

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HERITAGE SPRINGS MEMORY CARE INC
LEGAL ENTITY

To operate HERITAGE SPRINGS MEMORY CARE
NAME OF FACILITY OR AGENCY

Located at 327 FARLEY CIRCLE, LEWISBURG, PA 17837
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 34
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 8, 2015 until July 8, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225981

Robert E. Robinson
ISSUING OFFICER


ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 10/13



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 08 2015

Ms. Collen E. Fritz, President
Heritage Spring Memory Care Inc.
327 Farley Circle
Lewisburg, Pennsylvania 17837

RE: Heritage Spring Memory Care
416 Market Street
Lewisburg, Pennsylvania 17837
License #: 225981

Dear Ms. Fritz:

As a result of the Department of Human Services' licensing inspection on December 23, 2014 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 22598 - 12/23/2014 - Hummel, Jesse
PCH Name: Heritage Springs Memory Care

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility has video cameras located in the dining room as well as the hallways. It was determined that these cameras record footage. Video recording of these common areas is prohibited.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Clarification of the this regulation was given by the licensing inspector was given to the administrator and the issue was resolved the day of the inspection. The cameras that were recording the common areas of the building that included the Dining room and hallways have been turned to the disabled mode for recording, and only video monitoring of the area is occurring. Proof of this was shown to the licensing inspector on site.

To prevent this from happening in the future, clarification of the regulation was given to this administrator and the issue was resolved on site at the time of the inspection. The administrator is the only person who has the capability of accessing the programming site for the cameras.

Admin will periodically review the system to maintain ongoing compliance. CP 1-7-15

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Colleen E. Fritz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Colleen E. Fritz - Administrator / E.P.*

Date *1-6-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-7-15
(Date)

Plan of correction implementation status as of 1-7-15
(Date)

The above plan of correction was approved by *CP*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22698 - 12/23/2014 - Hummel, Jesse
 PCH Name: Heritage Springs Memory Care

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 12/23/14 at 12:00pm Department Representatives observed the facility's natural gas fireplace located in the common area of The facility was in use. The fire place did not have a guard or protective screen in place. The exterior frame of the fire place measured 136.2 degrees Fahrenheit. This poses a scalding risk to the residents should they come in contact with the fire place.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A screen was obtained and put in place within hours of the inspection to assure the residents safety. Through the use of the guard no resident will come in contact with the hot surface and potentially burn or scald themselves. See attachment B.

Staff education was held with management team to assure that this safety issue was addressed and that the management team is aware to remain in compliance with this regulation and most importantly to assure the resident's safety, the screen must remain in place at all times. The administrator and the management team shall be responsible for ensuring continued compliance with this and all regulations. Attachment A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen Stutz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen E. Fritz Administrator / E.D.* Date *1-6-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-7-15
 (Date)

The above plan of correction was approved by *OP*
 (Initials)

Plan of correction implementation status as of 1-7-15
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22598 - 12/23/2014 - Hummel, Jesse
 PCH Name: Heritage Springs Memory Care

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the facility's courtyard. There is gate located at the corner of the courtyard which is locked by a magnetic locking system which automatically releases upon the fire alarm being activated. Located directly beyond the courtyard gate is a large retaining pond. Residents are evacuated to the courtyard during fire drills as well in the event of an actual emergency. The retaining pond is not fenced and does not have any other type of natural barrier. The retaining pond poses a safety risk for the residents served at the facility.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This regulations requires a two step procedure. A short term plan and a long term plan for correction.

1. Short Term Plan will be completed by January 31, 2015. A chain link fence shall be installed alongside the pond in the back of the building from the courtyard gate to the side of the building so that while exiting from the courtyard to the front, residents will not be able to accidentally slip or fall into the retaining pond. T Ross Brothers Inc. will be responsible for installing the fence along with emergency lighting to ensure a safe exit route and prevent residents from rolling down into the retaining pond during an emergency evacuation, to the front of the building for the residents - See attachment D for a picture of the chain link fence product that will be used. Colleen Fritz Administrator will ensure the on time completion of the fence.

2. A long term plan shall be in discussion and will be decided upon by April 1, 2015 and be completed by the end of June 2015. Colleen Fritz, Administrator, will ensure that each goal shall be met within it's allotted time.

