



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 1 2 2017

Ms. Colleen Fritz,
President/CEO
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 5, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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 03/17/2014 Central Keystone		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 110	Waking Staff: 83
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
05/05/2017: Novak, Ryan; Foulkes, Kimberli		
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: 64 Number of Residents Served: 55 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 64 Number of Residents Served in Secured Dementia Care Unit, if applicable: 55 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 55 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 55 Have a Physical Disability: 0	

Violation Report: 22598 - 05/05/2017 - Novak, Ryan
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The following unlocked poisons were located in the unlocked cleaning cart next to room #215 at approximately 10:11am:

- 1 Spray bottle of Surety Hydrogen Peroxide G.P. Cleaner with a label that states, "in case of contact get medical attention".
- 2 Squeeze bottles of Comet Crème Deodorizing Cleanser with Chlorinol, according to the MSDS sheets it states, "Ingestion: Do not induce vomiting without advice from poison control center or doctor. Get medical attention if any discomfort continues"
- 1 bottle of Super odor eliminator labeled "if swallowed call a physician."
- 1 bottle of lemon furniture polish labeled "if swallowed immediately call a poison control center or a doctor."

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.

2600.82c

Housekeeping staff accidentally forgot to lock her cabinet while cleaning room 215, Housekeeper was re-trained and educated on the importance of keeping the cleaning cart locked. See Addendum A for proof of training.

Administrator will oversee to ensure ongoing compliance. Cp. 7-12-17


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen Egan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Colleen Faith Executive Director</i>	Date <i>7/11/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-12-17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7-12-17
 (Date)

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

Violation Report: 22598 - 05/05/2017 - Novak, Ryan
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following food items were not labeled or dated in the homes Atosa freezer: 3 bags of sausage patties and 3 bags of french toast sticks.
 The following food items were not labeled or dated in the homes Atosa refrigerator: 6 bags of french fries, 4 bags of chicken fingers and 1 bag of fish patties.

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.

2600.103i

Bagged items that were taken out of their boxes did not have a expiration date listed on them. In the future, the kitchen staff, will ensure that if bagged items are removed from their original box, that they will mark the expiration date on the bags themselves to prevent using outdated or spoiled food.
 See Addendum B - for proof of training.

Administrator will oversee to ensure ongoing compliance. *CF*, 7-12-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fite*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Colleen Fite Executive Director</i>	Date <i>7/1/17</i>
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The above plan of correction is approved as of 7-12-17
 (Date)

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

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 (Date)

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Violation Report: 22598 - 05/05/2017 - Novak, Ryan
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 A quarter inch of lint was located on the dryer duct behind the dryers located in Heritage hall, posing a possible fire hazard.

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.

2600.125 The dryer duct shall be cleaned on a monthly basis by the housekeeping staff. Housekeeping staff was educated on the importance of cleaning behind the dryers to prevent lint build up. See Addendum C -proof of training.

Administrator will oversee to ensure ongoing compliance. Cp. 7-12-17

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) <i>Colleen Fritz Executive Director</i>	Date <i>7/1/17</i>
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 (Initials)

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Violation Report: 22598 - 05/05/2017 - Novak, Ryan
 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

The fire drill conducted on 12/13/16 at 10:20 does not indicate am/pm.

The fire drill conducted on 2/16/17 at 4:15pm notes 10 residents present when the alarm sounded and 10 residents evacuated. The fire drill log does not include the residents evacuated that were not affected by the fire.

The fire drill conducted on 3/24/17 at 12:45pm notes 47 residents present when the alarm sounded and 14 residents evacuated.

The fire drill logs are not documented correctly.

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 fire drill log was not completed correctly, staff retrained on completing and ensuring all items are documented properly.

See addendum D - proof of staff training.

The Administrator will oversee ^{to ensure} ongoing compliance including reviewing the home's fire drill log on a monthly basis. Cp. 7-12-17


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 Executive Director* Date *7/11/17*

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Violation Report: 22598 - 05/05/2017 - Novak, Ryan
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1's levemir flexpen did not have a pharmacy label attached.

Resident #2's lantus solostar and novolog flexpen did not have a pharmacy label attached.

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.

