

Department of Human Services
Bureau of Human Service Licensing

April 27, 2022

[REDACTED]
DRI/HEARTIS BUCKS COUNTY LLC
[REDACTED]
[REDACTED]

RE: HEARTIS BUCKS COUNTY
945 YORK ROAD
WARMINSTER, PA, 18974
LICENSE/COC#: 14855

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/28/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Claire Mendez

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: *HEARTIS BUCKS COUNTY* License #: *14855* License Expiration: *02/02/2023*
Address: *945 YORK ROAD, WARMINSTER, PA 18974*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *267-962-0100* Email: [REDACTED]

Legal Entity

Name: *DRI/HEARTIS BUCKS COUNTY LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/09/2021* Issued By: *Township of Warminster*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/28/2022*

Inspection Dates and Department Representative

03/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *15*

Special Care Unit

In Home: *Yes* Area: *Generations* Capacity: *15* Residents Served: *6*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* Have Physical Disability: *1*

Inspections / Reviews

03/28/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2022*

04/25/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/30/2022*

04/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/18/2022*

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED]/22, for Resident # 1, indicates the resident requires assistance with transfers in and out of bed. On 3/18/22 the resident did not receive this assistance as required.

Plan of Correction

Do Not Accept

The Staff Member involved was retrained on 4/8/22 on Resident Assessments and Support Plans and the importance of meeting the needs of the resident.

All Direct Care Staff will be retrained by 5/15/22 on meeting the needs of the resident as indicated in the Resident's Assessment and Support Plan. Documentation of the re-training will be maintained.

The Resident Care Director and Generations Care Program Director are responsible to assure staff have reviewed the resident's assessment and support plan and to assure the needs of the resident are met.

Completion Date: 05/15/2022

Update: 04/25/2022

By what methods will the Resident Care Director and Generations Care Program Director use to ensure that staff review the RASPs to ensure that the needs of the resident are met. How will the home ensure that the tasks are being followed as indicated in the RASP. Please also include timeframes and durations.

Plan of Correction

Accept

By what methods will the Resident Care Director and Generations Care Program Director use to ensure that staff review the RASPs to ensure that the needs of the resident are met. How will the home ensure that the tasks are being followed as indicated in the ASP. Please also include timeframes and durations.

1.. All caregivers document any change in resident status or significant occurrence including action taken in response on the End of Shift Report.

2. At the beginning of each shift, on-coming staff read the End of Shift Reports from the last 24 hours which includes any new ASPs or ASP updates. When staff are absent or not scheduled they are responsible to read the End of Shift Reports for all days they were not working.

3. The Resident Care Director or assigned individual reviews all entries on the End of Shift Reports, initials, and indicates any action taken.

5. The Resident Care Director or Med Tech, as assigned, documents significant information from the staff's charting on the End of Shift Report in the resident's record.

6. The End of Shift notebook will maintain 30 days of charting at all times.

The Resident Care Director and Generations Program Director are responsible to review the shift communication binder daily weekdays to ensure that staff review the ASPs to ensure that the needs of the resident are met. The end of shift communication binder is brought to the daily manager stand up meeting weekdays for review by the ED which includes a review of changes on weekends. Documentation of RCD/GPD sign offs of the shift communication binder is maintained for 30 days.

Completion Date: 05/31/2022

42b Abuse/Neglect

1. Requirements

42b Abuse/Neglect (continued)

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 3/18/22 Resident # 1 stated that Staff Member A told the resident that [REDACTED] would be leaving early and Staff Member B would be on the other side of the building and proceeded to instruct the resident to not to ring the call bell. Staff Member A left the residence at approximately 5:00 AM without the knowledge of the administrative staff and did not clock out, leaving only Staff Member B with 15 residents, 7 of whom have mobility needs including 1 resident who is totally immobile.

Resident #1 managed to ambulate to the bathroom independently using a wheelchair, but was unable to independently return to bed. Resident #1 retrieved a pillow from the bed and laid the pillow on a tray to sleep while in the wheelchair. Staff Member C entered Resident #1's room at approximately 7:00 AM and found the resident sleeping in the wheelchair.