The home will submit their long term plan for review and approval. The home will also provide documentation of the implementation of the long term plan upon completion. CP. 1-7-15

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fritz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen E Fritz Administrator / P.D.* Date *1-7-15*

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The above plan of correction is approved as of 1-7-15
 (Date)

Plan of correction implementation status as of 1-7-15
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *CF*
 (Initials)

Violation Report: 22598 - 12/23/2014 - Hummel, Jesse PCH Name: Heritage Springs Memory Care	
1. REGULATION 55 Pa.Code §2600 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.	
2a. DESCRIPTION OF VIOLATION The facility has not submitted their Emergency Procedures to the local emergency management agency as required.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p>The Emergency procedures that were approved were submitted to the local emergency management agency as required. see attachment E</p> <p>During the annual quality assurance meeting the emergency operation plan shall be reviewed and shall be resubmitted to the local EMA to assure compliance with this regulation.</p> <p>An inservice was conducted reviewing this regulation with the management team to ensure continued compliance with this regulation. The administrator and the management team shall be responsible for ensuring continued compliance with this and all regulations. Attachment A</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Colleen E Frits</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Colleen E Frits - Administrator/ED</i>	Date <i>1-6-15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1-7-15</u> (Date)	Plan of correction implementation status as of <u>1-7-15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22598 - 12/23/2014 - Hummel, Jesse
 PCH Name: Heritage Springs Memory Care

1. REGULATION 55 Pa.Code §2600

2600.129(a) - A fireplace must be securely screened or equipped with protective guards while in use.

2a. DESCRIPTION OF VIOLATION:

On 12/23/14 at 12:00pm Department Representatives observed the facility's natural gas fireplace located in the common area of The facility was in use. The fire place did not have a guard or protective screen in place. The exterior frame of the fire place measured 138.2 degrees Fahrenheit. This poses a scalding risk to the residents should they come in contact with the fire place.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A screen was obtained and put in place within hours of the inspection to assure the residents safety. Through the use of the guard no resident will come in contact with the hot surface and potentially burn or scald themselves. The Fireplace screen will remain in place at all times. See attachment B.

Staff education was held with management team to assure that this safety issue was addressed and that the management team is aware to remain in compliance with this regulation and most importantly to assure the resident's safety, the screen must remain in place at all times. and will be checked during the monthly safety inspections.

The administrator and the management team shall be responsible for ensuring continued compliance with this and all regulations. See Attachment A

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Colleen E Faite Administrator/ED* *1-6-15*

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 (Date)

Plan of correction implementation status as of 1-7-15
 (Date)

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- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)

Violation Report: 22598 - 12/23/2014 - Hummel, Jesse
 PCH Name: Heritage Springs Memory Care

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The facility has not had a supervised fire drill conducted by a fire safety expert.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A Supervised Fire Drill was conducted on December 30th with the local fire department. Documentation was signed by the Sergeant [redacted] of the William Cameron Fire Department in Lewisburg on the Fire drill log itself verifying that the information contained in the log was accurate and supervised by himself and one of this fireman. The standard fire Drill letter was obtained and is submitted as Attachment F.

A supervised Fire Drill will be conducted annually and as necessary to ensure proper fire safety procedures are being taken in an emergency event.

An inservice was conducted reviewing this regulation with the management team to ensure continued compliance with this regulation. The administrator and the management team shall be responsible for ensuring continued compliance with this and all regulations. Attachment A

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen E. East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen E East Administrator/EO* Date *1-6-15*

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The above plan of correction is approved as of 1-7-15
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 1-7-15
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 22698 - 12/23/2014 - Hummel, Jesse Text
 PCH Name: Heritage Springs Memory Care

1. REGULATION 56 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the facility's courtyard. The courtyard has a gate which is locked by a magnetic locking system. The directions to operate the keypad for the magnetic locking system are not posted as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A posting was placed at the courtyard magnetic locking mechanisms indicating the directions to operate the keypad for the magnetic locking system. the day of the inspection while the licensing agent was there.
 See attachment C

An inservice was conducted reviewing this regulation with the management team to ensure continued compliance with this regulation. The administrator and the management team shall be responsible for ensuring continued compliance with this and all regulations while doing a monthly audit of the facility and grounds. Attachment A

The code is embedded in the posting - as per Adm via phone 1-7-15. of

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Callie [unclear] Administrator / E.D.* Date *1-6-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-7-15 (Date)
 The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 1-7-15 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented