

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 14, 2023

[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 12/08/2021, 12/09/2021, 12/14/2021, 12/15/2021, 12/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: HERITAGE SPRINGS MEMORY CARE **Licen e #:** 22598 **Licen e Expiration:** 03/22/2022

Address: 327 FARLEY CIRCLE, LEWISBURG, PA 17837

County: UNION **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: HERITAGE SPRINGS MEMORY CARE INC

Address: 327 FARLEY CIRCLE, LEWISBURG, PA, 17837

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 90 **Waking Staff:** 68

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint, Incident **Exit Conference Date:** 12/20/2021

Inspection Dates and Department Representative

12/08/2021 - On-Site: [REDACTED]

12/09/2021 - On-Site: [REDACTED]

12/14/2021 - Off-Site: [REDACTED]

12/15/2021 - Off-Site: [REDACTED]

12/20/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 64 **Re ident Served:** 45

Secured Dementia Care Unit

In Home: Yes **Area:** Building **Capacity:** 64 **Re ident Served:** 45

Hospice

Current Re ident : 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 45

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 45 **Have Physical Disability:** 0

Inspections / Reviews

12/08/2021 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/03/2022

01/05/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/12/2022

02/15/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/25/2022

05/10/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 05/17/2022

08/03/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 08/10/2022

02/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/10/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/21, Resident #4 was sent to the hospital after a fall [REDACTED]
 On [REDACTED]/21, Resident #4 was sent to the hospital after a fall and was given orders upon discharge to follow-up with the resident's physician for continuance of care related to the fall. These incidents were not reported to the Department.

POC Submission

Accept

Incident reports for Resident #4 for the fall on [REDACTED] 21 and [REDACTED]/21 were submitted as a reportable incident on 12/31/22 after state surveyor reviewed discharge summaries for both incidents. The fall of 10/17 diagnosed the resident with [REDACTED]. The fall of [REDACTED]/21 referred resident to follow up with physician for continued care. Nursing staff were retrained on the importance of reviewing all falls and ER visits to ascertain whether the incident was reportable according to Regulation 2600.16.c. Resident Care Director and/or designee will monitor all reportables to ensure compliance with state regulations.

Licensee's Plan Completion Date: 12/31/2021

Implemented [REDACTED] - 02/14/2023)

42b - Abuse

2. 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 [REDACTED] pm Resident #1 was found in Resident #2's bedroom by a staff person. Resident #2 was touching Resident #1 underneath their shirt. Resident #1 was removed from Resident #2's room immediately.

POC Submission

Accept

Resident #1 was removed from Resident #2's room immediately upon staff member discovering [REDACTED]. Reportable incident and Act 13 reports completed and faxed to appropriate agencies immediately. Both residents were placed on [REDACTED]. Staff will continue to supervise and monitor for resident behaviors to ensure safety of all residents. If another incident occurs, Resident will be issued a 30 day notice for not following Resident Rules of Conduct.

Licensee's Plan Completion Date: 01/31/2022

Implemented [REDACTED] - 02/14/2023)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

42c - Treatment of Residents (continued)

Description of Violation

On [redacted]/21 at approximately [redacted] m, Resident #2 was walking with Staff Person A and requested that Staff Person B introduce themselves to resident. Staff Person B told Resident #2 their name. Resident #2, Staff Person A, and Staff Person B then began walking together toward the dining room. Staff Person C then asked Staff Person B to walk over to Staff Person C, and told Staff Person B that they should not have told Resident #2 their name as Resident #2 will continue to bother them. Per staff interviews, Resident #2 heard Staff Person C say this, and responded to Staff Person A by saying, "[redacted] doesn't like me."

POC Submission

Accept

Staff Person C was immediately counseled regarding inappropriate conduct in front of a resident. Since the incident, Staff Person C is no longer with our community. Resident Rights were posted at each nurses station to remind staff that all residents are to be treated with respect and dignity. Executive Director and RCD's will make themselves more visible on units to ensure residents are being treated as they should be.

Licensee's Plan Completion Date: 12/17/2021

Implemented [redacted] - 09/20/2022)

60a Staff/Support Plan

4. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home currently has 42 residents in the facility. Per the _____, the home's maximum evacuation time is 7 minutes 26 seconds.

