



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

**Mailing Date: June 2, 2017**

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 March 24, 2017 and March 27, 2017 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  
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		
<b>Certificate(s) of Occupancy</b>		
I-2	34	
10/15/2014		
Central Keystone		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
03/24/2017: Valence, Duane		
03/27/2017: Valence, Duane		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 34 <b>Number of Residents Served:</b> 33 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> entire building <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 1 <b>Number of Hospice Residents in past year:</b> 12		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 33 <b>Are 60 Years of Age or Older:</b> 32 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 33 <b>Have a Physical Disability:</b> 0

Violation Report: 22598 - 03/24/2017 - Valence, Duane  
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home's interconnected fire alarm system sounded at approximately 5PM on 3/4/2017. Residents in the Memory Lane secured unit of the building were not evacuated by staff. Residents of the unit remained in the unit's dining room where they had been dining. Staff when interviewed stated they were told that the unit's dining room was a fire safe area. The home does not have any written documentation from a fire safety expert that identifies the dining room in the Memory Lane unit as an interior fire safe area of refuge. Residents in the home's other first floor secured unit named Heritage Hall were outside their bedrooms when the alarm sounded and were not evacuated to either a fire safe area in the home or to the outside according to staff interviewed.

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.

2600.132h During the false alarm, residents were in the dining room but did not exit through the doorway. Staff were in-service and instructed to evacuate to an outside area even though it was assumed the alarm was pulled by the resident that was standing next to the pull station when it was activated.

In the future Staff will follow the written procedure that was put in place by the fire safety expert on 3/24/2017.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 CEO/President Director* Executive  
 Date *4-19-17*

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

The above plan of correction is approved as of <u>5-6-17</u> (Date)	Plan of correction implementation status as of <u>5-6-17</u> (Date)
The above plan of correction was approved by <u><i>CF</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