



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 November 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 - 11/20/2017 - Novak, Ryan
 CH 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

Resident #1 was admitted to the facility on [redacted] 17. The resident has been sexually active on several occasions since being admitted. Resident #1 as well as the other residents of the facility have a dementia diagnosis and are not capable of making an informed decision to be a willing sexual partner. The facility implemented interventions in an attempt to keep resident #1 as well as other residents safe, however these interventions were not successful. On 11/12/17 at 6:40am resident #1 was observed in the room of resident #2. Resident #1 was performing oral sex on resident #2. The facility is responsible to keep residents of the facility safe.

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.

Our community is secured facility we staff higher than the recommended regulation so that issues similar to this one do not take place. This person was predatory and evicted after several family meeting and phone conversations with DHS and AAA. We requested a thirty-day notice due to the resident needing a higher level of care for cognitive and behavioral interventions and supervision. We attempted to get an involuntary commitment and were unable to get family to agree, nor would the hospital keep him, we were also told by crisis intervention that you cannot 302 a dementia resident nor could you just evict him without notice. We had the resident on Q 15 minute checks after the first incident, Then q- 5 minute checks while the third and most serious offense happened, we immediately put the resident line of vision checks and one on one supervision, while the thirty days were expiring, we again were in contact with all agencies. The family was adamant about not having anti-psychotics used in the treatment for this individual and was resistant to psychiatric evaluation for him as well.

We will continue to evict residents who exhibit this type of behavior within the regulatory confines and will put the resident on a line of vision or a one on one supervision after any serious or dangerous aggression is exhibited, until their thirty-day notice elapses.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Callie Fritz CEO/President* Date *1-11-18*

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

The above plan of correction is approved as of 1-26/18
 (Date)

Plan of correction implementation status as of 2/20/18
 (Date)

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

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

Violation Report: 22598 - 11/20/2017 - Novak, Ryan

PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Resident #3 utilizes a baby monitor in the residents bedroom. Audio monitoring is prohibited.

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.

2600.42s

Administration was unaware that the family brought in a baby monitor to help keep the resident safe. The baby monitor was removed and staff was educated in the regulation. The Resident Care Directors will ensure continued compliance.

The Administrator will oversee to ensure ongoing compliance. (Signature) 1-24-18

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Colleen Frite CEO/President* Date *1/11/18*

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

The above plan of correction is approved as of 1-24-18
(Date)

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

Plan of correction implementation status as of 2-20-18
(Date)

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Violation Report: 22598 - 11/20/2017 - Novak, Ryan
PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Based upon a letter from a fire safety expert dated 3/27/17, the maximum safe evacuation time is 6 minutes and 6 seconds in order to fully evacuate the residents of the facility. This determination was made based upon the design and construction of the building. The facility conducted a fire drill on 10/13/17 at 3:35am, in which the residents were fully evacuated in 6 minutes and 32 seconds which is greater than the maximum safe evacuation time.

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(d)

Facility director or assistant director will conduct all fire drills and ensure the residents are evacuated within the time allowed per fire safety expert's document.

Fire drills going past the safe evacuation time will be repeated to ensure regulatory compliance.

The Administrator will review the monthly fire drill logs to ensure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Colleen Fritz COO/Assistant* Date *1-11-18*

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The above plan of correction is approved as of 1-24-18
(Date)

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

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(Date)

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Violation Report: 22598 - 11/20/2017 - Novak, Ryan
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #3's DME dated was a photocopy. The residents height, weight, pulse, temperature, blood pressure, diagnosis, immunization history, allergies, medication addendum, health status, cognitive functioning, mobility needs and body position were written in with ink.

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.

2600.141(a)(2)

Resident #3 DME was faxed to the facility from Manor Care social services. It was not complete. A call was made by assistant administrator to Manor care for a completed form. That form was hand delivered by resident #3 family upon admission of the resident to our facility.

All forms to be reviewed by the director, assistant director upon admission for compliance.

to ensure ongoing compliance (ag)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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 (Initials)

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 (Date)

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Violation Report: 22598 - 11/20/2017 - Novak, Ryan

PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 17, the pre-admission screening was completed on [redacted] 16.

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.

2600.224a

The document Pre Screen for each new admission will be reviewed prior to admission to ensure that the resident has had the pre-screen done with 72 hours prior to admission.

When the Pre -Screen is returned, it will be reviewed by the Director, Assistant Director and Resident care director to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

William Frita RN PCMA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

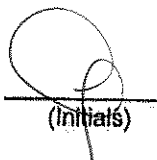
William Frita CEO/President

Date

1-11-18

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(Date)

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(Initials)

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(Date)

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Violation Report: 22598 - 11/20/2017 - Novak, Ryan

PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 17, the cognitive screening was completed on [redacted] 17.

Resident #1 was admitted to the facility on [redacted] 17. The facility completed the cognitive preadmission screening, however the cognitive screening was not dated when completed and therefore it cannot be determined that the screening was completed timely.

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.

2600.231 (c)

Cognitive (OP)

The document Pre Screen for each new admission will be reviewed prior to admission to ensure that the resident has had the pre-screen done with 72 hours prior to admission. *By*

The resident care Director

When the Pre -Screen is returned, it will be reviewed by the Director, Assistant Director and Resident care director to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Colleen Smith RN, MHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Colleen Smith COO/President

Date

1-11-18

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The above plan of correction is approved as of

1-24-18
(Date)

Plan of correction implementation status as of

2-20-18
(Date)

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[Signature]
(Initials)

Violation Report: 22598 - 11/20/2017 - Novak, Ryan
PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted]/17, the RASP was completed on [redacted] 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.

2600234(a)

Resident care directors both educated on regulation 2600.234

Resident care directors will complete and implement a support plan for all new residents within 72 hours of the admission.

Director or assistant director will do monthly chart audits to ensure compliance.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Collecting RN, PCAN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Colleen Fritze CEO/President* Date *1-11-18*

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Violation Report: 22598 - 11/20/2017 - 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

Based a review of the record for resident #1 as well as staff and resident interviews it was determined that resident #1 is having auditory as well as visual hallucinations. The residents assessment and support plan finalized on 7/21/17 was not updated to indicate the resident is having hallucinations or the facility's plan to keep the resident safe as well as the other resident's safe when resident #1 is hallucinating.
 Resident #3 ambulates with a wheelchair due to sustaining a broken humerus. The residents RASP has not been updated to reflect this change.

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(d)

Both residents support plans were immediately updated.

Resident Care Directors educated on regulation regarding RASP updates.

* Resident Care Directors to update RASP to ensure continuity of care. Administrator to assure compliance going forward.

The Administrator will ensure there is a process to identify changing resident needs & translate that observation into a support plan revision that reflects the resident's current status/situation. CP.

new violation

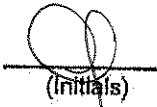
Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/05/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fritz RN, MHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Colleen Fritz CEO/President* Date *1-1-18*

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