

Department of Human Services
Bureau of Human Service Licensing

September 13, 2021

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2021 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: *03/22/2022*
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: *102* Waking Staff: *77*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *05/28/2021*

Inspection Dates and Department Representative

05/28/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *51*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *64* Residents Served: *51*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *51* Have Physical Disability: *0*

Inspections / Reviews

05/28/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/25/2021*

7/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/31/2021*

8/10/2021 - POC Submission

Lead Reviewer: [REDACTED] [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/13/2021*

9/13/2021 - 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

On [REDACTED]/21 at approximately 1 [REDACTED] pm resident #1 was found in the bedroom of resident B in resident #2's bed with [REDACTED] hand in resident #2's [REDACTED]

Plan of Correction**Do Not Accept**

The facility disagrees with this violation on the basis that the incident does not rise to this violation. 2600.42.B indicates that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in any way. The facility reported this incident immediately to all the agencies required. The facility has done its due diligence with this investigation. The facility reported the incident to Area Agency on Aging, they have since closed the case, requiring no further investigation or processes. The Department of Human Services Inspector also came to the facility and investigated the incident. Upon exit interview with the Administrator: the DHS inspector indicated that [REDACTED] found no violations. The facility feels that this incident does not warrant this violation as both of the residents were fully clothed. Resident #1 was on 15 minute checks and was noted to be in the common area at [REDACTED], and then was found to be in Resident #2 bedroom, lying in the bed with Resident #2 (at [REDACTED]). Resident #1 was immediately removed from Resident #2 room and was also immediately placed on alarms. Resident #1 was not neglecting, intimidating, physically or verbally abusing Resident #2, nor was Resident #1 mistreating or subjecting Resident #2 to corporal punishment or disciplining Resident #2 in any way. The facility follows all of the regulations set forth by the Department of Human Services and Area Agency of Aging as written. The Administrator of this facility contacted the supervisor for this investigation to question the allegation of the violation and it was indicated that DHS was citing the 2600.42.b violation due to resident to resident contact. The 2600.42.B violation does not indicate such terminology and there were no long term ill effects on either resident that would rise to the abuse allegation in question. Both residents reside in a Dementia Care facility and do not understand their actions. Resident #1 was [REDACTED] Resident #2. Resident #1 does not have any history of predation in the facility and has never had any issues with the above mentioned violation. Since the day of the incident, Resident #1 continues on 15 minute checks, was placed on a bed and chair alarm and also had [REDACTED] room moved [REDACTED]. Resident #1 has had no further incidents and does not pose a threat to others in the facility.

Completion Date: 06/24/2021

Update - 07/26/2021

Please submit an acceptable plan of correction. 7-26-2021 MM

42b - Abuse (continued)

Plan of Correction

Accept

The facility does not agree with this violation:

Resident #1 was on 15 minute checks, the 15 minute checks continue. Resident #1 was immediately placed on chair alarm and bed alarm. Resident #1 was moved to a more visible room [REDACTED]. Resident #1 also had a bell placed on [REDACTED], for a more auditory alert of staff, when the resident is ambulating. PCP denied any further testing. PCP reviewed all current medications and made no changes. Resident #1 has had no further incidents. Resident Care Director will oversee all implemented interventions and ensure compliance. Care plan updated with all interventions. Staff continue to monitor Resident behaviors and are to advise supervisor immediately.

Completion Date: 07/30/2021

Document Submission

Implemented

15 minute checks were initiated on [REDACTED]/2021, [REDACTED]/2021 resident was moved to room [REDACTED] and also put on a bed and chair alarm. 8/1/2021 a personal bell was placed on residents [REDACTED] for another auditory alert to the staff.