

Department of Human Services  
Bureau of Human Service Licensing

February 1, 2021

██████████ CHIEF OPERATING OFFICER/PRESIDENT  
HERITAGE SPRINGS MEMORY CARE INC  
327 FARLEY CIRCLE  
LEWISBURG, PA 17837

RE: HERITAGE SPRINGS MEMORY CARE  
327 FARLEY CIRCLE  
LEWISBURG, PA, 17837  
LICENSE/COC#: 22598

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *HERITAGE SPRINGS MEMORY CARE* License #: *22598* License Expiration Date: *03/22/2021*  
Address: *327 FARLEY CIRCLE, LEWISBURG, PA 17837*  
County: *UNION* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *5705223669* Email: [REDACTED]  
[REDACTED]  
[REDACTED]

**Legal Entity**

Name: *HERITAGE SPRINGS MEMORY CARE INC*  
Address: *327 FARLEY CIRCLE, LEWISBURG, PA, 17837*  
Phone: *5705223669* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *07/03/2017* Issued By: *Central Keystone*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *108* Waking Staff: *81*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *09/01/2020*

**Inspection Dates and Department Representative**

*09/01/2020 - Off-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: *The entire building* Capacity: *64* Residents Served: *54*

**Hospice**

Current Residents: *2*

**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*

## Inspections / Reviews

09/01/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/12/2020*

1/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/28/2021*

2/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

**42b - Abuse****1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*Resident #1 shoved resident #2 on 8/6/20 to get [REDACTED] out of [REDACTED] room. Resident #2 lose [REDACTED] balance and suffered a fall as a result of this altercation.*

*Resident #3 slapped resident #1 in the side of the head, leaving a red mark on the resident's ear. This altercation was over seating in the home's lounge area after resident #1 grabbed resident #3's hand and told [REDACTED] to find your own chair.*

## 42b - Abuse (continued)

**Plan of Correction****Accept**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

See all attached information for report

Response to violation 2600.42b

2600.42b: A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

This situation occurred in a memory care facility, where resident's do not know their actions, their dementia affects their thought process. This is not an admission of guilt upon the facility. In this situation Area Agency on Aging did not perceive this as abuse. In this situation it is perceived as another resident entering another resident's personal space. Resident's in this facility do not understand abuse, this was a spontaneous reaction that was witnessed by a staff member that was unable to get to the resident's in time to prevent the altercation. The staff member did not perceive this as abuse. The residents were immediately separated. In this situation resident #3 slapped resident #1 in the ear lobe, resident #1 was immediately assessed for injuries, there were no complaints of pain or discomfort from resident #1. Both resident's in question were heading for the same chair in the common area, due to all of the furniture being moved around due to carpet cleaning. Dementia patients do not do well with change. Resident #3 had a urinalysis performed and the results came back normal with no new orders from the provider. Addendum A, the urinalysis, Addendum B, 15 minute checks, Addendum C, progress notes from the provider. Resident #3 was scheduled to see the Geri Psychologist in September of 2020, resident #3 passed away on [REDACTED] at the facility of natural causes, Addendum D, is death certificate.

There were no further incidents. Nursing staff were trained in Dementia Cognition as provided by Geri Psychologist, Addendum E. Training was provided on resident rights, Addendum F. Training was provided on Safe Management Techniques, which was done in June of 2020, a refresher was given with handouts to the staff.

Prevention:

Administration will give instruction and training on "Abuse/Mandatory Reporting" during monthly staff meetings in addition to monthly staff educations.

Administration will have Ombudsman from Area Agency on Aging educate staff within the next 30 days of receipt of this plan of correction and Covid 19 restrictions pending a personal attendance, potentially a virtual training on Abuse/Mandatory Reporting.

**Completion Date:** 01/19/2021

**Update - 01/21/2021**

Please send/Attach proof of staff training.

**Document Submission****Implemented**

Please see attachment with enclosed training from Area Agency on Aging.