



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: July 1, 2021

[REDACTED]
Executive Director
Heritage Springs Memory Care Inc.
327 Farley Circle
Lewisburg, Pennsylvania 17837

RE: Heritage Springs Memory Care
License # 225980

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on December 23, 2019 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,

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

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: HERITAGE SPRINGS MEMORY CARE

License Number: 22598

Address: 327 FARLEY CIRCLE,, LEWISBURG, PA 17837

County: UNION

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: 5705223669

Email: [REDACTED]

Legal Entity

Name: HERITAGE SPRINGS MEMORY CARE INC

Address: 327 FARLEY CIRCLE, LEWISBURG, PA, 17837

Certificate(s) of Occupancy

Type: I-2

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 108

Waking Staff: 81

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint,Incident

Inspection Dates and Department Representative

12/23/2019 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64

Residents Served: 54

Secured Dementia Care Unit

In Home: Yes

Area:

Capacity:

Resident Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 54

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 54

Have Physical Disability: 0

[Redacted]

[Redacted]

[Redacted]

[Redacted]

WITHDRAWN 7-1-21



Legal Entity Representative

Signature Printed Name and Title Date

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The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

- Implemented
- Not Implemented

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

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

WITHDRAWN 7-1-21



Legal Entity Representative

Signature	Printed Name and Title	Date

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The above plan of correction is approved as of _____		Plan of correction implementation status as of _____	
	(Date)		(Date)
The above plan of correction was approved by _____		<input type="checkbox"/> Implemented	
	(Initials)	<input type="checkbox"/> Not Implemented	