



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: October 27, 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' licensing inspection on July 28, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22698 - 07/28/2016 - Rushin, Julianne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 7/28/16 at 12:00pm, department representatives noted the MAR unattended on top of the med cart which was positioned in the lobby while the med tech passed medications in the adjoining dining room.

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.

Regulation 2600.17

The dining room is surrounded by windows where the employee could see the medication cart and the MAR sitting on top of it that was located in the Lobby in front of the dining room window.

Going forward the medication administration record book will be kept locked in the med cart, when it is necessary to walk away from the cart.

The medication technician or LPN will be responsible in ensuring that the MAR is not accessible at any time to any one who is not authorized to see it.

The Resident Care Director will ensure that the LPN or med techs are complying with this regulation.

The administrator shall monitor for ongoing compliance in 10/25/16

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 RN Executive Director

Date

10/11/16

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

The above plan of correction is approved as of

10/25/16
 (Date)

Plan of correction implementation status as of

10/25/16
 (Date)

The above plan of correction was approved by

m
 (Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 22598 - 07/28/2016 - Rushin, Julianne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 58 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person "A"'s Annual Practicum (pass date 4/19/16) contains only one MAR review.

Staff person "B"'s Annual Practicum (pass date 6/17/14) contains only 2 MAR reviews. There is no record of Initial Medication Administration Training.

Staff person "C"'s Initial Medication Training (dated 9/17/15) does not have the student's score for Script/ Label and MAR Points Score.

Staff person "D"'s Initial Medication Training (dated 1/22/16) does not have the student's score for Script/ Label and MAR Points Score.

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.

Regulation 2600.182 (b)

The medication Trainer that was hired, did not completely fill out the medication training records completely nor did she follow required mar reviews.

Resident Assistant A has never been employed as a med tech, initial training was done but she was not utilized in that capacity.

Resident Assistant B has not worked here since the end of May 2016

Resident C and D scores were not documented correctly by the Certified Medication Trainer. A new Medication Trainer was hired and has re-trained the staff to ensure continuity and complete and accurate training was accomplished.

Going forward the new medication trainer will be responsible for accurately recording medication technicians trainings, keeping records up to date and completing Mar Reviews as regulations require.

The administrator shall monitor and assure ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): *m*
10/25/16

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* Date *10/25/16*

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The above plan of correction is approved as of 10/25/16
 (Date)

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

Plan of correction implementation status as of 10/25/16
 (Date)

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

Violation Report: 22598 - 07/28/2016 - Rushin, Julianne
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The MAR for resident #1 was not initialed by staff to indicate that Seroquel 100mg and Requip 0.5mg was administered on 7/15/16 at 8:00pm as prescribed.

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.

10/12/16

Regulation 2600.187 (a)

The employee who did not initial the medication administration for resident A the date of 7/15/16 was coached and review the five rights of medication administration.

Going forward the employee will ensure after each med pass that all medications were initialed as given by reviewing each residents mar after each med pass ensuring complete and accurate documentation as required. The resident care coordinator will ensure compliance by reviewing mars on a monthly basis.

The administrator shall monitor for ongoing compliance. m 10/25/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *10/14/16*

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

The above plan of correction is approved as of 10/25/16 (Date)

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

Plan of correction implementation status as of 10/25/16 (Date)

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