

Department of Human Services
Bureau of Human Service Licensing

January 20, 2021

[REDACTED], CHIEF OPERATING OFFICER
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2020, 10/26/2020, 10/27/2020, 10/28/2020, 10/29/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

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: [REDACTED] Phone: *2156645967* Email: [REDACTED]

Legal Entity

Name: *MARY J DREXEL HOME*
Address: *238 BELMONT AVENUE, BALA CYNWYD, PA, 19004*
Phone: *2156645967* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *03/10/2014* Issued By: *Lower Merion Township,
Building & Planning Department*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *108* Waking Staff: *81*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/29/2020*

Inspection Dates and Department Representative

10/15/2020 - On-Site: [REDACTED]
10/26/2020 - Off-Site: [REDACTED]
10/27/2020 - Off-Site: [REDACTED]
10/28/2020 - Off-Site: [REDACTED]
10/29/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *66*

Special Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *20* Residents Served: *16*

Hospice

Current Residents: *4/18*

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

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 66

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 42

Have Physical Disability: 0

Inspections / Reviews

10/15/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/16/2020*

11/19/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/31/2020*

1/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c Dignity/Respect

1. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 10/12/20, staff person A reported seeing staff person B yelling in resident #1's face. It was further reported that staff person B was seen later during the shift, laughing about the incident with staff member C. At the time of the incident, staff person A provided a drink to resident #1 to help calm [REDACTED]. Other resident's saw this and also asked for something to drink. When staff person A was providing the drinks as requested, staff member B started questioning [REDACTED] actions as if the residents are not allowed to have refreshments. Staff person A continued assisting the residents with their drink requests and ignored the comments from staff person B.

Plan of Correction

Accept

The Hearth at Drexel requires that all residents are treated with respect and dignity at all times. Employee involved was terminated and all staff were in-serviced on respect, dignity, how to deal with behaviors and de-escalation techniques.

Completion Date: 11/29/2020

Document Submission

Implemented

education for staff completed and will be on-going

52 OAPSA hiring

1. Requirements

2800.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations

Description of Violation

Staff person B's date of hire was [REDACTED], the criminal background check was not completed until 01/22/19.

Plan of Correction

Accept

The Hearth at Drexel's policy is to have all new hires criminal background checks completed prior to the first day of orientation. Audit was completed and Human Resources re-educated on policy. All new hires in the last year are in compliance.

Completion Date: 11/17/2020

Document Submission

Implemented

All new hires were audited and in compliance. See attached audit

65a Fire Safety-1st day

1. Requirements

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

65a Fire Safety-1st day (*continued*)

4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

On [REDACTED] staff person A, who was working [REDACTED] third shift at the home, did not receive orientation on the following topics: Evacuation procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, The designated meeting place outside the building or within the fire-safe area in the event of an actual fire, Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, The location and use of fire extinguishers, Smoke detectors and fire alarms, Telephone use and notification of emergency services.

Plan of Correction**Accept**

It is policy of the Hearth at Drexel to have all staff are educated on the following: Evacuation procedures, Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, The designated meeting place outside the building or within the fire-safe area in the event of an actual fire, Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, The location and use of fire extinguishers, Smoke detectors and fire alarms, Telephone use and notification of emergency services prior to the first day of work. Human Resources and the Director of Nursing will ensure compliance with all new hires and agency staff and will maintain documentation of training in the employee file.

Completion Date: 11/17/2020

Document Submission**Implemented**

Form developed and in use for any agency personnel scheduled at The Hearth. Education will be provided on the first day of assignment and signed off.

141a Medical evaluation

1. Requirements

2800.

- 141.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, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.
 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test 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.
 12. Information about a resident's day-to-day assisted living service needs.

141a Medical evaluation (*continued*)**Description of Violation**

The medical evaluation for resident #1, who was admitted to the home on [REDACTED], was not available for review.
 The medical evaluation for resident #2, who was admitted to the home on [REDACTED] was not available for review.
 The medical evaluation for resident #3, who was admitted to the home on [REDACTED], was not available for review.

