

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

May 21, 2025

[REDACTED]  
MARY J DREXEL HOME  
[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 04/02/2025 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: 06/18/2025
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: I-2	Date: 03/10/2014	Issued By: Lower Merion Township

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 115	Waking Staff: 86

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Incident	Exit Conference Date: 04/02/2025	

Inspection Dates and Department Representative		
04/02/2025 - On-Site: [REDACTED]		

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 85		Residents Served: 74	
Special Care Unit			
In Home: Yes	Area: Inspiring Today	Capacity: 20	Residents Served: 19
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 74	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 41		Have Physical Disability: 0	

Inspections / Reviews		
04/02/2025 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/02/2025
05/02/2025 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 05/21/2025	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/05/2025

Inspections / Reviews *(continued)*

05/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/23/2025

05/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 183e Storing Medications

## 1. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

## Description of Violation

On [REDACTED], [REDACTED] with an open date of [REDACTED] was present in the medication cart for Resident [REDACTED]. Per manufacturer's instructions, this medication should be discarded six weeks after opening.

## Plan of Correction

Accept [REDACTED] - 05/06/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Medication Technician to discard the [REDACTED].

To enhance the currently compliant operations, on 04/14/2025 the Nurse Manager developed a medication cart audit to be completed weekly, with a completion date of 04/14/2025.

Effective 04/14/2025 the Nurse Manager will perform weekly audits through 05/31/2025 to maintain ongoing compliance with prescription medications, OTC medications and CAM being stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Compliance monitoring activities will be implemented under the supervision of the Director of Nursing. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Additionally, the Administrator will develop an in-service to educate the LPN Charge Nurses and Medication Technicians on the proper storage and disposal of medications. The development of the in-service will be completed by 5/7/25. Beginning 5/8/25, the Nurse Manager will educate LPN Charge Nurses and Medication Technicians. In-servicing will be conducted over a two week period as staff are scheduled with an expected completion date of 5/21/25.

Licensee's Proposed Overall Completion Date: 05/21/2025

Implemented [REDACTED] - 05/21/2025)

## 184b - Labeling OTC/CAM

## 2. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

## Description of Violation

On [REDACTED] there was a bottle of [REDACTED] present in the medication cart. It was not labeled with a resident's name or room number.

## Plan of Correction

Accept [REDACTED] - 05/06/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Nurse Manager to label the [REDACTED] with the resident's name and room number.

To enhance the currently compliant operations, on 04/14/2025 the Nurse Manager developed a medication cart

**184b Labeling OTC/CAM (continued)**

audit to be completed weekly, with a completion date of 04/14/2025.

Effective 04/14/2025 the Nurse Manager will perform weekly audits through 05/31/2025 to maintain ongoing compliance with prescription medications, OTC medications and CAM being stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Compliance monitoring activities will be implemented under the supervision of the Director of Nursing. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Additionally, the Administrator will develop a policy and create an in service to educate the LPN Charge Nurses and Medication Technicians on the proper labeling of medications. The development of the in service will be completed by 5/7/25. Beginning 5/8/25, the Nurse Manager will educate LPN Charge Nurses and Medication Technicians. In servicing will be conducted over a two week period as staff are scheduled with an expected completion date of 5/21/25.

Licensee's Proposed Overall Completion Date: 05/21/2025

Implemented [REDACTED] - 05/21/2025)

**185a Storage procedures****3. 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**

On [REDACTED] at 4:00pm, Resident [REDACTED] had their blood glucose checked and was subsequently administered [REDACTED] as prescribed by their doctor by Staff Member A. On [REDACTED] at approximately 4:10pm, Staff Member B asked Resident [REDACTED] if they had already had their [REDACTED] checked to which Resident [REDACTED] stated they did not. Staff Member B did not review the residents Medication administration record, glucose log, or physician's orders prior to checking Resident [REDACTED] again and administering [REDACTED] again to Resident [REDACTED].

**Plan of Correction**

Accept [REDACTED] 05/06/2025)

On 3/16/25 upon discovery of the medication error, the Nurse Manager took immediate action to instruct Staff Member B to review the resident's orders for any PRN [REDACTED] medications and to notify the on call doctor and resident's responsible party. Additionally, the Nurse Manager gave instructions to monitor the resident closely for signs and symptoms of [REDACTED].

3/17/25, Staff Member B was placed on investigatory suspension for failure to follow standard nursing practices for the administration of medication along with a failure to follow the community's policy for administering medication.

3/19/25 the investigation was concluded and Staff Member B was separated from employment with the community for failing to follow standard nursing practices for the administration of medication and the community's policy for administering medication.

Beginning 5/7/25, the Nurse Manager will re educate LPN Charge Nurses and Medication Technicians on the community's Medication Administration Policy. In servicing will be conducted over a two week period as staff are scheduled with an expected completion date of 5/21/25.

185a Storage procedures *(continued)*

Licensee's Proposed Overall Completion Date: 05/21/2025

Implemented (█ - 05/21/2025)