



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]

Mailing Date: February 13, 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 October 4, 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: 22598 - 10/04/2018 - 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

According to nursing notes, Resident #1 required the use of a rolling walker for safe ambulation. The resident also suffered several falls and required assistance of 1 to 2 staff persons while ambulating. The resident's RASP dated 8/3/2018 indicates "N/A" in the section addressing ambulating.

According to nursing notes Resident #2 returned from the hospital on 9/15/18 after breaking the residents nose and sustaining a concussion from a fall with 75% weight bearing and the assistance of 1 person for turning. The RASP dated 5/27/18 was not updated regarding the 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.

Attached POC - next page

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 *1-24-19*

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

The above plan of correction is approved as of <u>2-4-19</u> (Date)	Plan of correction implementation status as of <u>2-4-19</u> (Date)
The above plan of correction was approved by <u><i>AG</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



2600.234

Resident #1 and #2 Rasps have been updated to reflect ambulation status.

Admin staff have been trained on status changes and updating the Rasps as residents conditions changes. See Addendum A Rasps 101 DPW training handout.

A Consultant was hired and operational assessment was completed, the consultants reviewed and trained admin team on Rasps, DME's, POC's, reportable incidents and other pertinent operational items.
See Addendum B.

We have implemented a "rasp update tracker" communication tool for staff from all shifts to be able to communicate changes as they happen.
The Tool is being checked by the Resident Care Director and utilized to make changes to the RASPS twice a week and as needed.

During Morning Huddle with Administrator, resident care Director and other members of the management team, nurse notes for the facility are being reviewed and any Residents issues or concerns are being discussed and implemented into the RASPS if applicable.

In addition, Monthly chart audits of Rasps are being done by Resident care directors. The administrator will review and spot check rasps to ensure compliance.

AG

2-4-19

Valerie Myers Executive Director

Valerie Myers 1-24-19