

Department of Human Services
Bureau of Human Service Licensing

April 30, 2021

██████████ CEO
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 02/25/2021 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]

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: 01/03/2017 Issued By: Central Keystone

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 98 Waking Staff: 74

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 02/25/2021

Inspection Dates and Department Representative

02/25/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 Residents Served: 49

Secured Dementia Care Unit

In Home: Yes Area: Entire Home Capacity: 64 Residents Served: 49

Hospice

Current Resident : 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 49 Have Physical Disability: 0

Inspections / Reviews

02/25/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/01/2021*

4/16/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/21/2021*

4/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/03/2021*

4/30/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

The home did not have documentation that staff person A has a high school diploma, GED, or other active registry status on a PA nurse aide registry.

Plan of Correction

Do Not Accept

see addendum A

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/08/2021

Plan of Correction

Accept

Upon inspection Staff member A had a Certificate of Completion for Temporary Nurse Aide dated December 31, 2020 that is approved by the AHCA and NCAL. Upon researching this, the Executive Director found that the certificate is valid due to the Covid pandemic, please see enclosed paperwork from the website [REDACTED] attachment A. Staff member A is also enrolled to finish [REDACTED] GED and will be finished by [REDACTED] [REDACTED] log in information for the class is also enclosed. Staff member A was hired on [REDACTED] and will finish [REDACTED] GED class in accordance to the 2600.54.a regulation which indicates that we may employ DCW if they will be finished within 6 months of hire.

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/16/2021

Update - 04/25/2021

Within 5 days of receipt of this plan of correction:
Please apply for a 2600 54a WAIVER for Staff person A.

Document Submission

Implemented

Staff member A has resigned [REDACTED] position to be effective [REDACTED] and will no longer be providing personal care services to residents.

81b - Resident Personal Equipment

1. Requirements

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 #3 has an enabler bar attached to [REDACTED] bed to aid in transferring from [REDACTED] bed. The support plan dated 09/03/20 does not indicate that the resident has an enabler bar used to assist in transfers.

81b - Resident Personal Equipment (*continued*)**Plan of Correction****Do Not Accept***See addendum B**PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.***Completion Date:** 04/08/2021**Plan of Correction****Accept**

The enabler bar was listed on the initial care plan but was not transferred to the annual care plan. Upon inspection, the administrator wrote the enabler bar on the annual care plan immediately in front of the inspector. Moving forward, the Administrator will review all care plans to ensure that all the information from one care plan to the other is documented. The administrator will ensure that any information that needs to be on the annual or significant change care plan is documented following regulation 2600.81b. Monthly reviews will be made by the Administrator and/or the Resident Care Director. Addendum B

*PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.***Completion Date:** 04/19/2021**Document Submission****Implemented**

Monthly reviews will be made by the Administrator and or the Resident Care Director. Please see Addendum B. This is a continuation of auditing that the facility does.

182b - Prescription Medication

1. Requirements

2600.

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

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

Description of Violation

The home did not have documentation that medication technician staff person B had completed the initial medication administration training. Staff person B administers medications to residents.

Plan of Correction**Do Not Accept***See addendum C**PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.***Completion Date:** 04/08/2021

182b - Prescription Medication (continued)

Plan of Correction

Accept

Upon inspection, it was found that the med tech did not have the initial medication administration training paperwork. Immediately the med tech trainer initiated re training of this med tech and all necessary training paperwork was completed. Effective immediately the Administrator and the med tech trainer initiated a med tech training tracking sheet for all med techs to keep informed of any upcoming practicums due and also ensure that any new med tech that is hired has the required med tech training paperwork before being placed on the schedule to pass medications. A new tracking sheet will be reviewed monthly at the Administrative meeting to ensure compliance with all required med tech training, signatures, and completion of all paperwork. Addendum C

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date 04/19/2021

Update 04/25/2021

Please send/Attach proof of medication administration training for staff person B.

Document Submission

Implemented

A new tracking sheet will be reviewed monthly at Administrative meetings. See tracking form, Addendum C is attached. This was implemented immediately by med-tech trainers on 2/26/2021. See also Addendum C-1 for initial training paper.

Also, this med tech has resigned her position and no longer works at the facility.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The medication Propanolol for resident #1 did not match the order from the physician on the Medication Administration Record because it did not include the information that the medication must be held if the systolic blood pressure is less than 100.

Plan of Correction

Do Not Accept

See addendum D

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/08/2021

Plan of Correction

Accept

Upon inspection it was found that the medication label on the bottle did not match the order in the Quick Mar computer system indicating to hold for Systolic blood pressure less than 100, charge nurse immediately placed a "change of directions" sticker on the bottle while the inspector was present. Training of all med-tech/nursing staff was conducted with Heritage Springs Policy for Medication labels and the use of "change of directions" stickers. Addendum D

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/19/2021

184a - Labeling OTC/CAM (continued)

Update - 04/25/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

Training of all med techs/nursing was conducted using Heritage Springs policy for Medication labels and the use of "change of Directions" stickers. See training sheet labeled Addendum D, all training was completed by 3/22/2021.

