



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: May 29, 2018

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's Bureau of Human Services Licensing inspection on July 5, 2017, July 11 2017 and Jul 20, 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
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22598 - 07/05/2017 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/1/2017 after lunch resident #1 was found by staff sexually assaulting resident #2. The home did not notify the local area agency on aging of the sexually assault that occurred on 7/1/17.

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.

2600.15(a) Staff had called the day before and was awaiting response from AAA to inform them of new issue. Staff educated regarding Unusual Incident reporting requirements by the department and will report each and every occurrence of suspected abuse as required by the Older Adult Protective Services act within the time frame specified.

Administrator will ensure on going compliance. *Rec Report filed 7/13/17 for 7/1/17 incident*

See Addendum A - (2 pages)

See Addendum D

Addendum E

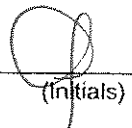
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fritz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fritz - Executive Director* Date *10/5/17*

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

The above plan of correction is approved as of 10-18-17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 11/20/17
 (Date)

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

Violation Report: 22598 - 07/05/2017 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 7/1/2017 after lunch resident #1 was found by staff sexually assaulting resident #2. The home did not notify the resident's designated person of the sexually assault that occurred on 7/1/17.

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.

2600.15(d) Staff notified residents designated person within the time frame allowed, however this was not noted in the residents chart. Staff educated on the importance of documenting notifications not only on the residents chart but also on the unusual incident report.

*Bring front administrator will ensure compliance -
 See Addendum B.*

The Administrator will oversee to ensure ongoing compliance. Ep.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Colleen E Fitz Executive Director</i>	Date <i>10/5/17</i>
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The above plan of correction is approved as of 10-18-17
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 22598 - 07/05/2017 - Harvey, Jason
 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 7/1/2017 after lunch resident #1 was found by staff sexually assaulting resident #2. The home did not notify the Department of the sexually assault that occurred on 7/1/17.

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(c)

The incident occurred over a weekend and a reportable was sent less than 24 hours prior to this incident occurring, staff was under the impression since it was a similar incident to the one they reported the day before, they did not have to report it again.

All employees have been in-serviced regarding reportable incidents and have had Abuse training by the area agency on aging.

Going forward all incidents must be reported in a timely manner as required by the department.

The administrator will ensure ongoing compliance.

See Addendum A (2 pages) & B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Executive Director* Date *10/5/17*

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The above plan of correction is approved as of 10-18-17
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 22598 - 07/05/2017 - Harvey, Jason
PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 7/1/2017 after lunch resident #1 was found by staff sexually assaulting resident #2. Resident #2 is a non-verbal resident who is unable to give consent. Resident #1 has a history of sexual assault with residents #2, #3 and #4 in the past.

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.

2600.42 This person was predatory and evicted. Our community is a secured facility. We staff higher then the recommended regulation so that issues similar to this one do not take place. By providing the extra supervision, staff was able to intervene quickly before it escalated and advancement was stopped and minimized. In this particular case our community moved this mans'room to the nurses station, put a sensor activated door alarm so the staff would be able to know when someone was entering or exiting his room. We provided extra supervision for him and had him on Q15 minute checks and were able to prevent or halt the sexual advances towards the other residents as soon as it started happening. By providing the extra supervision, staff was able to intervene quickly before it escalated and advancement was stopped and minimized

It Came to a point where we recognized that despite all of our efforts including positive reinforcement, family meetings, and walking him to and from meals, and the other interventions we took as listed above, He was going to continue with his behaviors at every opportunity, however brief they were due to the diligence of the staff in monitoring him every 15 minutes. At this point, we referred him to a higher level of care and supervision.

Going forward, as in this case, we will handle every situation similarly and do everything we can to protect our residents from abuse. We will continue to evict residents who are of a predatory nature in order to keep our resident safe.

The administrator and staff shall be responsible for the ongoing efforts to ensure the safety and wellbeing of our residents. See Addendum C - Admin & Res Notes

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *C. Heav Fairs* Director | Date *10/5/17*

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

The above plan of correction is approved as of 10-18-17 (Date)

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

Plan of correction implementation status as of 11-20-17 (Date)

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

Violation Report: 22598 - 07/05/2017 - Harvey, Jason
 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 written fire drill record for the fire drill held on 4/25/17 did not indicate the correct number of residents that evacuated.

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(c)

Front line staff who evacuated the residents during the fire drill reported that all were evacuated at the time of the drill. It was later noted that one of the residents refused and would not evacuate the building. Several Staff members tried to assist resident in evacuating but the resident became aggressive. Going forward Administration will ask the question if EVERYONE Evacuated and ensure that communication is clear between staff and administration regarding the number of residents evacuated. Administrator will ensure ongoing compliance and will monitor the Fire Drill Log Periodically.