- Per staff interviews, in the event of a fire alarm or other emergency the mobility needs of the residents are as follows:
- 4 residents require the assistance of 2-3 staff to transfer from their beds into their wheelchairs and would need to be propelled by a staff person to fully evacuate;
 - 4 residents require the assistance of 2 staff to transfer from their beds into their wheelchairs, 3 of which would need to be propelled by a staff person to fully evacuate;
 - 3 residents require the assistance of 1 staff to transfer from their beds into their wheelchairs, 2 of which would need to be propelled by a staff person to fully evacuate;
 - 1 resident would require 1 staff person to assist them with walking to fully evacuate.

On dates [redacted]/21 and [redacted]/21, the home had 4 staff working on the overnight shift and 1 [redacted]/21 had 5 staff working on the overnight shift. Based on the home's evacuation time and identified mobility needs, it was determined that this was not enough staff to safely evacuate all residents.

POC Submission

Accept

Two additional staff members were added to the nursing schedule effective 12/18/21. Residents identified above were all assessed by nursing staff and are scheduled to be assessed by Union Snyder County Agency on Aging for appropriate level of care. Families have been notified regarding level of care increases and will be given 30 day

60a - Staff/Support Plan (continued)

notices and assistance to find a skilled nursing facility if no longer deemed appropriate to remain here. RCD and ED will monitor resident census and level of cares and ensure that appropriate staffing levels are being maintained.

Licensee's Plan Completion Date: 01/31/2022

Implemented [REDACTED] - 02/14/2023)

142a - Secure Medical Care**5. Requirements**

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

[REDACTED]. On [REDACTED]/21, Resident #3 fell [REDACTED]. Per staff interviews, Resident #3's fall and resulting injuries warranted the resident be sent to the hospital for further evaluation. Resident #3 was not sent to the hospital for further medical attention.

POC Submission

Accept

Resident #3 had a fall on [REDACTED]/21. [REDACTED]. Call was made to nurse [REDACTED] who notified attending physician. Both nurse and physician made decision not to send Resident to hospital. Power of attorney also agreed. According to Regulation 2600.142a it is the responsibility of the home to secure medical care for a resident if deemed appropriate. A new emergency fall policy is being developed and will be reviewed by all staff [REDACTED] to make everyone aware that if a resident falls, complains of pain or is in need of medical attention, they will be sent out to the local emergency room for further evaluation and treatment.

Licensee's Plan Completion Date: 01/31/2022

Implemented [REDACTED] - 09/20/2022)

231b - Medical Evaluation**6. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #2's medical evaluation was completed and signed by a medical professional on [REDACTED] 21. After the form was signed and returned, the form was written on and not signed/dated to indicate that these updates were made or approved by a qualified medical professional.

POC Submission

Accept

It was determined that a medical evaluation had a diagnosis code added to the form after a physician signed and dated. This medical evaluation was faxed back to attending physician for [REDACTED] approval. Waiting for reply from physician as of 1/3/22. All DME's will be reviewed by RCD to make sure no other DME's have had information added. RCD will review all new DME's for completeness and make sure no additional information had been added by staff without permission from physician. If verbal permission is obtained, a note, date and initial will be placed

231b - Medical Evaluation (continued)

on the DME.

Licensee's Plan Completion Date: 01/31/2022

Implemented ([REDACTED] 09/20/2022)

234d Support Plan Revision**7. Requirements**

2600.

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

Description of Violation

Resident #2's RASP, dated [REDACTED] 21, was not updated to reflect the incident [REDACTED] in which Resident #2 was involved, as well as the home's follow-up assessments and/or interventions.

Resident #4's RASP, dated [REDACTED] /21, has not been updated to reflect the following care needs as determined through staff interviews: [REDACTED]

POC Submission

Accept

Support plan for Resident #2 was updated to reflect [REDACTED] incident that occurred and 15 minutes checks were put into place [REDACTED] If resident #2's behaviors continue, resident could be issued a 30 day notice for non compliance with home rules.

Licensee's Plan Completion Date: 01/31/2022

Implemented ([REDACTED] - 02/14/2023)