPN's how to run Miss med report. DON will monitor these reports and report any non-compliance to Administrator.

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 187(b) The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.
Violation On 6/19/17, the home administer resident #3's Lorazepam 0.5mg tablet at 7AM; however, the home failed to document the date and time of medication administration and the name and initials of the staff person administering the medication.
Plan of Correction <p>On investigation - LPN who was responsible for giving this medication and not documenting was identified. See attached Corrective Action that was given to this LPN.</p> <p>DON will do random audits to ensure compliance with this regulation.</p> <p>Employee currently on vacation this will be given to her upon return.</p>

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 187(d)
 The residence shall follow the directions of the prescriber.

Violation
 Resident #4 was prescribed Zolpidam 6mg tablet which was to be given at bedtime. Resident #4 did not receive the medication from June 15-22, 2017, as the home documented "not available waiting for new script, awaiting delivery from pharmacy, med not present, awaiting delivery; medication not given, and awaiting delivery."

Plan of Correction
 On investigation it was determined which nurse was on duty and failed to reorder this medication. This LPN was originally on 11pm-7am shift who rarely gives or reorder medication. We have now change to 12hr shifts and she works 7pm-7am but stated that she thought 7am nurse did reordering. This LPN instructed that meds given on her shift are her responsibility and need to be monitored and ordered by her or other 7p-7a nurses.
 See attached corrective action given to this nurse by administrator.
 All LPN's received training on this issue at nurses meeting on 7-11-17.
 Attached medication audit done and DON will monitor for Compliance.

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 190(c)
 A record of training shall be kept including the staff person trained, the date, source, name or trainer and documentation that the course was successfully completed.

Violation
 Staff person A was hired [redacted] 17. The home failed to provide documentation of staff person A's medication administration training for 2016. Staff person A's last documented annual training was 11/26/15. According to the home, staff person A was previously trained at another home; however, the home failed to provide documentation of this training.

Plan of Correction
 Staff person A's credentials were verified on hire to be a med tech at the Hearth. Copies of all of her training was request but not received. Staff person A was immediately removed from working as a med tech until she can repeat the medication administration training. This will take place in August once our new trainer completes the Train the Trainer course.
 Human Resource staff have been advised of the requirements & documentation needed for med techs on hire that were trained in other communities. The Med Tech trainer or DON will review the records of any new med tech hired to ensure proper documentation of their training and continued observations.

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 (Date)

Plan of correction implementation status as of 6/28/17
 (Date)

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- Fully Implemented
- Partially Implemented – Adequate Progress
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- Not Implemented

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 227(h) If a resident or designated person is unable or chooses not to sign the final support plan, a notation of inability or refusal to sign shall be documented.</p>
<p>Violation. Resident #1's support plan was complete on 1/13/17. Resident #1 did not sign the support plan and the home failed to document whether resident #1 was unable or chose not to sign the final support plan.</p>
<p>Plan of Correction</p> <p>Resident initially refused to sign support plan. Staff were planning to reapproach later but failed to do so.</p> <p>Resident #1 was asked again after survey and did agree and sign support plan.</p> <p>DON will do random audits to ensure all support plans are being sign or refusal documented.</p> <p>See attached - front page & signature page of support plan with residents signature.</p>

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<p>The above plan of correction is approved as of <i>7/27/17</i> <small>(Date)</small></p>	<p>Plan of correction implementation status as of <i>8/29/17</i> <small>(Date)</small></p>
<p>The above plan of correction was approved by <i>[Signature]</i> <small>(Initials)</small></p>	<p> <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented </p>