

Department of Human Services
Bureau of Human Service Licensing

March 15, 2021

[REDACTED], EXECUTIVE DIRECTOR
HIDDEN MEADOWS OPCO LLC
1751 PINNACLE DRIVE, 6TH FLOOR
TYSONS CORNER, VA 22102

RE: HIDDEN MEADOWS ON THE RIDGE
340 FARMERS LANE
SELLERSVILLE, PA, 18960
LICENSE/COC#: 14523

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/27/2021, 01/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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: *HIDDEN MEADOWS ON THE RIDGE* **License #:** *14523* **License Expiration Date:** *07/20/2021*
Address: *340 FARMERS LANE, SELLERSVILLE, PA 18960*
County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

Name: [REDACTED] **Phone:** *2152576701* **Email:** [REDACTED]

Legal Entity

Name: *HIDDEN MEADOWS OPCO LLC*
Address: *1751 PINNACLE DRIVE, 6TH FLOOR, TYSONS CORNER, VA, 22102*
Phone: *2152576701* **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *08/24/2010* **Issued By:** *Commonwealth of PA*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *54* **Working Staff:** *41*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *01/28/2021*

Inspection Dates and Department Representative

01/27/2021 - On-Site: [REDACTED]
01/28/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served:** *42*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Resident: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *42*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *12* **Have Physical Disability:** *2*

Inspections / Reviews

01/27/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/21/2021*

2/22/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/24/2021*

2/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/12/2021*

3/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 01/28/21, there was no carbon monoxide detector near the home's natural gas heating source.

Plan of Correction

Accept

HMOR has since purchased CO2 Detectors and has installed them within 15 feet of all natural gas heating sources. please see attached CO2 detector policy that has been put into effect as of 2/19/21. All HMOR staff are scheduled to be trained on CO2 detection response 2/24/21

Completion Date: 02/19/2021

Document Submission

Implemented

Training was conducted 2/24/21 see attached training sign off

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for Resident #1, dated 7/31/20, was not signed by the resident.

Plan of Correction

Accept

All contracts are to be signed by residents and designee if applicable. Going forward all new admissions will sign agreements. Please see attached move in form that will be used for all new admissions. This will be maintained in his/her file. Sales manager will ensure compliance daily and ED will monitor monthly

Completion Date: 02/21/2021

Document Submission

Implemented

All resident files have been audited by ED and are in compliance of this regulation

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

- 28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2 was discharged on [REDACTED]. The home did not provide the required refund.

Plan of Correction

Accept

Resident did receive a refund, however the facility did not have proper documentation of such. Please see the attached move out form to ensure proper documentation of timely refunds. Compliance will be monitored by BOM and ED monthly

Completion Date: 02/21/2021

28f - Resident's Funds and 30-day Refund (continued)

Document Submission

Implemented

Since this POC there have been no move-outs, nor refunds issued. Move out form has been implemented however and will be utilized for all move outs and refunds will be noted on move out form.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on 11/05/20. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept

This staff person had completed this training, however, due to how training was filed by a prior BOM, it had been misplaced. In response to this requirement, the employee retook the caregiver test, please see training certificate. Going forward, all employees will be required to take this test, and it will be maintained in his/her personnel filed at all times. please see attached new hire checklist that will be also maintained for all new employees. BOM and ED will monitor compliance monthly

Completion Date: 02/21/2021

Document Submission

Implemented

All employee files have been audited and are in compliance at this time. New hires have completed direct caregiver training prior to orientation and certification is in place in their file.

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Do Not Accept

Please see attached 2021 Training plan

Completion Date: 02/21/2021

Update - 02/22/2021

Please enter a plan of correction.

66b - Training Plan Content (continued)

Plan of Correction **Accept**

Please see attached 2021 Training plan that includes the required content. Going forward, fully completed training plans for each year will be created by HR coordinator and reviewed in the QM meetings to monitor for compliance.

Completion Date 02/24/2021

Document Submission **Implemented**

Training plan is in place and is being utilized (already attached).

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Repeat Violation

There was expired food found in the food pantry:

A box containing 8 individual servings of macaroni and cheese had an expiration date of 3/13/20.

