



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 08 2016

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' annual licensing inspection on May 11, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: HERITAGE SPRINGS MEMORY CARE		License Number: 22598
Address: 327 FARLEY CIRCLE, LEWISBURG, PA 17837		County: Union
Administrator: Colleen Fritz		Region: NORTHEAST
Legal Entity Name: HERITAGE SPRINGS MEMORY CARE INC		
Legal Entity Address: 327 FARLEY CIRCLE, LEWISBURG, PA 17837		
Certificate(s) of Occupancy I-2 10/15/2014 Central Keystone		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
05/11/2016: Hummel, Jesse; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 34 Number of Residents Served: 33 Secured Dementia Care Unit in Home: Yes Area: Entire Facility Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 33 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 33 Have a Physical Disability: 1	

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/15/16 Resident #1 fell face first in the lobby and required treatment in the emergency room. The resident sustained a broken nose and sutures. The facility did not submit an incident report to the Department regarding this resident fall that led to significant injuries.

On 4/10/16 the Police Department arrived at the facility. The Police Department was contacted by the facility due to Resident #2's aggressive behaviors. The facility did not submit an incident report to the Department.

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.

2600.16

Even though proper medical follow up was provided for these residents the proper reporting procedure was not followed by the staff. In order to correct and prevent any further missed communication, we have initiated the following.

1. The Policy and procedure was reviewed. All staff members that serve as designees were in-serviced regarding the proper reporting requirements by the BHSI.
2. All incidents are to be reported to the administrator with a description of injuries sustained within 24 hours.
3. Any reportable incidents sent to BHSI shall be handed in to the administrator as soon as they are completed.
4. The Administrator will ensure that the proper reporting procedure was followed.

ADD. I

-including a process to report timely on weekends and holidays.
 JP - 7-9-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Colleen J. Fultz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Colleen Fultz, Administrator* Date *6/18/16*

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

The above plan of correction is approved as of <u>7-9-16</u> (Date) The above plan of correction was approved by <u><i>JP</i></u> (Initials)	Plan of correction implementation status as of <u>7-9-16</u> (Date) <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 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2609
 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 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A was hired on [redacted] 15. The facility did not complete a Pennsylvania Criminal History Background Check for staff person A until 12/30/15.

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.

2600.51

The direct care staff person hired on [redacted] 15 was found not to have a criminal background check completed after the staff person in charge of completing those had left her position. The Background check was then completed as soon a review of the records was done on 12/30/15.

The person in the position currently submits all background checks on or before the first day of employment and hands the receipt in to the administrator. The record is then reviewed by the administrator to ensure that the background check has been submitted and returned within the time frame allowed.

ADD 2

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Calvin Fritzy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Calvin Fritzy, RD Administrator* Date *6/17/16*

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

The above plan of correction is approved as of 7-9-16
 (Date)

Plan of correction implementation status as of 7-9-16
 (Date)

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

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa. Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The facility is a secured dementia care facility, and therefore all residents in the facility have dementia or alzheimer's disease and require assistance to evacuate the building due to each resident's cognitive functioning. The facility currently has 33 residents. Resident #3 is receiving Hospice Services and requires a 2 person physical assist to transfer out of bed and also physical assistance to ambulate within the resident's wheelchair. Resident #4 requires a 1 person physical assist to transfer out of bed and also physical assistance to ambulate within the resident's wheelchair. Resident #5 requires a 1 person physical assist to transfer out of bed. Residents are evacuated to the internal fire safe area or outside of the facility. The facility schedules two staff to work at the facility from 11:00pm to 7:00am. In the event of an actual emergency evacuation, two staff is not sufficient to safely evacuate, account for and supervise the residents in the designated meeting places.

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.

2600.60

Resident #3 was suffering from a pneumonia and was put on hospice for additional support he has since been discharged from hospice services due to an increase in functioning, he is ambulatory with one assist and transfers with one assist. The staff have been trained to use two assists when possible to prevent unnecessary injuries. However in an emergency situation, resident #3 is able to stand and pivot with one assist.

HSMC staffing equals 80 hours per day of direct care staff. The regulations as stated in 2600.57c require 2 hours per person for 24 hours, which would equal 64 hours total and 75% during waking hours as stated in 2600.57d
 We currently exceed the requirement for this regulation by 24 hours.

Our last emergency evacuation on 11-7 shift was within our time allotted by a fire safety expert. We are rated as the highest fire safety rating available as an I-2 building that is equipped with a sprinkler system throughout the facility.

