

Department of Human Services  
Bureau of Human Service Licensing

June 24, 2021

██████████ ADMINISTRATOR / ED  
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2021, 05/28/2021 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



## Inspections / Reviews

05/27/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/21/2021*

6/16/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/23/2021*

6/24/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 101j7 Lighting/operable lamp

**1. Requirements**

2800.

101.j. Each resident shall have the following in the living unit:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident # 1 does not have access to a source of light that can be turned on/off at bedside.*

*Resident # 2 does not have access to a source of light that can be turned on/off at bedside.*

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

*It is the policy of the Hearth at Drexel for each resident to have access to a light source at bedside. Resident #1's lamp was unplugged and Resident #2's light bulb had burned out. All resident apartments were audited and all residents have working light sources at bedside. An audit will be completed monthly to ensure compliance by the maintenance department. Compliant as of 6/15/2021*

**Completion Date:** 06/15/2021

**Document Submission****Implemented**

*please find attached educational sheet for staff and audit tool*

## 103e Leftovers

**1. Requirements**

2800.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*In the first floor East kitchenette refrigerator there were pancakes in a bag, a plastic container of food, watermelon slices wrapped in plastic, and a plastic container of salad not labeled and dated.*

*In the freezer in the Memory Care kitchenette, there were waffle fries in an open bag, crinkle cut french fries in an open bag, a platter of food, a hot dog wrapped in plastic, and four opened water bottles not labeled and dated.*

*In the refrigerator in the Memory Care kitchenette, there were pancakes in an open package and a bag of salad mix not labeled and dated.*

*On top of the Memory Care refrigerator, there were English muffins in an opened plastic bag and a half loaf of bread that was not labeled and dated.*

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

*It is the policy of the Hearth at Drexel to ensure that all food is labeled and dated. All refrigerators and freezers were audited to ensure compliance. Any unlabeled/undated food was discarded. Education was provided for the the kitchen staff and clinical staff to ensure that all food is labeled and dated. An audit will be completed monthly by the Director of Dining services and documentation will be kept. Spot checks will also be completed to ensure compliance.*

**Completion Date** 06/15/2021

**Document Submission****Implemented**

*please find attached educational sheet for staff and audit*

## 121a Unobstructed egress

**1. Requirements**

2800.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

**Description of Violation**

*On 5/27/21, at 11:25 am, A "do not enter" sign and a white mesh banner with a stop sign printed on it blocked egress from the residence's second floor west wing rear fire exit.*

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

*The stop sign was removed ensuring that the exit was unobstructed. The Hearth at Drexel will not place any sign on any egress. Management team was in-serviced on regulation*

**Completion Date:** 05/28/2021

**Document Submission****Implemented**

*please find attached educational sheet for staff and audit*

## 183d Current medications

**1. Requirements**

2800.

- 183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

**Description of Violation**

*Nitroglycerin 0.4 MG is in the home for resident #3, however this medication is not listed on the resident's Physician's Orders.*

*Metoprolol ER (Succ) 100 MG is in the home for resident #3, however this medication is not listed on the resident's Physician's Orders.*

*Zinc 50 MG is in the home for resident #4, however this medication is not listed on the resident's Physician's Orders.*

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

*It is the policy of the Hearth at Drexel to only have current, physician ordered medication in the community. Education was provided to clinical staff on the household. This regulation will be reviewed with all clinical staff and will be added to annual education with clinical staff. A cart audit was completed on all 4 households and going forward monthly spot checks by the Director of Nursing/designee will be completed and documentation will be kept*

**Completion Date:** 07/01/2021

**Document Submission****Implemented**

*please find attached educational sheet for staff and audit*

## 252 Records – content

**1. Requirements**

2800.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.

252 Records – content (*continued*)

4. A language, speech, hearing or vision need which requires accommodation or awareness of during oral or written communication.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

**Description of Violation**

*Resident # 1's record does not include a photograph of the resident that is less than 2 years old.*

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

*It is the policy of the Hearth at Drexel to update resident photos every 2 years. Resident #1's picture was retaken and placed in the medical record on 5/27/2021. All residents medical chart were audited with 100% compliance. A tickler file will be developed to ensure compliance going forward.*

**Completion Date:** 06/15/2021

**Document Submission****Implemented**

*please find attached educational sheet for staff and audit*