Plan of Correction**Do Not Accept**

The staff person involved was immediately suspended pending the outcome of the investigation.

The staff person identified was retrained on 4/8/22 on Resident Rights, Abuse Training, Narcotic Count procedures, Resident Support Plans and the Ciscor Nurse Call bell procedure. Documentation of the training will be maintained.

All staff will be retrained on Resident Rights, Older Adult Protective Services Abuse and Neglect training by 4/30/2022. Documentation of the training will be maintained.

A random audit of staff understanding on resident rights, abuse and neglect will be completed by the Executive Director or designee weekly for 4 weeks to assure ongoing compliance by 5/31/22. Documentation will be maintained.

Completion Date: 05/31/2022

Update: 04/25/2022

Please also include a plan for monitoring of overnight staff persons for presence and accountability.

Plan of Correction**Accept**

Please also include a plan for monitoring of overnight staff persons for presence and accountability.

The concierge is staffed 24/7 and completes rounds throughout the night. Any changes in staff persons presence is reported to the RCD/GPD or ED. The RCD and GPD will make unannounced random visits to the community on 3rd shift once weekly for 4 weeks and randomly thereafter. Documentation of the visits will be maintained.

Completion Date: 05/31/2022

95 Furniture & Equipment**1. Requirements**

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 Furniture & Equipment (continued)

Description of Violation

Per Staff Interview with Administrator Resident # 1's call bell is not working properly. The call bell will be pressed and it does not alert the staff it was pressed.

Plan of Correction**Accept**

On 3/28/22 the Executive Director identified that Resident #1's pendant would not reset after pressing the pendant. The pendant was not sending the notification to the pager, but did show as activated on the concierge computer monitor. The concierge was notifying the staff to check on residents. On 3/28/22 the Executive Director contacted Ciscor Nurse Call system to identify why Resident #1's pendant was not working properly. Ciscor reset the router. All resident pendants were tested. A new box of pendants was identified as defective and returned to the company for replacement. All pendants were retested again and identified as working properly.

The Building Services Director completed a full retest again on 3/29/22 of all resident call bells. All pendants were determined to be working properly.

The Ciscor resident call system is monitored in real time on the Concierge computer. The concierge desk is staffed 24/7. If a pendant is identified as not working, the concierge will contact Ciscor Nurse Call company which provides 24/7 emergency response and notify the Building Services Director. The telephone number for the Ciscor Nurse Call system is located in the Emergency Preparedness Binder located at the Concierge desk. For any resident identified whose pendant is not working, staff will complete 15 min checks until a new pendant is provided.

The Building Services Director reviews all Ciscor reports daily. The Building Services Director will complete random audit tests of the nurse call bell system weekly for 4 weeks, monthly for 1 month and quarterly thereafter to assure ongoing compliance. Documentation will be maintained and reviewed by the Executive Director and reviewed at the monthly QA Meeting.

Completion Date: 03/29/2022

185a Storage procedures

1. Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The Residence has a policy that two med techs must count the narcotic medications on the cart prior to leaving each shift. On 3/17/22 Staff Member A worked the 11p to 7a shift as the med tech. Staff Member B signed off that she counted the medications with Staff Member D prior to leaving on 3/18/22. However, Staff member D states that Staff member A was not in the building when [REDACTED] arrived at approximately 7am on 3/18/22, and did not count the narcotic medications with Staff A.

Plan of Correction**Accept**

The Staff Member A was retrained on 4/8/22 on proper Narcotic Count procedures by the Executive Director who is a Certified DHS Medication Administration Train the Trainer. Documentation of the training will be maintained. All Med Techs will be retrained by 5/15/22 on Accountability for Controlled Substances and proper procedures for narcotic count at change of shift or anytime the possession of the med cart keys changes. Documentation of the re-training will be maintained.

An audit of narcotic counts will be completed by the Resident Care Director daily for two weeks; weekly for four weeks. Thereafter random audits will be completed monthly by the Resident Care Director who is responsible to assure ongoing compliance for the accountability for controlled substances policy. The Executive Director will

185a Storage procedures (continued)

review the documentation at the monthly QA Meeting.

Completion Date: 05/15/2022