However we are interviewing for additional staff during the 11-7 hours as suggested by BHSL. *Adm will review mobility needs and cognitive supervision needs on a bi-weekly basis and make staffing adjustments as necessary to ensure resident safety & compliance*

Repeat Violation: No Date(s) of Previous Violation(s): *00 7-9-16*

Signature of Legal Entity Representative
 (Required on EVERY Page)

Colleen E. Fritze

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

Colleen E. Fritze, Administrator

Date

11/18/16

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

The above plan of correction is approved as of

7-9-16
 (Date)

Plan of correction implementation status as of

7-9-16
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Administrator B completed only 13.5 Hours of the required 24 Hours of approved Personal Care Home Administrator Training during the 2015 calendar year.

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.

2600.64

Administrator B completed 13.5 hours that were approved for personal care home Administrator training and an additional 11.5 hours for approved for Registered nursing CEU's as allowed in regulation 2600.64 Accredited CEU's were reviewed by the inspector on the date of inspection.

See Addendum ^{#4} for Accredited CEU's 7 pages total

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 Fritz RN Administrator* Date *6/18/16*

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

The above plan of correction is approved as of 7-9-16
 (Date)

Plan of correction implementation status as of 7-9-16
 (Date)

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

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

Department Representatives measured the hot water temperature at the sink in the common men's restroom across from the Administrator's office. The water temperature measured 126 degrees Fahrenheit, which poses a scalding risk to the residents.

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.

2600.89

The hot water was adjusted in the common men's bathroom
 And was tested to be in the range of 115 to 116.1 degrees F.
 See Addendum for supporting documentation. #5

Adm / Designee will conduct periodic water temp testing to ensure ongoing compliance
 CP 7-9-16

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cileen Fritz RN, Administrator* Date *6/18/16*

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

The above plan of correction is approved as of 7-9-16
 (Date)

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

Plan of correction implementation status as of 7-9-16
 (Date)

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed the external dryer duct leading from the facility into the courtyard. A heavy accumulation of lint was noted inside the duct as well as on the concrete directly below. There was also an accumulation of lint on the canopy of the gliding chair located in the courtyard.

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.

2600.105g2

The ducts to the dryer vent is cleaned out semi-annually by a professional cleaning company, however it has been added to the Maintenance check list to ensure that the exterior of the vent is cleaned on a monthly basis.

See documentation from last service and Maintenance check list for supporting documentation.

ADD #6 - 3 pages

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Callen Fritz RN, Administrator* Date *6/18/16*

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

The above plan of correction is approved as of 7-9-16
(Date)

Plan of correction implementation status as of 7-9-16
(Date)

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

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's fire drill log. The fire drills conducted on 4/9, 5/30, 6/30, 7/30 and 8/15 do not indicate the year the fire drill was conducted.

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.

2600.132

The facilities 2015 fire drill log now includes the year that the drills were conducted for the months of April, May, June, July and August.

Going forward the administrator will double check that the year has been applied to each and every fire drill documentation.

See Attached fire Drill log Abs # 7 (3 pages)

Adm will review the home's fire drill log(s) on a monthly basis to ensure ongoing compliance. C. 7-9-16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *C. Fritzer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *C. Fritzer, Administrator* Date *7/19/16*

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

The above plan of correction is approved as of <u>7-9-16</u> (Date)	Plan of correction implementation status as of <u>7-9-16</u> (Date)
The above plan of correction was approved by <u><i>C</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: 2259B - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The facility most recently held a fire drill during sleeping hours on 10/8/15 at 6:00am. A fire drill is required to be held at a minimum once every six months during sleeping hours.

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.

2600.132e

A fire drill during sleeping hours was planned for May, six months after the last fire drill in October the inspectors clarified this regulation.

The fire drills going forward will be within the six month time period to be held on the six month or before.

The administrator will ensure proper timing of the fire drills. *ADD 1/12*

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 Fritz, RN Administrator* Date *10/17/16*

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

The above plan of correction is approved as of 7-9-16
 (Date)

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

Plan of correction Implementation status as of 7-9-16
 (Date)

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The facility utilized only the activity room as an exit during the following drills; 2/26/16 at 3:35pm, 1/3/15 at 8:05am and 12/4/15 at 2:20pm. Alternating exit routes used during fire drills is 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.

2600.132f

The Facility utilized the activity room as an exit for fire drills during the winter months of December January and February to protect and keep our residents from the harsh weather. Alternate routes were utilized during the rest of the year.

Alternate routes have been used throughout the year, as the regulation states, however Alternating routes on a monthly basis have not, going forward we will use alternating routes as requested by BHSL.

