



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

February 7, 2019

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

February 7, 2019

Ms. Joan M. Myers  
Interim Administrator/Executive Director  
Mary J. Drexel Home  
238 Belmont Avenue  
Bala Cynwyd, Pennsylvania 19004

RE: The Hearth at Drexel  
License #: 140620

Dear Ms. Myers:

As a result of the Department's Bureau of Human Services Licensing inspection on March 19, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2800 must be maintained.

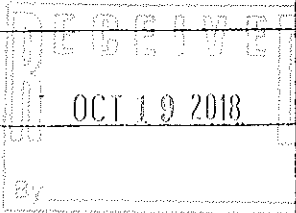
Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams  
Regional Licensing Director

Enclosure  
Violation Report

**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, PA 19004		County: Montgomery
Administrator: Dana O'Donnell		
Legal Entity Name: Mary J. Drexel Home		
Legal Entity Address: 238 Belmont Avenue Bala Cynwyd, PA 19004		
Certificate(s) of Occupancy: I-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: March 19, 2018 Sabrina Freeman		
Off-Site Inspection Dates and Inspectors, If Applicable: April 9, 2018 Sabrina Freeman		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 85	Number of Residents who:	
Number of Residents Served: 68	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: yes	Are 60 Years of Age or Older: 68	
Area: Memory Support	Have Mental Illness: 3	
Secured Unit Capacity, if Applicable: 20	Have an Intellectual Disability: 0	
Number of Residents Served In Secured Dementia Care Unit, if applicable: 18	Have a Mobility Need: 24	
Number of Current Hospice Residents: 5	Have a Physical Disability: 2	
Number of Hospice Residents In past year: 19		

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

**Regulation 42 (b)**

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Violation:**

On 11/9/17, resident #1 went into resident #2's apartment and physically assaulted her. Resident #1 hit the left side of resident #2's face with his hand. This was not resident #1's first time assaulting resident #2. On 11/5/17, resident #1 was observed hitting resident #2 by a staff member. Resident #1 had a history of being combative or physically abusive on multiple occasions while in home.


**Plan of Correction**

Resident #1 was immediately removed from Resident #2's apartment. Resident #1 was placed on 1:1 care with a staff member and calming interventions provided. Resident #2 was assessed and emotional support provided. No injuries noted to Resident #2. Medical doctor and family updated. Resident #1 was sent to Behavioral psych hospital and did not return to community.

By 3/1/19, the home will develop policies and procedures for combative and/or abusive residents to address prevention strategies, ongoing staff training, resident monitoring, reporting and action protocol.

By 3/1/19, all residents will be assessed for combative and abusive behaviors directed at other residents. The RASP of the identified residents will be updated to include triggers and specific actions to defuse the behaviors.

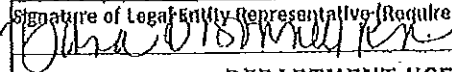
By 3/18/19, all staff will be trained on the policies and procedures, triggers, warning signs of abusive/combatative behavior strategies, and management to reduce the reoccurrence and patterns of behaviors. The training will be provided on an ongoing basis; at least quarterly.

Within 45 days receipt of this POC, all staff will be trained on resident rights including resident to resident mistreatment/abuse by an outside source such as the local Area Agency on Aging. 2/5/19 

Printed Name and Title of Legal Entity Representative (Required on all pages)

Dana O'Donnell RN

Signature of Legal Entity Representative (Required on all pages)



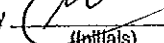
Date

10/19/18

**DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2/5/19  
(Date)

Plan of correction implementation status as of 2/5/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

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

<p><b>Regulation 187 (d)</b>                  The residence shall follow the directions of the prescriber.</p>
<p><b>Violation:</b></p> <p>Resident #1 was prescribed Clonazepam 0.5mg tablet on 11/3/17 which was to be administered by mouth at 9am and 9pm. The home failed to follow the directions of the prescriber. The Medication Administration Record (MAR) documents the medication was not available.</p> <p>-On 11/3/17 &amp; 11/4/17, at 9pm the Clonazepam was not administered. The Medication Administration Record (MAR) documents the medication was not available.</p> <p>-On 11/5/17, at 9am and 9pm the Clonazepam was not administered. 9am the MAR documents waiting on doctor. 9pm the MAR documents not present.</p> <p>-On 11/7/17, there was a change in order. Resident #1 was prescribed Clonazepam every 12 hours. The home failed to administer the medication as the Clonazepam was no longer on the MAR nor was there any documentation that the resident had taken or was issued the medication.</p> <p>-On 10/28/17, the home failed to administer resident #1 Amlodipine Besylate 5mg at 9am. The MAR documents this medication is pending delivery.</p>
<p><b>Plan of Correction</b></p> <p>Medication administration was reviewed with staff. The Hearth at Drexel now receives (2) deliveries from Pharmacy daily to ensure that all medications are available as ordered. Monthly checks of MAR documents are completed by Director of Nursing.</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) [Signature]	
Signature of Legal Entity Representative (Required on all pages) [Signature]	Date 10/19/18
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<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**

**Regulation 201**

The residence shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, de-escalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**Violation:**

Resident # 1 has a history of aggressive and combative behaviors since their admission on 10/27/17. On 11/04/17 the resident exhibited combative behavior, "swinging at the residents and staff members". Prescribed medication Xanax was administered for combative behaviors. No positive behavioral strategies were used to modify the residents aggressive/combative behaviors.

**Plan of Correction**

Prior to any PRN medication administration, staff were untrained to provide emotional support, re-direction, praise, conflict resolution or de-escalation techniques. Medications are used as ordered after all positive interventions attempted. All interventions attempted will be documented as will effectiveness of medications. Continual monitoring and staff education will occur.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Dana O'Connell

Signature of Legal Entity Representative (Required on all pages)

*[Handwritten Signature]*

Date

10/19/18

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

**Regulation 227 (c)**

The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

**Violation:**

Resident # 1 was admitted to the home on 10/27/17. The support plan was completed prior to the resident's admission on 10/10/17. The support plan was not updated following the residents exhibit of aggressive and combative behavior towards other residents and staff which occurred on 10/29/17, 10/31/17, 11/01/17, 11/03/17, and 11/04/17.

**Plan of Correction**

Support plans will be updated as needed and will include behavior issues and positive interventions. Staff in-service on regulations and support plans will be monitored monthly by Director of nursing.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Lana Orbanich

Signature of Legal Entity Representative (Required on all pages)

[Handwritten Signature]

Date 10/19/18

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