



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: cefritz@heritagespringmemorycare.com**  
**Mailing Date: November 9, 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 April 14, 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

# 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: Lisa Reichner

Phone: 5705223669

Email: lreichner@heritagespringsmemorycare.com

## Legal Entity

Name: HERITAGE SPRINGS MEMORY CARE INC

Address: 327 FARLEY CIRCLE, LEWISBURG, PA, 17837

## Certificate(s) of Occupancy

Type: I-1

Date:

Issued By:

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 110

Waking Staff: 83

## Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

## Inspection Dates and Department Representative

04/14/2020 - Off-Site: Ryan Yankowy

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 64

Residents Served: 55

### Secured Dementia Care Unit

In Home: Yes

Area: n/a

Capacity: 64

Residents Served: 55

### Hospice

Current Residents: 1

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 55

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 55

Have Physical Disability: 0

234d - Support Plan Revision

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

From 3/8/20-4/11/20 several instances of Resident #1 being very agitated, demanding, exit seeking, and threatening staff were noted. The RASP dated 2/22/20 notes the resident has minimal to no agitation. The RASP was not updated to reflect the residents current behaviors.

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: 2600.234(d): The support plan shall be revised at least annually and as the resident's condition changes.

Plan of Correction: 1 of 1

It is always the intent to ensure that the facility is following the regulation correctly. In this violation, the RASP was updated with a new order for a behavior from the PCP. The RASP indicates on 3/11/2020 that the resident had a new order for PRN Ativan, but failed to mention behaviors that were exhibited.

Moving forward, the Resident Care Director was retrained to update each residents RASP's with new information and status changes to ensure that the plan of care is current and up to date. The Executive Director re-educated the RCD on the regulation. The Executive Director will oversee to ensure compliance.

Legal Entity Representative

*Lisa Rechner* PCHA  
Signature

Lisa Rechner PCHA 7-31-20  
Printed Name and Title Date

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The above plan of correction is approved as of 8-3-2020  
(Date)

Plan of correction implementation status as of 8-3-2020  
(Date)

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

Implemented  
 Not Implemented