2600.184a

Resident's insulin comes in a bulk container from the pharmacy that must be refrigerated, when container is opened one pen is put into use in the med cart, the label is located on the original box kept in the refrigerator. The pharmacy was contacted and is now labeling all the pens that are contained in the box, not just the box. The pharmacy labeled both pens that were in use at the time of inspection

See Attached PHOTOS

See Addendum F

Adm/designee will ensure that items are labeled, monitoring on a monthly basis to ensure ongoing compliance. Q 7-12-17


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fazio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Colleen Fazio Executive Director</i>	Date <i>7/1/17</i>
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Plan of correction implementation status as of 7-12-17
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Violation Report: 22598 - 05/05/2017 - Novak, Ryan
 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 home did not implement procedures for the safe use of medical equipment.

Resident #2 is prescribed accu-checks four times daily, 8am, 12 noon, 4pm, and 8pm. The resident's glucometer is not calibrated for the correct time. The glucometer is off by approximately 4 hours. The 8am blood glucose readings in the glucometer take place around 4am, the noon around 8am, the 4pm around noon and the 8pm around 4pm.

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.


2600.185

all Accu check machines were checked and calibrated to the correct time by the Assistant Administrator. The Resident Care Director will check the machines on a monthly basis to ensure that the time continues to be accurate. See Addendum E

*Adm will oversee to ensure ongoing compliance.
 Q. 7-12-17*

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
<i>Colleen Fazio Executive Director</i>			<i>7/11/17</i>

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The above plan of correction was approved by  (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 - 05/05/2017 - Novak, Ryan
 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

On the following dates and times the resident #2's blood glucose reading was in the resident's glucometer but not documented on the Medication Administration Record (MAR):

8am	5/1/17	500
12pm	5/1/17	234
4pm	5/1/17	299
8pm	5/1/17	508
8am	5/2/17	231
12pm	5/2/17	266

Resident #2's receives sliding scale insulin four times daily before meals and before bedtime. The Medication Administration Record (MAR) does not include a spot for documentation of the units or the site where the medication is administered.

Resident #3 has an order for blood glucose readings once daily. On 5/1/17 at 6am the blood glucose reading was not documented on the MAR.

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) Staff were educated on correct documentation regarding accu-check's. The LPN or Med tech on night shift shall do a review of MAR's to ensure that they are consistently recorded accurately. See addendum E

Adm will oversee to ensure ongoing compliance
CP 7-12-17

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fair, Executive Director* Date *7/11/17*

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

Violation Report: 22598 - 05/05/2017 - Novak, Ryan
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

On 5/1/17 resident #2 had an 8am blood glucose reading of 500. The physician was notified and an order was given for the resident's blood glucose level to be rechecked in 2 hours. According to the home's Nurses Notes, the blood glucose level was then 343 and the lunch time blood glucose level was 324. The 8am 500 and the noon 324 blood glucose reading was in the resident's glucometer. There was no blood glucose reading of 343 in the resident's glucometer.

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.

2600.187d

Inservice training on the calibration and use of the accu check machines was completed on 6-28-17 Staff were also instructed to be careful on not accidentally delting any accuchecks off of the machine.

Going forward, the charge nurse/ med techs will monitor the accuchecks on a monthly basis to ensure compliance is on going.

See Addendum E

Adm will oversee to ensure ongoing compliance.
CP. 7-12-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Della E. Faust*


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Colleen E. Faust, Executive Director* Date *7/11/17*

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The above plan of correction was approved by 
(Initials)

Violation Report: 22598 - 05/05/2017 - Novak, Ryan
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

On 7/11/17, resident #4 was discharged from the hospital. The discharge paperwork indicated the following: diet-soft pureed diet, feed and supervise all oral intake, strict aspiration precautions, wound care-bilateral heel protectors, nasal cannula as needed for respiratory distress. The resident's support plan has not been revised to reflect these changes.

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.

2600.234 The Charge Nurses and Resident Care Director were educated regarding this regulation. The Charge Nurse/ Med Tech shall review each discharge summary and update the support plan as necessary with any changes to the treatment plan for the resident, on return from the hospital. On going Daily chart review's by the night shift LPN/ Med tech will ensure compliance. See Addendum E

Adm will oversee to ensure ongoing compliance CP 7-12-17


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 Executive Director* Date *7/11/17*

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