



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]

Mailing Date: January 15, 2019

Ms. Colleen E. Fritz  
President  
Heritage Springs Memory Care Inc.  
327 Farley Circle  
Lewisburg, Pennsylvania 17837

RE: Heritage Springs Memory Care  
License # 225981

Dear Ms. Fritz:

As a result of the Department's Bureau of Human Services Licensing inspection on September 19, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>PCH Name:</b> HERITAGE SPRINGS MEMORY CARE		<b>License Number:</b> 22598
<b>Address:</b> 327 FARLEY CIRCLE, LEWISBURG, PA 17837		<b>County:</b> Union
<b>Administrator:</b> VALERIE MYERS		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> HERITAGE SPRINGS MEMORY CARE, INC		
<b>Legal Entity Address:</b> 327 FARLEY CIRCLE, LEWISBURG, PA 17837		
<b>Certificate(s) of Occupancy</b> I-2 01/13/2017 CENTRAL KEYSTONE		
<b>Staffing Hours</b> <b>Resident Support:</b> 122 <b>Total Daily Staff:</b> 244 <b>Waking Staff:</b> 183		
<b>Type of Inspection:</b> Partial <b>BHA Docket Number:</b> <b>Notice:</b> Unannounced		
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/19/2018: Palermo, Michael		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> <b>Partial or Full Triggers:</b> <b>Random Indicators:</b>		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 64 <b>Number of Residents Served:</b> 61 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> CONNECTIONS <b>Secured Dementia Unit Capacity, if Applicable:</b> 64 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 61 <b>Number of Current Hospice Residents:</b> 1 <b>Number of Hospice Residents in past year:</b> 7	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 61 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 61 <b>Have a Physical Disability:</b> 0	

*Valerie Myers Executive Director 12/19/18*

**Violation Report:** 22598 - 09/19/2018 - Palermo, Michael  
**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 8/29/18, an allegation of abuse between resident #1 and resident #2 occurred at 4:20 PM The home did not report the allegation to the local agency on aging until the following day at 11:15 AM.

**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.*

Administration Staff perceived the reporting period to be within 24 hours as stated in §2600.16c. The administration staff have been retrained on §2600.15a and the word "immediately". ALL Staff also were trained on September 18, on regarding the difference in time reporting to DHS (24 hours) and the Office of Aging (immediately). Administrator will be contacted by staff for all potential abuse situations and will be responsible for following through on all allegations of abuse including investigations and reporting to DHS and the Office of Aging.

*Attached training.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/26/2018	02/20/2018
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Valerie Myers*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Valerie Myers Executive Director* Date *12/19/18*

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

The above plan of correction is approved as of 12-20-18  
 (Date)

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

Plan of correction implementation status as of 12-20-18  
 (Date)

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

Violation Report: 22598 - 09/19/2018 - Palermo, Michael

PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan for resident #3 indicates that the resident requires assistance with ambulation . On 9/9/18 the resident did not receive this assistance as required.

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.

Resident required assist with ambulation. Due to dementia, the resident at times would attempt to get up on his own forgetting to utilize his walker or wheelchair. On 9/9/18 resident was in his room and attempted to ambulate on his own and fell. Staff will monitor his movement by keeping him in the common areas and involved in activities to increase supervision, in addition to that a wireless bed alarm/chair alarm is being utilized to monitor movement and reduce him trying to ambulate without assistance and meet his needs until a time he is placed in a higher level of care.

The Administrator will audit all existing resident records to ensure that any resident who has been assessed as needing 1:1 care or an increased level of care but cannot afford private pay or a higher level of services will receive the necessary services to ensure all residents' safety and individual resident needs are met until such time as that resident may secure alternate placement.

If necessary the home will issue a 30 day notice to residents and families that find themselves unable to afford necessary services as described in the assessment and support plan.

The home will maintain documentation of the audit, the findings, and action taken, if any was warranted.

1-4-19 *AG*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Valerie Myers* Date *1-3-19*

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

The above plan of correction is approved as of 1-4-19 (Date)

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

Plan of correction implementation status as of 1-4-19 (Date)

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