186a - Authorized Prescriber

1. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

A bottle of One A Day multivitamins was found in the medication cart labeled with resident #2's name. Resident #2 does not have a physician's order for this over the counter medication.

Plan of Correction

Do Not Accept

See addendum E and F

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/08/2021

Plan of Correction

Accept

All the medications that are brought to the facility by a family member will be reviewed by the med-tech/nurse and the Resident Care Director for accuracy of medications and also ensure that the proper medication is being delivered by the family. If the medication that is brought to the facility does not have an order or there is a discrepancy, the charge nurse will immediately notify the family member to bring the ordered medication, if the family can not bring the ordered medication the medication will be ordered from the pharmacy. All med techs/ nursing staff were re-educated on this and all new medications have to have 2 signatures for verification before accepting the medication. Addendum E and Addendum F

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/19/2021

Update - 04/25/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

All med-tech/nursing staff were re-educated on ensuring that families were bringing the right medication to the building. There is also a new tracking form that requires 2 signatures for medication verification. Addendum E and Addendum F. All training with staff was completed by 3/22/2021.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident #2 has an order for Vitamin C 1000mg to be taken daily. The home did not have the medication on hand in the medication cart and staff were unsure when the medication was last available. The Medication Administration Record for this medication was initialed on 2/25/21 as if it was administered.

Plan of Correction**Do Not Accept**

See addendum E and F

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/08/2021

Plan of Correction**Accept**

The family of Resident #2 brought in a bottle of multivitamin and not Vitamin C. All medications that are brought to the facility by a family member will be reviewed by the med-tech/nurse and the Resident Care Director for accuracy. If the medication that is brought to the facility does not match the order, the charge nurse will immediately order the medication from the pharmacy. All med techs/nursing staff were re-educated on there and all-new medication have to have 2 signatures for verifications and acceptance. Addendum E and Addendum F

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/19/2021

Update - 04/25/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

Re-education and training for all med-tech and nursing staff. New medications brought from the families to the facility now have to have 2 signature verification of the medication before the staff will approve. See addendum E and Addendum F

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has an order for Propanolol 40 mg to be taken daily and held if the systolic blood pressure is less than 100. The home did not have documentation that the resident's blood pressure had been taken prior to administration of the medication.

Plan of Correction**Do Not Accept**

See addendum H

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/08/2021

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

Resident #1 has an order for Propanolol 40 mg, the medication is to be held if systolic blood pressure is less than 100. There was no record in the Quickmar system that documented the blood pressure, the med techs/nursing staff were writing the blood pressure on the report sheets. Upon the inspection, at the time it was discovered the Administrator immediately added the blood pressure to be recorded with the medication in the Quick Mar system. The administrator also contacted the owner of the pharmacy to review that any medication being put in the system n which there were any parameters were added to the quick mar system when the pharmacy staff was entering it. The administration also reviewed with all med-tech/nursing staff to verify the medication and ensure that if there is a parameter for a medication that it is entered into the Quick Mar system. Addendum H

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/19/2021

Update - 04/25/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

The administrative team performed training with the med staff to ensure that they followed all orders written by the provider. Administrative staff utilized print out for Understanding MAR's and parameters. Addendum H. The training was completed by 3/22/2021

233c - Key-Locking Devices

1. Requirements

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 newly constructed door at the end of the hallway leading to the sunroom near rooms [redacted] and [redacted] was locked with a key locking device. The sunroom has an exit door and therefore the locked door prevented egress from that exit.

Plan of Correction

Do Not Accept

See addendum I

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/08/2021

Plan of Correction

Accept

Upon inspection, the inspector noted that the new door at the end of the hallway leading to the sunroom near rooms [redacted] and [redacted] and room [redacted] was locked with a key locking device. Upon construction of the door to create an isolation area during the Covid pandemic, all charge nurses that work on this unit had a master key that would open the door in the event of an emergency. If there was a resident that was placed in this room, there was a staff member with them 24/7 who also had a master key for the door. As of 4/7/2021 Cholin (our monitoring system) and Zimmermans electric has come to the facility and wired the door with the Magna lock system with a keypad, this door will automatically disengage when the fire alarm goes off. Addendum I

PLEASE ENTER PLAN OF CORRECTION IN THIS AREA.

Completion Date: 04/19/2021

233c - Key-Locking Devices *(continued)***Update - 04/25/2021**

Please send/Attach proof of key locking device installation.

Immediately and Ongoing:

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.

The administrator shall monitor key locking devices weekly X s 4 months to ensure ongoing compliance.

4 25 2021 MM

Document Submission**Implemented**

*The door with the key lock was kept open until the mag lock system could be wired into the fire system. The new maglock is now operational and the conspicuous directions for their operation are posted near the device. Attached are photos of the door with mag lock activated, new directions by the door, and a keypad by the door. Addendum I
The door was completed on 4/7/2021*