See Fire Drill Log attached as supporting evidence. *see #45 #7*

Adm used review monthly fire drills to ensure ongoing compliance. 7/9/16

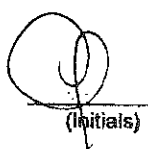
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

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 7/9/16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7/9/16
 (Date)

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The facility conducted a fire drill at the end of the month as well as the same day of the month for the months of May, June, and July 2015. The fire drills conducted were on 5/30/15, 6/30/15 and 7/30/15. Fire Drills are required to be held at different times. The home is not staggering the time of the month or the date of the month in order to properly train staff in an actual emergency.

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.

2600.132g

Fire Drills are held at different times and different days throughout the year, however it just happened that a few were held on the same date of the month sequentially, in the months of May, June and July.

Going forward we will use a different day of the month for each month as suggested by BHSL.

See fire Drill Log for supporting evidence.

See App # 7

Adm used review the monthly fire drill log in order to ensure ongoing compliance. Q 7/9/16

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

7/9/16
 (Date)

Plan of correction Implementation status as of

7/9/16
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 56 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The facility's Emergency Medical Plan does not include an Emergency staffing plan.

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.

2600.143

The emergency staffing plan was shown to the inspector at time of the inspection.
 The emergency medical plan including the emergency staffing plan was approved by [redacted] of BHSL in January of 2015

See attached for supporting documentation.

*ADD #8
 The attachment is a staffing contact list, NOT an emergency staffing plan.*

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) <i>Colleen Fritz RN Administrator</i>	Date <i>10/19/16</i>
---	-------------------------

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

The above plan of correction is approved as of 7/28/16
 (Date)

Plan of correction implementation status as of 7/28/16
 (Date)

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

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

EMERGENCY STAFFING PLAN

This procedure shall be utilized in case of severe emergencies occurring as a temporary situation that calls for additional staff either as a medical need or a severe weather related condition.

P/208/19

In a severe weather related condition, if staff cannot be relieved/replaced, the current staff will be required/mandated to assist with covering the care of the residents and potentially work 12 hours on duty and then additional 12 hours off duty to ensure that the needs of the residents are met.

If there is a need for temporary additional staff, such as in a medical emergency, the administrative staff will be moved to the floor to assist with care as needed and additional staff shall be called in if necessary using the contact list that is available, per diem and part time staff will be utilized first, then full time employees will be called if necessary.

The following phone tree will be utilized.

1. The charge person will notify the on-call person
2. The on-call person will then notify the Administrator /Assistant Administrator and/or Resident Care Director (Administrative Staff)
3. The Administrative staff shall divide the employee phone contact list and call personnel until the additional needs are met.

Callen Fitch R.N. RCHA 7/28/16

AG 7/28/16

Violation Report: 22698 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.183(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.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed one half of an unpackaged white round tablet at the bottom of the medication cart. It was unable to be determined what the medication is or which resident the medication is prescribed to.

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.

13 of 19.
 2600.183

Staff have re arranged the med cart to enable more room between cards so that the blister packs do not open accidentally.

The 11-7 staff persons will clean the med carts once a week on Saturday.
 A Signature sheet is posted over the med cart to verify that the cart was cleaned.

The Adm will oversee to ensure ongoing compliance of

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

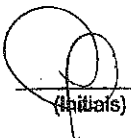
Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fritz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fritz RN Administrator* Date *6/18/16*

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

The above plan of correction is approved as of 7/9/16
 (Date)

Plan of correction implementation status as of 7/9/16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa. Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The facility's policy is to have two staff count the narcotic medication at the beginning and the end of each shift. The staff that verify the counts are required to initial the narcotic medication log. On 5/8/16 staff person C did not complete the narcotic count between the 3pm to 11pm shift and the 11pm to 7am shift.

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.

2600185

trained

The staff person on 5/18 /16 for 3-11 shift was ~~coached~~ regarding not signing for this particular narcotic. The Narcotic count was accurate and all medications accounted for, this nurse just accidentally did not sign for the count at the beginning of the shift. All other narcotic sheets were signed for as the policy states. See signed ~~coaching~~ *training* document. For supporting evidence.

APR training

7/9/16

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) *Colleen Fritz RN Administrator* Date *6/18/16*

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

The above plan of correction is approved as of 7-9-16
 (Date)

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

Plan of correction implementation status as of 7-9-16
 (Date)

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Acaphen 650mg suppository - 1 rectally every 4 hours as needed for fever, temperature, or pain. This medication is not available 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.

1/17/2016
 2600.187

The medication was found on the supply shelf after inspection had occurred. The shelf was then re organized in a better manner to ensure easy location of medications.

