

Department of Human Services  
Bureau of Human Service Licensing

October 21, 2020

DANA O'DONNELL, EXECUTIVE DIRECTOR  
MARY J DREXEL HOME  
238 BELMONT AVENUE  
BALA CYNWYD, PA 19004

RE: THE HEARTH AT DREXEL  
238 BELMONT AVENUE  
BALA CYNWYD, PA, 19004  
LICENSE/COC#: 14062

Dear Ms. O'Donnell,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/08/2020, 09/11/2020, 09/18/2020, 09/23/2020, 09/24/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *THE HEARTH AT DREXEL* License #: *14062* License Expiration Date: *06/18/2021*  
 Address: *238 BELMONT AVENUE, BALA CYNWYD, PA 19004*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *Dana O'Donnell* Phone: *2156645967* Email:  
*DODONNELL@THEHEARTHATDREXEL.ORG;*  
*shparker@pa.gov*

**Legal Entity**

Name: *MARY J DREXEL HOME*  
 Address: *238 BELMONT AVENUE, BALA CYNWYD, PA, 19004*  
 Phone: *2156645967* Email: *DODONNELL@THEHEARTHATDREXEL.ORG*

**Certificate(s) of Occupancy**

Type: *R-3* Date: *03/10/2014* Issued By: *Lower Marion Twnship*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *125* Waking Staff: *94*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *09/28/2020*

**Inspection Dates and Department Representative**

*09/08/2020 - Off-Site: Sabrina Freeman*  
*09/11/2020 - Off-Site: Sabrina Freeman*  
*09/18/2020 - Off-Site: Sabrina Freeman*  
*09/23/2020 - Off-Site: Sabrina Freeman*  
*09/24/2020 - Off-Site: Sabrina Freeman*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *85* Residents Served: *82*

**Special Care Unit**

In Home: *Yes* Area: *1st fl. west wing/Inspiring Today* Capacity: *20* Residents Served: *20*

**Hospice**

Current Residents: *4*

**Resident Demographic Data as of Inspection Dates (*continued*)**

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 82

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 43

Have Physical Disability: 0

**Inspections / Reviews**

## 09/08/2020 - Partial

Lead Inspector: *Sabrina Freeman*Follow-Up Type: *POC Submission*Follow-Up Date: *10/18/2020*

## 10/14/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *10/21/2020*

## 10/21/2020 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

42b Abuse/Neglect

1. Requirements

2800.

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

Description of Violation

*On 09-01-20, Staff person A was located in the West Secured Dementia Unit. The staff member was in the back of the room observing activities. Staff person A witnessed Staff person B standing over resident #1 and speaking aggressively to the resident in an intimidating fashion. Staff person B then grabbed the resident by the neck and squeezed hard. Resident #1 was observed with 3 small red marks on the right side of his clavicle area.*

*Staff person A then witnessed staff person B attempt to take the vital signs of resident #2. The resident was resistant and staff person A saw staff person B slap the hand of resident #2. Staff person C did not witness the altercation because they were conducting the activity, but heard the sound of someone getting slapped.*

Plan of Correction

Accept

*Employee was immediately removed from the resident household, interviewed and placed on investigatory suspension. The residents were assessed and provided emotional support. All required reporting was completed timely. In conclusion, the employee was terminated. Education on abuse, reporting, how to handle difficult behaviors was provided to all staff members.*

**Completion Date:** 09/07/2020

Document Submission

Implemented

*Employee was terminated and staff in-serviced on Abuse and reporting requirements*

65h 16 hrs annual training

1. Requirements

2800.

65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Description of Violation

*Direct care staff person B only had 2 hours annual training during the 2019 training year.*

Plan of Correction

Accept

*It is the policy of the Hearth at Drexel to have all staff members complete all required educational trainings annually. An audit was completed of all staff education. Staff members were contacted and all educational requirements must be completed by 12/1/2020. The Hearth at Drexel uses multiple training modalities such as Relias, one on one training, classroom and hands on training. The Director of Nursing along with the HR specialist is responsible of ensuring that all education is completed in a timely manner. Each month a report will be given to the Administrator to review all staff education requirements.*

**Completion Date:** 12/01/2020

Document Submission

Implemented

*Audit completed. staff in-serviced. Managers to ensure all trainings are up to date by 12.1.2020 (attached additional education sheet and Performance Improvement Plan)*

## 65i Training topics

### 1. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

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, cognitive and neurological impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Assisted living service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

#### Description of Violation

*Direct care staff person B did not complete training in medication self-administration; care for residents with dementia, cognitive and neurological impairments; infection control; safe management techniques or care for residents with mental illness or mental retardation during the 2019 training year.*

#### Plan of Correction

Accept

*It is the policy of the Hearth at Drexel to have all staff members complete all required educational trainings annually. An audit was completed of all staff education. Staff members were contacted and all educational requirements must be completed by 12/1/2020. The Hearth at Drexel uses multiple training modalities such as Relias, one on one training, classroom and hands on training. The Director of Nursing along with the HR specialist is responsible of ensuring that all education is completed in a timely manner. Each month a report will be given to the Administrator to review all staff education requirements.*

**Completion Date:** 12/01/2020

#### Document Submission

Implemented

*Audit completed. staff in-serviced. Managers to ensure all trainings are up to date by 12.1.2020 (attached additional education sheet and Performance Improvement Plan)*

## 65j Annual training content

### 1. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.708).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

#### Description of Violation

*Direct care staff person B did not receive training in fire safety; emergency preparedness; resident rights; The Older Adult Protective Services Act or falls and accident prevention during the 2019 training year.*

## 65j Annual training content (continued)

**Plan of Correction****Accept**

*It is the policy of the Hearth at Drexel to have all staff members complete all required educational trainings annually. An audit was completed of all staff education. Staff members were contacted and all educational requirements must be completed by 12/1/2020. The Hearth at Drexel uses multiple training modalities such as Relias, one on one training, classroom and hands on training. The Director of Nursing along with the HR specialist is responsible of ensuring that all education is completed in a timely manner. Each month a report will be given to the Administrator to review all staff education requirements.*

**Completion Date:** 12/01/2020

**Document Submission****Implemented**

*Audit completed. staff in-serviced. Managers to ensure all trainings are up to date by 12.1.2020 (attached additional education sheet and Performance Improvement Plan)*

## 69 Dementia training

**1. Requirements**

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

**Description of Violation**

*The home did not provide documentation that direct care staff person B received 2 hours of dementia-specific training during the 2019 training year.*

**Plan of Correction****Accept**

*It is the policy of the Hearth at Drexel to have all staff members complete all required educational trainings annually. An audit was completed of all staff education. Staff members were contacted and all educational requirements must be completed by 12/1/2020. The Hearth at Drexel uses multiple training modalities such as Relias, one on one training, classroom and hands on training. The Director of Nursing along with the HR specialist is responsible of ensuring that all education is completed in a timely manner. Each month a report will be given to the Administrator to review all staff education requirements.*

**Completion Date:** 12/01/2020

**Document Submission****Implemented**

*Audit completed. staff in-serviced. Managers to ensure all trainings are up to date by 12.1.2020 (attached additional education sheet and Performance Improvement Plan)*