

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

February 9, 2024

[REDACTED]  
MARY J DREXEL HOME  
[REDACTED]  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/21/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE HEARTH AT DREXEL* License #: *14062* License Expiration: *06/18/2024*  
 Address: *238 BELMONT AVENUE, BALA CYNWYD, PA 19004*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *MARY J DREXEL HOME*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-3* Date: *06/10/2014* Issued By: *Lower Merion*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *11/21/2023*

**Inspection Dates and Department Representative**

11/21/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *85* Residents Served: *72*

**Special Care Unit**  
 In Home: *Yes* Area: *SDCU* Capacity: *20* Residents Served: *19*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *20*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *20* Have Physical Disability: *0*

**Inspections / Reviews**

**11/21/2023 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/15/2023*

**12/15/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *02/06/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2023*

Inspections / Reviews *(continued)*

01/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/15/2024

02/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141b1 Annual medical evaluation

1. Requirements

2800.

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

- 1. At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident has not had another medication evaluation.

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident has not had another medication evaluation.

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident has not had another medication evaluation.

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident has not had another medication evaluation.

Plan of Correction

Accept [redacted] - 12/15/2023)

Director of Nursing manually entered a schedule for all medical evaluations into our electronic medical record system, PCC. All assessments are scheduled to trigger annually for review. Director of Nursing is responsible to update the schedule to reflect changes in the evaluation date due to significant changes.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [redacted] 02/09/2024)

225a1 Assessment – annually

2. 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 [redacted] most recent assessment was completed on [redacted]. The resident’s previous assessment was completed on [redacted].

Plan of Correction

Accept [redacted] - 12/15/2023)

Director of Nursing manually entered a schedule for all assessments and support plans into our electronic medical record system, PCC. All assessments are scheduled to trigger annually for review. Director of Nursing is responsible to update the schedule to reflect changes in the evaluation date due to significant changes.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [redacted] 02/09/2024)

227g Support plan - signatures

3. Requirements

2800.

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

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign and date the support plan.

Plan of Correction

Accept [redacted] 01/12/2024)

Director of Nursing will ensure all participants in developing the support plan who have the ability to, sign the support plan. For residents who cannot sign, this will be noted on the support plan. DON has audited all of the resident records to ensure all support plans have the required signature. Audit was completed in full by [redacted]

Proposed Overall Completion Date: 01/09/2024

Licensee's Proposed Overall Completion Date: 01/09/2024

Implemented [redacted] - 02/09/2024)