When an order is received from the physician it is immediately faxed to the pharmacy and signed for when the pharmacy delivers it. The medication order list is then checked to ensure that all medications ordered have been delivered. Once it is delivered the medication is then transcribed to the MAR.

During the Monthly Medication Administration Record Review, the resident care director will check off each medication of each resident an ensure that the medication is in the facility.

ADD #10

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 Fritz RN Administrator* Date *6/17/16*

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

The above plan of correction is approved as of <u>7-9-16</u> (Date)	Plan of correction implementation status as of <u>7-9-16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 05/11/2016 - Hummel, Jesse
 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 #4 resides in a secured dementia care facility. Resident #4's medical evaluation completed on 4/1/16 does not include a diagnosis of Alzheimer's disease or dementia.
 Resident #7 was admitted to the secured dementia care facility on [redacted] 16, the resident did not have a medical evaluation completed until [redacted] 16. A medical evaluation is required to be completed prior to a residents admission to a secured dementia care 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.

2600.231

The Document Medical Evaluations for each new admission will be reviewed prior to admission to ensure that the resident has had an evaluation within sixty days of admission and the proper diagnosis is stated on the DME.

When the DME is returned it will then be reviewed by the Executive Director or the Assistant Director and the Resident Care Director.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fitzpatrick, Administrator* Date *6/17/16*

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

The above plan of correction is approved as of 7-9-16
 (Date)

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

Plan of correction implementation status as of 7-9-16
 (Date)

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 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 magnetic locking mechanism on the gate leading from the courtyard as well as the doors leading back into the facility from the courtyard. The code or directions to operate the lock are not posted on or near the locking mechanisms 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.

2600.233c

The directions to the Gate to the outdoor courtyard was missing on inspection.

The directions were immediately re-posted at the gate.

The Maintenance person will check this on a monthly basis to ensure that the directions remain posted consistently throughout the year.

See attached for tickler system for Maintenance person.

ADD # 10

The Adm will do walk throughs of the building and grounds of the home to ensure ongoing compliance. @ 7/9/16

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fitz, RD Administrator* Date *6/2/16*

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

The above plan of correction is approved as of 7-9-16
 (Date)

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

Plan of correction Implementation status as of 7-9-16
 (Date)

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

Violation Report: 22598 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

Resident #1's record indicates the resident fell in the resident's room on 2/4/16. The resident was found upside down with the resident's feet on the wall between the bed and nightstand on 2/13/16. The resident was also found on the floor on the side of the resident's bed on 2/14/16 and 3/15/16. On 3/15/16 the resident fell face first and sustained a broken nose and sutures. The resident's assessment and support plan finalized on 12/11/15 has not been updated to reflect the residents current care needs and the facility's plan to meet these needs.

Resident #2's record indicates that the resident has been aggressive to staff, will wander in and out of other resident rooms, will throw him/herself on the floor and demand to go to the hospital. The resident's assessment and support plan completed on 4/6/16 has not been updated to reflect the residents current care needs or the facility's plan to meet these needs.

Resident #7's record indicates that the resident has been resistant to care. On 5/4/16 the resident was found with a large baseball size wad of toilet paper in the resident's vagina. The resident's assessment and support plan finalized on 4/18/16 indicates the resident requires assistance pulling up the residents depends and requires moderate supervision when leaving the building. The assessment and support plan has not been updated to reflect the residents current care needs or the facility's plan to meet these needs.

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.

2600.234d

the residents support plans needed more detail added, please see supporting documentation of the details added to these documents for the residents listed.

Going forward monthly support plan meetings with the Assistant Administrator and Resident Care Director are planned to ensure that any new items related to any residents are discussed and added to the support plan as required. Staff will be interviewed and nurses notes reviewed during these meetings to ensure all items are addressed.

The administrator will be responsible for making sure these meetings are occurring every month.

ADD !! (3 pages)

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) *Colleen E. Fritz RN Administrator* Date *6/18/16*

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

The above plan of correction is approved as of <u>7-9-16</u> (Date)	Plan of correction Implementation status as of <u>7-9-16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 05/11/2016 - Hummel, Jesse
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment and support plan completed on 1/10/16 was completed with a pencil. Resident records are required to be permanent.

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.

2600.251b

The staff person who completed the support plan in pencil is no longer an employee. Currently and moving forward, all staff persons who are currently employed use ink to complete the support plans.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Chloe Fite*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Chloe Fite RN Administrator* Date *6/18/16*

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

The above plan of correction is approved as of 7-9-16
 (Date)

Plan of correction implementation status as of 7-9-16
 (Date)

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

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