



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: January 20, 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 November 29, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22598 - 11/29/2016 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #1, date of admission [redacted] 15, did not sign the home's contract. It was not noted on the contract if the resident was unable to or refused to sign the home contract.

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.

2600.25

When the resident is unable to sign, Assistance shall be given to the resident by their POA to help them to sign the document.

The Assistant administrator will review the admission contracts immediately to ensure that the contract is signed by all parties required before filing it in the resident chart.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Callie Fritz M PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Callie Fritz* Date *11/3/17*

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

The above plan of correction is approved as of <u>11/3/17</u> (Date)	Plan of correction implementation status as of _____ (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
The above plan of correction was approved by <u>B.B.</u> (Initials)	

Violation Report: 22598 - 11/29/2016 - Harvey, Jason
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

Resident #1 has a physician's order for Venlafaxine HCL ER 37.5 mg to be administered at 8:00am and 5:00pm. On 11-27-16 and 11-28-16, the resident's MAR was not initialed when the medication was administered at 5:00pm.

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.

2600.187 (a)

The nurse who administered the five medication made an error in not documenting it had been given.

The nurse was counseled. She will review all the MARs once medications are administered for each person. A monthly review of all MAR will continue to be done to ensure compliance.

Electronic MAR will be implemented this month and will help to eliminate medication errors.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/28/2016	
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Signature of Legal Entity Representative (Required on EVERY Page)
Callie Fitz RN PCWA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
Callie Fitz Date *11/3/17*

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The above plan of correction is approved as of <u>11/3/17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>S.S.</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 - 11/29/2016 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for Venlafaxine HCL ER 37.5mg - take one capsule PO 1 x daily at 8:00am for four days, then one capsule at 8:00am and one capsule at 5:00pm. The medication was started on 11/19/16, once a day. The home should have started the 5:00pm medication administration of Venlafaxine on 11/23/16, but the medication was not started until 11/24/16 at 5:00pm.

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.

2600.187

LPN retrained on Regulations regarding medication administration and orders. Resident Care Director will monitor MAR for errors.

All staff will be trained for electronic MAR by January 15, this system helps eliminate medication errors

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/11/2016		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fritz RN PCAA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fritz* Date *1/3/17*

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

The above plan of correction is approved as of <u>1/3/17</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>B.B.</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 - 11/29/2016 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual Resident Assessment and Support Plan (RASP) was completed on 4/8/16. The RASP states the resident's mobility needs- require oral assistance to guide during evacuation. The resident's mobility has declined and requires a 2 person assist into a wheelchair and then evacuated. The resident's RASP does not reflect the change in the residents' ability to evacuate.

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.

2600.227

Support plan has been updated. Resident Care Director and staff to update support plans as needed.
 Staff will be trained to make updates in electronic charting as they learn the electronic MAR.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/05/2016	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Callen Fitz R-N PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Callen Fitz* Date *11/3/16*

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

The above plan of correction is approved as of 11/3/16
 (Date)

The above plan of correction was approved by B.B.
 (Initials)

Plan of correction implementation status as of _____
 (Date)

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