

Department of Human Services
Bureau of Human Service Licensing

June 11, 2021

██████████ ADMINSTRATOR
HERITAGE SPRINGS MONTOURSVILLE I INC
878 OLD CEMENT ROAD
MUNCY, PA 17756

RE: HERITAGE SPRINGS
MONTOURSVILLE I
878 OLD CEMENT ROAD
MUNCY, PA, 17756
LICENSE/COC#: 22825

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2021, 04/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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 MONTOURSVILLE I **Licen e #:** 22825 **Licen e Expiration Date:** 12/11/2021
Addr e : 878 OLD CEMENT ROAD, MUNCY, PA 17756
County: LYCOMING **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 570-935-0936 **Email:** [REDACTED]

Legal Entity

Name: HERITAGE SPRINGS MONTOURSVILLE I INC
Address: 878 OLD CEMENT ROAD, MUNCY, PA, 17756
Phone: 5708545885 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 08/08/2021 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 68 **Waking Staff:** 51

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 04/23/2021

Inspection Dates and Department Representative

01/22/2021 - On-Site: [REDACTED]
04/23/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 34

Secured Dementia Care Unit

In Home: Yes **Area:** Building **Capacity:** 60 **Resident Served:** 34

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 34
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 34 **Have Physical Disability:** 0

Inspections / Reviews

01/22/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/20/2021*

5/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/28/2021*

6/11/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187c - Refusal of Medication (continued)

Description of Violation

From 12/1/20 – 12/19/20 resident # 1 refused their medications 12 times.

The home failed to notify the residents physician of the following medication refusals on the following 7 days and times:

12/3/20 at 12:27 p.m. Amlodipine 10 mg, Quetiapine Fumarate 25 mg, Levetiracetam 500 mg, and Aspirin 81 mg.

12/7/20 at 7:20 p.m. Atonvastatin 40 mg., Donepezil 10 mg., Melatonin 3 mg., Quetiapine Fumarate 60mg., Senna 8.6 mg.

12/13/20 at 8:04 p.m. Melatonin, Quetiapine Fumarate 50 mg., Senna 8.6 mg. Levetiracetam, Donepezil, Atonvastatin.

12/14/20 9:41 a.m. Doxazosin 4 mg., Amlopine 10 mg., Aspirin 81 mg., Levetiracetam 500 mg., Metoprolol 50 mg., Escitalopram 10 mg.

12/15/20 at 8:07 a.m. Aspirin 81 mg., Doxazosin 4 mg., Amlodpine 10 mg., Levetiracetam 500 mg., Metoprolol 50 mg.,escitalopram 10 mg.

12/18/20 at 9:26 p.m. Senna 8.6 mg., Levetracetram 500 mg., Atonvastatin 40mg., Melatonin 3 mg.,Quetiapine 50 mg., 12/19/21 at 7:34 p.m Atonvastatin 40 mg., Donepezil 10 mg., Leveliracetam 500mg., Melatonin 3 mg., Quetiapine 50 mg., Senna 8.6 mg.

Plan of Correction

Accept

Immediately upon inspection of the above-listed issue, the Administrator re-wrote a medication refusal policy and conducted training with all medication technicians. The administration created a fax that indicates Med Refusal at the top to be filled out and faxed to the physician and the med-tech filling out the refusal fax must make the on-call supervisor aware to ensure that there is follow-up. Any medication that is refused by a resident is communicated to the Primary Care Physician and the POA. Any and all refusals are documented in the resident support plan, all orders given by the Primary Care Physician will be followed as written. The administration will discuss any refusals at the morning meeting to ensure that the faxes are addressed by the PCP in a timely manner.

Completion Date: 05/17/2021

Update - 05/21/2021

Upon Resubmission of the Plan of Correction, the Adm will submit a copy of the revised Medication Refusal Policy and include the fax template used to notify physicians and POA/Responsible Parties.

A copy of the Training Overview and the Signature Sheet shall also be included in the verification of the regulatory POC.

AG, 5-21-21

Document Submission

Implemented

See Addendum B

Update - 06/11/2021

Documents reviewed in Portal

AG, 6 11 21

234d - Support Plan Revision

1. Requirements

2600.

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

Description of Violation

The updated Residents Support Plan (R.A.S.P.) ,for resident # 1 dated 12/31/20, did not include Behavioral information regarding previous medication refusals and how staff are to approach resident # 1 when the resident does refuse.

Additionally, it was noted that resident # 1 can be aggressive to staff however, there is no notation as to when resident # 1 exhibits his aggression. Also omitted is information as to whether the resident has transferred his aggression to residents. If he has not, this information should be included in the resident’s RASP.

Plan of Correction

Accept

Immediately upon inspection the Administrator and the Resident Care Director reviewed all care plans in the facility and made updates to care plans as indicated by the 2600.234.d regulation. The administrator also provided training to management staff about support plans utilizing the RCG. The administrator and Resident Care Director have also implemented a monthly audit sheet for support plan reviews. The Administrator will review and complete audits of care plans to ensure compliance with the regulation.

Completion Date: 05/17/2021

Update - 05/21/2021

Upon Resubmission of the Plan of Correction, the Adm will submit a copy of Resident # 1's Updated RASP or Addendum. In addition, please submit a copy of the Audit Sheet used to review current residents who had or will have their RASP's reviewed with notes of changes, if warranted. A sheet that is actually in use shall be sent, not a blank template.

AG, 5-21-21

Document Submission

Implemented

See Addendum C

Also enclosed are all updates on Resident #1 since the inspection of 1/22/2021 till current and a copy of Resident #1 care plan audit sheet, also enclosed is a blank copy of the audit sheet that is being utilized for other residents.

Update - 06/11/2021

documents reviewed in Portal.

AG, 6-11-21