



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: [cefritz@heritagespringsmemorycare.com](mailto:cefritz@heritagespringsmemorycare.com)  
Mailing Date: March 11, 2020**

Ms. Colleen 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 29, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



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3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not post the Licensing Inspection Summaries from 6/3/2019 and 12/18/2019 was not posted in a conspicuous and public place in the home.

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.)

Licensing Inspection Summaries for 6/3/2019 and 12/18/2019 were immediately posted. Administrator will ensure all inspection summaries are posted and in a conspicuous location.

SEE ADDENDUM # 1

Legal Entity Representative

Lisa Reichner LPN/PCHA Signature Lisa Reichner LPN/PCHA Printed Name and Title 2/27/2020 Date

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The above plan of correction is approved as of 3-5-2020 (Date)

Plan of correction implementation status as of 3-5-2020 (Date)

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

Implemented  
 Not Implemented

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17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The Licensing Inspection Summary from 2/13/2019 was posted on the home's bulletin board in the front area of the home, the resident privacy coding was attached to Licensing Inspection Summary.

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.)

Privacy coding was immediately removed from Inspection Summary from 2/13/2019. Executive Director will ensure all future postings will not contain privacy coding, and it will be double checked by the CEO.

Privacy coding was removed in the presence of inspector.

Legal Entity Representative

*Lisa Reichner LPN/PCHA*  
Signature

Lisa Reichner LPN/PCHA 2/26/2020  
Printed Name and Title Date

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28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 was discharged from the home on 12/19/2019, the itemized refunded was not calculated correctly. The resident was refunded 1,826.35 for 11 days. The home's itemized statement should have equaled 1,822.09.

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.)

The refunded amount was higher than it should have been. Refunds will be itemized for all charges and Refunds will be double checked by the CEO before signing and mailing checks.  
See itemized example: Addendum A

Legal Entity Representative

*Lisa Reichner* LPN/PCHA  
Signature

Lisa Reichner LPN/PCHA 2/26/2020  
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81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident rooms #112 and #207 has an enabler bar attached to the resident's bed that doesn't contain a cover causing a possible safety hazard.

Resident room #205 contained an uncovered enabler bar and the enabler bar was not correctly attached to the bed.

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.)

Enabler bar in question was immediately attached correctly. All enabler bars in the facility were immediately covered to prevent entanglement. Housekeeping department to monitor for potential safety risks.

Housekeeping and maintenance Director educated on proper attachment of enabler bars.

The Administrator shall monitor for ongoing compliance.

See Addendum B

Legal Entity Representative

*Lisa Reichner LPN/PCHA*  
Signature

Lisa Reichner LPN/PCHA 2/25/2020  
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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The doors that enter the dining room in memory lane that lead to an exit in the dining room are locked, preventing immediate egress in the event of an emergency.

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.)

Doors in referenced violation had the locks immediately removed. Doors are now free from being locked and are free for exit in the event of emergency.

See Addendum C

Legal Entity Representative

*Lisa Reichner LPN/PCHA*  
Signature

Lisa Reichner LPN/PCHA  
Printed Name and Title

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Date

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133.2 - Exit Signs Direction

Regulations

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The activity room in heritage hall leads to an exit. There is no directional sign to indicate there is an exit in the room.

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.)

Activity room on Heritage Hall that leads to an exit now has an exit sign visably posted to direct staff, residents and visitors to this exit.

See Addendum D

Legal Entity Representative

Lisa Rechner LPN/PCHA  
Signature

Lisa Rechner LPN/PCHA 2/25/2020  
Printed Name and Title Date

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182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member A completed the initial medication administration program on 10/8/19 with a score of 86.74 out of 100 total points. A passing score is 90 out of 100 points.

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.)

Staff person in question had attempted the test on the med-tech computer system, the system crashed and indicated she reached max attempts. Med-tech trainer had staff person do test on paper which gave her the correct amount of points. The calculations were not moved to her initial training paperwork in error. All med-tech paperwork will be double checked by both med-tech trainers. See Addendum E

Legal Entity Representative

*Lisa Reichner LPN/PCHA*  
 Signature

Lisa Reichner LPN/PCHA 2-25-2020  
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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's PRN amoxicillin was not available at the time of the inspection.

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.)

medication in reference above not in facility due to only being needed for prophalactic treatment before dental appointments. Resident Care Director immediately contacted PCP and discontinued order. Resident Care Director will ensure all medications are in the Carts and that they match order from PCP. Prophalactic medications will be ordered when needed. Executive Director will perform Cart Audits once monthly.

SEE POLICY ATTACHED

Legal Entity Representative

Signature: [Handwritten Signature] Printed Name and Title: Lisa Reichner LPN/PCA Date: 2/25/2020

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187c - Refusal of Medication

Regulations

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

The home failed to contact Resident #3's physician regarding the resident's refusal to take the prescribed artificial tears on 1/6/2020, 1/13/2020, 1/17/2020, 1/20/2020, & 1/27/2020.

Resident #2 refused the prescribed systane eye drops on 1/6, 1/21-1/23 and 1/25/20. The prescriber was not notified regarding the refusals.

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.)

When a resident refuses medication, documentation and reporting to the Resident Care Director will be immediate to ensure proper follow up with the PCP. All nursing staff have been instructed to communicate refusals in a timely manner and document refusals in MAR. It is the responsibility of Resident Care Director to follow up on all refusals. SEE ADDENDUM F

Legal Entity Representative

Lisa Reichner LPN/PCHA  
Signature

Lisa Reichner LPN/PCHA 2/20/2020  
Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

#1 Resident #2 has an order for Lorazepam .5mg PRN every 4 hours. The medication was administered on 1/4/20 at 3:56 pm and 7:07 pm.

#2 Resident #4 has an order for cranberry concentrate 500 mg daily. The bottle of cranberry is 15,000 mg. The home administered the incorrect dosage from 1/1-1/24/20 and 1/26-1/29/20.

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.)

#1 On the first incident listed above, staff member was counseled and re-educated on med admin. Resident Care Director will do weekly MAR Audits to ensure proper medication administration.  
#2 Staff involved were counseled and re-educated on med administration. The Resident Care Director will audit orders to ensure the medication matches the order from prescriber. The Administrator will audit carts weekly for compliance with all orders. SEE ADDENDUM F

Legal Entity Representative

*Lisa Reichner LPN/PCHA*  
Signature

Lisa Reichner LPN/PCHA 2/20/2020  
Printed Name and Title Date

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233c - Key-Locking Devices

Regulations

2600,

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The home has a courtyard outside of its memory lane secured dementia unit with a gate to exit. The gate is locked by a keypad and the code to the keypad is not posted near the device.

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.)

Gate in question had a code which was blown off into the yard. Maintenance Director immediately put it back on gate. Facility purchased new metal code signs which were attached to all courtyard gates. Maintenance Director will monitor all courtyard gates weekly to ensure codes are in place.

See Addendum G

Legal Entity Representative

Lisa Reichner LPN/PCA  
Signature

Lisa Reichner PCA  
Printed Name and Title

2/25/2020  
Date

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251b - Record Entries Legible

Regulations

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #5's contract contained correction tape on the monthly amount and the daily rate.

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.)

The violation was corrected immediately. The Administrator and the management team are directly responsible for the accuracy and posting of records. Administration staff educated to not use corrective fluid on documents. If there are an error, place a line through the error, write error and initial.

Addendum H

Legal Entity Representative

Lisa Rechner LPN/PCHA  
Signature

Lisa Rechner PCHA  
Printed Name and Title

1/29/2020  
Date

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