



**Sent via e-mail dodonnell@thehearthatdrexel.org
May 13, 2020**

Ms. Dana O'Donnell
Administrator
Mary J. Drexel Home
238 Belmont Avenue
Bala Cynwyd, Pennsylvania 19004

RE: The Hearth at Drexel
License #: 140620

Dear Ms. O'Donnell:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 23, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE HEARTH AT DREXEL*

License Number: *14062*

Address: *238 BELMONT AVENUE,, BALA CYNWYD, PA 19004*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *DANA O'DONNELL*

Phone: *2156645967*

Email: *DODONNELL@THEHEARTHATDREXEL.ORG*

Legal Entity

Name: *MARY J DREXEL HOME*

Address: *238 BELMONT AVENUE, BALA CYNWYD, PA, 19004*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *112*

Waking Staff: *84*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

12/23/2019 - On-Site: Tahesia Thomas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85*

Residents Served: *81*

Special Care Unit

In Home: *Yes*

Area: *1ST FLOOR*

Capacity: *20*

Residents Served: *18*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *81*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *31*

Have Physical Disability: *1*

15c Supervision plan submission

Requirements

2800.

15.c. The residence shall immediately submit to the Department's assisted living residence office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 12/6/19, staff person A forced resident #1 to drink a cup of water. This incident was observed by staff person B. This incident was reported to staff person C on 12/6/19, at 6:36 pm. Staff person A was suspended on 12/6/19, however staff person A was allowed to return to work on 12/10/19. The residence did not submit to the Department a plan of supervision.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The Hearth of Drexel completed a full investigation regarding the alleged abuse. The incident was found not to be abuse. The employee involved returned to work after receiving education (given to surveyor at time of visit). In the future, the Hearth at Drexel will notify the Department of Human Services of the plan to have an employee return to work and receive approval before return. The Administrator and Director of Nursing are aware of this procedure and will follow.

Legal Entity Representative

Dana O'Donnell RD
Signature

Dana O'Donnell RD 02/10/2020
Printed Name and Title Date
Executive Director

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	5/13/20 (Date)	Plan of correction implementation status as of	5/13/20 (Date)
		<input checked="" type="checkbox"/> Implemented	
The above plan of correction was approved by	<i>MO</i> (Initials)	<input type="checkbox"/> Not Implemented	

201 Positive interventions

Requirements

2800.

201. Safe Management Techniques - 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, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

According to resident #1's ASP, staff needs to cue, encourage and supervise the resident's eating and feeding process. During the 12/06/19 incident, staff member A did not display understanding of the non-verbal cues from the resident, who was declining to drink water. In addition, staff member A did not use positive intervention within reasonable time frames (one minute between intervention techniques) to ensure effective behavioral change.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Training provided for staff on positive interventions and how to monitor for non-verbal cues of the residents (given to surveyor during visit) Reviewed ways to handle different situations and how to implement positive interactions. The Director of Nursing will monitor and ensure all staff provide positive interventions for all residents. The staff will receive on-going training on positive interventions through in-services, roll playing and support.

Legal Entity Representative

Dana O'Donnell
Signature

Dana O'Donnell *05/10/2020*
Printed Name and Title *Executive Director* Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/13/20 Plan of correction implementation status as of 5/13/20
(Date) (Date)

Implemented
 Not Implemented

The above plan of correction was approved by *MO*
(Initials)