



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

Restrictions: _____

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 June 25, 2015 until June 25, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225980

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2015

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

RE: Heritage Springs Memory Care
License #: 225980

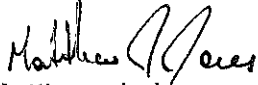
Dear Ms. Fritz:

As a result of the Department of Human Services' licensing inspection on May 21, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,


Matthew J. Jones
Director *MSH*

Enclosures
License
License Inspection Summary

Violation Report: 22698 - 05/21/2015 - Rushin, Julianne
PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa. Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225, 101-10225.6102) and 6 Pa. Code Chapter 16 (relating to protective services for older adults)

2a. DESCRIPTION OF VIOLATION
Direct care staff person (A) did not have a criminal background check completed. Employee was hired 4/6/15.

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.

The employee (that was hired on 4/6/2015) Background check was immediately done and presented to the BHSL staff while on site.

In the future all Criminal Background checks will be done in accordance with OAPSA regulations- within a thirty day window of the employees start date.

The Administrator or Assistant Administrator will automatically do the background check during the employee's initial orientation and ensure that it is returned within the thirty day period.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *President* Date *6/17/15*
William F. ... RN, Executive Director

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

The above plan of correction is approved as of 6/17/15 (Date)
Plan of correction implementation status as of 6/17/15 (Date)

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

The above plan of correction was approved by M (Initials)

Violation Report: 22598 - 05/21/2015 - Rushin, Jullenne
PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 88 Pa.Code § 2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Records for resident #3 indicate he/she is to have their blood sugar level tested once daily in the morning. The resident's glucometer does not have a reading for 5/17/15

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.

The staff have been educated to follow the MAR for the proper instruction of the prescriber relating to Glucose level tracking.

The Staff have also been instructed in the following areas:

1. Glucometers will be calibrating upon admission or as soon as a new glucometer has been obtained.
2. The Staff will look at the MAR for prescriber information regarding Glucose testing, and follow the directions as laid out during the time frames it indicates.
3. The glucometer will be used only for the resident it belongs too.
4. All Diabetes equipment including puncture needles, syringes, and insulin, etc. shall be issued by a pharmacy and used only for the intended resident.
5. The readings on the glucometer will match the documentation on the MARs.

CONT →

• The administrator shall monitor and assure ongoing compliance.

6/17/15

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

Signature of Legal Entity Representative (Required on EVERY Page)

Julie Fritze RN, PHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Julie Fritze President

Date 6/17/15

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The above plan of correction is approved as of 6/17/15 (Date)

Plan of correction implementation status as of 6/17/15 (Date)

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

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

CONT -

REGULATION 55 PA Code 2600

2600.187(d) - The home shall follow the directions of the prescriber.

Discussion: This includes the direction of a prescribed treatment, such as the use of medical equipment or therapy.

Inspection Procedures: Inspectors will review the prescription orders, medications and medication records to ensure directions of the prescriber are followed.

Primary Benefit: Ensures that residents receive medications and treatments as ordered by a physician.

1. The Staff will look at the MAR for prescriber information regarding Glucose testing, and follow the directions as laid out during the time frames it indicates.
2. Glucometers will be calibrating upon admission or as soon as a new glucometer has been obtained.
3. The glucometer will be used only for the resident it belongs too.
4. All Diabetes equipment including puncture needles, syringes, and insulin, etc. shall be issued by a pharmacy and used only for the intended resident.
5. The readings on the glucometer will match the documentation on the MARs.


6/17/15

Violation Report: 22598 - 06/17/2015 - Ruahin, Julianne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa. Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on 10/14/14. Resident #1's medical evaluation indicates that he/she was evaluated by a physician on 8/13/14, 3 days past the 60 days allowed prior to admission.
 The medical evaluation for resident #2 dated 4/15/15 does not indicate the need for the resident to be served in a secured dementia unit.

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.

The medical evaluation for resident #1 was outside the sixty day window of the admission.

The medical evaluation for Resident #2 did not have the box checked under "Special Needs" to indicate the need for a secured dementia care unit.

Prior to admission to the facility, the Administrator or Assistant Administrator or designee shall be responsible for ensuring that the medical evaluation is completed in its entirety, by the physician, within the time frames allowed, and that the need for a special dementia care unit is specifically checked under the "special needs box"

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

Signature of Legal Entity Representative (Required on EVERY Page)
 Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Date

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

The above plan of correction is approved as of 6/17/15 (Date)
 The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 6/17/15 (Date)

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