



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HERITAGE SPRINGS MEMORY CARE INC
LEGAL ENTITY

To operate HERITAGE SPRINGS MEMORY CARE
NAME OF FACILITY OR AGENCY

Located at 327 FARLEY CIRCLE, LEWISBURG, PA 17837
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 64
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 64

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 22, 2019 until March 22, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **225980**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

MAR 22 2019

Ms. Colleen E. Fritz
Chief Executive Officer/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 annual inspection on February 13, 2019 of the above facility, the violations 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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 that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License
Violation Report

Violation Report: 22598 - 02/13/2019 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The personnel file for dietary staff member A did not contain a finalized PA background check that meets the requirements of the OAPSA. The staff member has been retained beyond the 30- day permissible time frame.

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.

2600.51

Criminal background check obtained for staff member A (addendum A)

Background check submitted, however was not on file. Administrative

Assistant and HR have checked all staff charts to ensure checks are on all current files. (addendumA2)

Administrator will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

3-6-19

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

The above plan of correction is approved as of

3-15-19

(Date)

Plan of correction implementation status as of

3-15-19

(Date)

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

The above plan of correction was approved by

AG

(Initials)

Violation Report: 22598 - 02/13/2019 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 1/20/19, from 10:45pm to 7:15am, 56 residents were present in the home. During this time 1 staff persons were present in the home who were certified in first aid.

On 2/1/19, from 2:45pm to 7:15am, 56 residents were present in the home. During this time 1 staff persons were present in the home who were certified in first aid.

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.

2600.63

There were at least two people on each shift that were CPR trained, however the person responsible for Training CPR/First Aid, Did not include the Frist Aid training in the most recent class. This person is no longer with the company.

Going forward to monitor more accurately, a separate CPR and First Aid binder will be kept. Persons who are CPR/First Aid trained will have a asterisk by their name on the schedule so, at a glance the Administrator and RCD will be able to ensure that two people on every shift have CPR/First Aid training.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

3-6-19

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Violation Report: 22598 - 02/13/2019 - Harvey, Jason
 PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B (DOH 9/14/17) did have annual fire safety training by a fire safety expert for the 2018 training year.

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.

2600.65(g)

Staff person B will be trained on fire safety by fire safety expert [redacted] on Mar 15th at 1 pm along with staff members.

Administrator will sign up for Fire safety expert train the trainer course when available from Temple University. To ensure all staff going forward will have this training several courses will be offered throughout the year.

Administrator and HR director to monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Valerie Myles

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Valerie Myles Executive Director

Date

3-6-19

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3-15-19

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(Initials)

Violation Report: 22598 - 02/13/2019 - Harvey, Jason

PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

The home's 3 courtyards used as emergency exits were obstructed with snow and ice.

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.

2600.100 (b)

Courtyard walkway was cleared of snow and ice the day of inspection. Snow removal crew was working on the parking lot, front sidewalks and entrance when inspectors arrived.

Going forward administrator will monitor to ensure all walkways are free of ice and snow as soon as possible after a snow storm.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *3-6-19*

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The above plan of correction is approved as of 3-15-19
(Date)

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

Plan of correction implementation status as of 3-15-19
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22598 - 02/13/2019 - Harvey, Jason
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
A dented can of Campbell's soup was founded in the home's pantry.

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.

2600.103(i)

All dietary staff have been retrained on this regulation. See addendum B.

Dented cans are to be placed on a pallet in the corner of the pantry to be returned to Sysco.

The sign above the pallet indicates where all dented cans are to go.

Dietary manager to monitor for ongoing compliance.

The Administrator will oversee the work of the Dietary Manager to ensure ongoing compliance. 3-15-19 *AG*

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

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 *3-6-19*

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

<p>The above plan of correction is approved as of <u>3-15-19</u> (Date)</p> <p>The above plan of correction was approved by <u><i>AG</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>3-15-19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 22598 - 02/13/2019 - Harvey, Jason

PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

Resident #1's Vitamin D3 2000 units was not labeled with the resident's name on the bottle.

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.

2600.184(b)

All med techs and LPN's were retrained on this regulation (addendum C)

Going forward med tech or LPN on duty will do a weekly audit of the med/treatment carts. The RCD will do a monthly cart audit, using a check list that includes checking for names on bottles.

Administrator will oversee for on going compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/03/2018

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

3-6-19

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