



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: vmyers@heritagespringsmemorycare.com
Mailing Date: December 23, 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 inspection on June 3, 2019 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

Facility Information

Name: HERITAGE SPRINGS MEMORY CARE

License Number: 225980

Address: 327 FARLEY CIRCLE, LEWISBURG, PA 17837

County: UNION

Region: NORTHEAST

Administrator

Name: Valerie Myers

Phone: 5705223669

Email: vmyers@heritagespringsmemorycare.com

Legal Entity

Name: HERITAGE SPRINGS MEMORY CARE INC

Address: 327 FARLEY CIRCLE, LEWISBURG, PA, 17837

Certificate(s) of Occupancy

Type: 1-2

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 118

Waking Staff: 89

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

06/03/2019 - On-Site: Ryan Novak

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64

Residents Served: 59

Secured Dementia Care Unit

In Home: Yes

Area: n/a

Capacity: 64

Residents Served: 59

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 59

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 59

Have Physical Disability: 0

Valerie Myers Exec. Director

8-19-19

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident # 1 had a fall at approximately 5:50 PM on 5-5-19 and was sent out to the ER . The resident returned at approximately 8:25 PM with no new orders. Resident # 1's Tabula Pro nursing notes were updated at 10:31 PM to state that "per facility protocol, we will maintain hourly room and bed checks and line of sight". At approximately 4:00 AM on 5-6-19, the resident was found on the floor from an apparent fall that resulted in a nasal fracture.

Staff interviews determined that the staff members were in the laundry room when the resident fell and were not aware of the resident's need for increased supervision as this was not communicated to them.

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.)

Regulation 2600.227(d)

Resident #1 had a fall on 5/5/19 and was sent to the ER. Upon return from the ER resident#1 was to be placed on "line of sight" per administrator via phone call with Med-tech. Staff failed to communicate this from staff leaving to staff coming on at 3 am.

Staff counseled regarding policy and procedure for shift to shift report.

Going forward to ensure effective communication, all staff were re-trained on shift to shift report procedure. (Attached training addendum A)

To help prevent this situation in the future, all new employees will receive a copy of this procedure upon hire and review the procedure in our orientation program.

Resident Care Directors along with administrator will monitor for ongoing compliance for communication to ensure all residents needs are met.

Legal Entity Representative

Text

Signature

Valerie Myers

Printed Name and Title

*Valerie Myers
Executive Director*

Date

8-19-19

DEPARTMENT USE ONLY HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

8-19-19
(Date)

Plan of correction implementation status as of

8-19-19
(Date)

The above plan of correction was approved by

ag
(Initials)

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