Plan of Correction**Accept**

It is the policy of the Hearth at Drexel to be in compliance with regulation 141a. The Hearth at Drexel does have the above medical evaluations completed and timely. The Director of Nursing is responsible to ensure that all DME's are completed timely.

A complete community audit will be completed and any issues will be rectified by 12/31/2020

Completion Date: 12/31/2020

Document Submission**Implemented**

Audit completed and all DME's sent to primary doctors to complete

141b1 Annual medical evaluation

1. Requirements

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on 09/23/19. No additional medical evaluations were available for review.

Plan of Correction**Accept**

It is the policy of the Hearth at Drexel to be in compliance with regulation 141b1. The Director of Nursing is responsible to ensure that all DME's are completed timely.

A complete community audit will be completed and any issues will be rectified by 12/31/2020

Completion Date: 12/31/2020

Document Submission**Implemented**

Audit completed and all DME's sent to primary doctors to complete

224a2 30 days prior to admission

1. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident #1 was admitted on [REDACTED]. The resident's initial assessment was not completed until [REDACTED]

224a2 30 days prior to admission (*continued*)**Plan of Correction****Accept**

It is the policy of The Hearth at Drexel to ensure that a written assessment is documented on the Department's assessment form within 30 days prior to admission. Regulation reviewed with staff, an audit will be completed and any issues will be rectified by 12/31/2020. The Director of Nursing or designee are responsible for compliance. The Hearth at Drexel is actively recruiting for an additional staff person to be responsible for resident required documentation

Completion Date: 12/31/2020

Document Submission**Implemented**

Staff re-educated on regulation

225a1 Assessment – annually

1. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident #4's most recent assessment was completed on 07/05/20. The resident's previous assessment is not available for review but the 07/05/2020 assessment lists the "Date of Last ASP" as 11/15/2018.

Resident #5's most recent assessment was completed on 07/15/20. The resident's previous assessment was completed on 02/23/19.

Plan of Correction**Accept**

It is policy of The Hearth at Drexel to be in compliance with regulation 225a1. All residents are to have a written assessment at least annually. Regulation reviewed with staff, an audit will be completed and any issues will be documented and rectified by 12/31/2020. The Director of Nursing or designee are responsible for compliance. The Administrator will receive a monthly report on up-coming assessments and will spot check to ensure compliance. The Hearth at Drexel is actively recruiting for an additional staff person to be responsible for resident required documentation

Completion Date: 12/31/2020

Document Submission**Implemented**

Audit completed and assessments are being completed. Continue to recruit for additional staff member to be responsible for on-going required documentation. Continuing to work on documentation until 100% compliance.

227g Support plan - signatures

1. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Residents #2, #4, #5 and #6 participated in the development of his/her support plan. However, the residents did not sign the support plans.

Resident #5's support plan dated 02/23/19 was developed by the home's former Director of Nursing; however, the staff person did not sign the support plan.

227g Support plan - signatures (continued)

Plan of Correction**Accept**

It is the policy of the Hearth at Drexel to be in compliance with regulation 227.g. Anyone that participates in the development of the residents support plan will sign and date the support plan. Regulation reviewed with staff. All support plans will be reviewed for signatures and any issue will be documented and rectified. The Administrator and Director of Nursing will be responsible for compliance. Review will be completed by 12/31/2020

Completion Date: 12/31/2020

Document Submission**Implemented**

Staff re-educated on requirement. Reviewed all support plans and still in the process of obtaining signatures.

231e Additional assessments

1. Requirements

2800.

231.e.1. In addition to the requirements in § 2800.225 (relating to additional assessments), residents of a special care unit for Alzheimer's disease or dementia shall also be assessed quarterly for the continuing need for the special care unit for Alzheimer's disease or dementia.

Description of Violation

Resident #6 was assessed for the need for special care unit on 02/13/20 and has not been assessed again.

Plan of Correction**Accept**

It is policy of The Hearth at Drexel to be in compliance with regulation 231.e.1. Regulation reviewed with staff. All memory care support plans will be reviewed for a quarterly assessment; any issue will be documented and rectified. The Administrator and Director of Nursing will be responsible for compliance. Review will be completed by 12/31/2020

Completion Date: 12/31/2020

Document Submission**Implemented**

All SDU support plans are updated