Two boxes of Quaker grits had an expiration date of 6/22/20.

Repeated Violation: 3/9/2020

Plan of Correction **Accept**

The outdated box of food was removed immediately and replaced. Director of Culinary Services will audit food pantry monthly and compliance will be monitored by ED.

Completion Date: 02/21/2021

Document Submission **Implemented**

Please see attached Kitchen self inspection tool checklist for February, to be done monthly

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A bottle of "All Season 3-in-1" washer fluid, with a label stating "flammable - keep away from heating source" was stored in a room where a heating source is located.

Plan of Correction **Do Not Accept**

Please see attached signage posted in that room to remind staff not to store any possibly flammable items in there. Compliance will be monitored by the Facilities Director

Completion Date: 02/21/2021

Update - 02/22/2021

How will compliance be monitored? How often? Will any training be conducted?

125a - Combustible Storage (continued)

Plan of Correction

Accept

Please see attached signage posted in that room to remind staff not to store any possibly flammable items in there. Compliance will be monitored by the Facilities Director during monthly QA checks. Any non-compliance will be reviewed in Safety Committee meetings. Staff have been re-educated 2/24 regarding safety along with CO2 detector alarm training

Completion Date: 02/24/2021

Document Submission

Implemented

Please see picture of signage in place and attached safety checklist for February

171b4 - Staff Training

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

On 01/27/21 at 10:30 am, staff person B transported residents to Doctor's appointment . However, staff person B has not completed the initial new hire direct care staff person training, nor has any staff person who accompanied residents on the trip.

Plan of Correction

Do Not Accept

Staff person B has since taken the Direct Caregiver test. This will be maintained in his personnel file. Going forward, all staff will be required to take this test at time of hire. New hire checklist to be maintained by BOM and compliance will be monitored monthly by ED

Completion Date: 02/21/2021

Update - 02/22/2021

This violation specifically applies to transporting residents. A new hire checklist does not address a correction of this violation directly.

Plan of Correction

Accept

HR staff have been re-educated of this regulation that requires drivers to obtain a direct caregiver certification. All other driver files have been audited and are in compliance of this regulation. Staff person B has since taken the Direct Caregiver test. This will be maintained in his personnel file. Going forward, all staff will be required to take this test at time of hire and as a method of monitoring for compliance, HR coordinator staff will have to document receipt of Direct Caregiver certificate at time of hire. BOM and ED will monitor compliance by reviewing employee files prior to filing and sign off completion

Completion Date: 02/24/2021

Document Submission

Implemented

Any driver who attends residents have completed direct caregiver training. Driver binder has been audited and is HMOR is in compliance of this regulation

187b - Date/Time of Medication Admin.

1. Requirements

187b - Date/Time of Medication Admin. (continued)

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed Morphine 20 mg/ml Oral Solutions. The resident's 01/2021 medication administration record does not include the initials of the staff person who administered Morphine 20 mg/ml Oral Solutions on 01/22/21 at 11am and 2pm.

Plan of Correction

Accept

Staff had signed off administration of this medication, however failed to initial it off in the MAR.

Staff have been re-educated about the importance of administration documentation. Compliance will be monitored nightly by nursing staff MAR audits and monthly by DHW

Completion Date: 02/21/2021

Document Submission

Implemented

Please see Monthly Cart/Medication Audit form for February, to be completed monthly

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Midodrine Tab 10mg hold if blood pressure over >120. However, resident #1's Midodrine Tab 10mg was held on 01/01/21 at 12pm.

Plan of Correction

Accept

Residents BP was 135 when first checked at approximately 8am, please see attached vitals report. staff held medication at that time, as the directions state to do so. Upon follow up, staff rechecked BP and it was 110 at approximately 11am. At time of inspection, it appeared medication was held due to BP being 110, because of how it was documented. Going forward, progress notes will be implemented when medications are held due to vitals being outside parameters. DHW will monitor for compliance monthly

Completion Date: 02/21/2021

Document Submission

Implemented

Please see attached Monthly Cart/Medication Audit for February