Repeat Violation: YES Date(s) of Previous Violation(s): 5-5-17

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 *10/5/17*

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The above plan of correction is approved as of 10-18-17 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 11-20-17 (Date)

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

Violation Report: 22598 - 07/05/2017 - Harvey, Jason
 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

On 4/26/2017 resident #1's nursing notes indicated that the resident refused to evacuate the fire drill held on 4/25/2017 at 11:10pm. The fire drill logs indicated all residents evacuated and did not show the accurate number of residents that evacuated during the drill.

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 (h)

Residents are notified at the time of admission that participation in fire drills is mandatory, however due to our residents diagnosis of Dementia the resident refused to evacuate. Staff tried several times to evacuate him and he continued to refuse. The resident was later evicted related to other non compliant behaviors.

Going forward when any resident refuses evacuation front line staff will notify the management team and the resident will be counseled.

The administrator will ensure ongoing compliance with fire drills. *- by reviewing the fire drills monthly.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/24/2017	
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Colleen Fite Executive Director* Date *10/5/17*

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

The above plan of correction is approved as of 10-18-17 (Date)

Plan of correction implementation status as of 11-20-17 (Date)

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

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

Violation Report: 22598 - 07/05/2017 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

On 12/5/16, 4/16/17, 6/28/17 and 7/1/17 resident #1 sexually assaulted residents #2, #3 and #4. Resident #1's nursing notes also indicated on the following dates 6/24/17, 6/7/17, 6/4/2017, 5/26/17, 5/23/17, 5/11/17 and 9/5/16 that resident #1 was found by staff kissing other residents of the home. The home moved resident #1's room next to the home's nursing station on 4/20/17, installed a door bell alert system when the resident enters and leaves their bedroom on 4/21/2017 and also 15 minute staff to resident checks from 4/17/17-4/25/17 and 6/28/17-7/10/17. The home did not use positive interventions to modify or eliminate a behavior that endangers other 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.

The regulation states shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others.

I disagree with this violation given the interventions we put in place to eliminate the behavior. Such as listed below.

- We moved his room closer to the nurses station.
- We put a door bell on his entrance to his room to alert staff of whereabouts.
- We provided extra supervision, put the resident on q-15 minute checks.
- Had the Doctor evaluate for any medical reason which was noted that he did have UTI at the time most of these behaviors occurred.
- We escorted him to activities, to and from meals.
- Reinforced positive behaviors.
- Deescalated situations through extra supervision and redirection techniques.
- We had family meetings.
- We had meetings with the resident.
- Had the local police department talk with the resident
- We encouraged participation in activities to provide a distraction.
- Used distraction techniques such as redirection, conversation regarding his past etc.

Despite our best efforts in redirecting and providing positive interventions, the instances while caught early, due to the interventions put in place, still occurred.

Going forward when a resident has made any type of sexual advancement towards another resident a psych evaluation will be done as soon as possible. In addition to the positive interventions we have listed above.

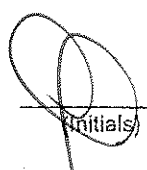
Administrator will ensure that a request for a psych consult is immediately requested after any sexual and/or aggressive behavior.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 RN Executive Director* Date *11/16/17*

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The above plan of correction is approved as of <u>11-16-17</u> (Date)	Plan of correction implementation status as of <u>11/20/17</u> (Date)
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 - 07/05/2017 - 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 RASP dated 6/2/17 does not address the resident's sexual behaviors towards the women residents of the home and how the home will meet the resident's needs and protect the residents of the home.

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.

2600.227d Staff educated on RASP requirements and updating rasp as needs increase. Staff to note on the RASP every intervention the resident needs to ensure continuity of care and compliance with the regulation. Resident Care Director to monitor on a monthly basis. Administrator will ensure compliance going forward.

See attached B

The Administrator will oversee an audit of all current resident support plans to ensure they are correct & detailed enough to correctly plan for the services that the assessment process identified. The home will complete this audit no later than 30 days from the receipt of this violation report. Documenting the audit including findings & action(s) taken will be retained by the home.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/29/2016	10-5-16
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Signature of Legal Entity Representative (Required on EVERY Page) *Allen Furt*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allen Furt Executive Director* Date *10/5/17*

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The above plan of correction is approved as of 10-18-17 (Date)

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

Plan of correction implementation status as of 11/20/17 (Date)

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