

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

March 15, 2023

[REDACTED], ADMINISTRATOR
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 02/23/2022, 02/24/2022 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 **License #:** 22598 **License 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

Type: I 1 **Date:** 01/03/2017 **Issued By:** Central Keystone

Staffing Hours

Resident Support Staff: 37 **Total Daily Staff:** 111 **Waking Staff:** 83

Inspection Information

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

Reason: Renewal, Complaint, Incident **Exit Conference Date:** 02/24/2022

Inspection Dates and Department Representative

02/23/2022 On Site: [REDACTED]

02/24/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 37

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 64 **Residents Served:** 37

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 37

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

Have Mobility Need: 37 **Have Physical Disability:** 0

Inspections / Reviews

02/23/2022 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/01/2022

Inspections / Reviews (*continued*)

05/02/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/09/2022

05/11/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/18/2022

05/27/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/03/2022

06/15/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 06/30/2022

03/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 03/16/2023

03/15/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The homes licensing inspection summaries are posted in a locked display case in the entry way of the home. This area is not accessible to the public.

POC Submission

Accept

When was the correction made?? The licensing summary was posted between the double doors on the bulletin board on 2/24/22. How will the home prevent future violations? The Executive Director will check the bulletin board daily to make sure that the summary is still posted.

█, 5-2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented (█ - 09/20/2022)

16c Written Incident Report

2. 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

Resident #3 was sent out to the hospital on █ due to being unresponsive. The resident was diagnosed with a █. The home did not submit an incident report to the Department regarding the head injury.

Resident #4 passed away at rehabilitation on █. The resident was expected to return to the home and was on a bed hold. The home did not submit an incident report to the Department regarding the death of the resident.

POC Submission

Accept

Training took place during mandatory staff training on March 9, 2022 to ensure staff were aware of what a reportable incident was and when to report and to whom. Training was by Executive Director and Resident Care Director. Both ED and RCD will read shift to shift reports to make sure that all incidents are reviewed so that any incidents that need to be reported are done immediately or within 24 hours. Staff were also instructed to contact the on-call nurse on duty after hours, weekends and holidays and/or the Executive Director so the same protocol can be followed and there is no delay in reporting.

█, 5-2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented (█ - 09/20/2022)

18 Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries of the carbon monoxide detectors located throughout the home were last changed 11/2/20. The Care Facilities Carbon Monoxide Standards Act requires the batteries be changed annually.

POC Submission

Accept

When were the batteries changed? Batteries in all Carbon Monoxide detectors were changed during the inspection on 2/23/22. Log is kept by Maintenance Director. Date was also added to the battery itself. Who will keep the log? Please send in a copy of the Log for verification in Step 2.

AG, 5-2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented (█) - 09/20/2022)

26c - QM Improvement

4. Requirements

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

The homes quality management plan notes the review will be completed every 6 months. The most recent review was completed on 6/5/20.

POC Submission

Accept

The Resident Care Director will review with the safety committee any falls that occurred during the month. The safety committee will determine if the fall could have been prevented and make any recommendations to try to reduce and/or eliminate future falls. Will work with nursing staff and primary care physician to obtain order for physical or occupational therapy orders if deemed appropriate. Resident Care Director will track number of falls per resident and time of falls to see if there is any correlation between the falls.

█, 5-2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented (█) - 09/20/2022)

42y - Health Care Choice

5. Requirements

2600.

42.y. A resident has the right to choose his own health care providers without limitation by the home. This includes the right to select the resident's own pharmacist provided that the pharmacy agrees to supply medications in a way that is compatible with the home's system for handling and assisting with the self-administration of resident medications.

Description of Violation

Resident #5 prefers to utilize a pharmacy other than the one the home uses. The residents contract notes that the resident is being charged █ a month to use an alternative pharmacy.

42y - Health Care Choice (continued)

POC Submission**Accept**

An updated/amended contract has been updated and used for all future new admissions. A review of current resident contracts was performed by Executive Director which resulted in no other resident being charged the [REDACTED] a month fee to use an outside pharmacy. The Heritage Springs billing office also verified that no current resident is being charged a pharmacy fee.

[REDACTED], 5-2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented [REDACTED] - 09/20/2022

51 - Criminal Background Check

6. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff member A hired [REDACTED] started providing unsupervised care on [REDACTED]. The home did not complete the staff members Pennsylvania State Police Criminal Background Check until [REDACTED].

Direct care staff member B hired [REDACTED] started providing unsupervised care on [REDACTED]. The home did not complete the staff members Pennsylvania State Police Criminal Background Check until [REDACTED].

POC Submission**Accept**

All personnel files have been reviewed to ensure that all criminal backgrounds have been submitted and results received prior to employee starting orientation. All new hire records will be reviewed by Executive Director and signed off for all new hire paperwork to be completed prior to first day of orientation. Quarterly audits will be completed by Executive Director to ensure compliance is maintained.

Licensee's Plan Completion Date: 04/15/2022

Implemented [REDACTED] - 03/15/2023

65a - FS Orientation 1st Day

7. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.

65a - FS Orientation 1st Day (continued)

7. Telephone use and notification of emergency services.

Description of Violation

Agency staff member C hired [redacted] did not receive training in the first day fire safety orientation.

POC Submission

Accept

Staff Member C completed [redacted] initial orientation packet on [redacted] which was the next day [redacted] was scheduled to work in our facility. Copy of [redacted] training attached. Also attached is copy of a recent new hire to verify that all new employees are receiving the required training prior to providing care for residents.

[redacted], 5-2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented [redacted] - 09/20/2022)

65b - Rights/Abuse 40 Hours

8. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Agency staff member C hired [redacted] did not receive training in resident rights, The Older Adult Protective Services Act, emergency medical plan and reporting of reportable incidents and conditions within the first 40 hours worked.

POC Submission

Accept

Agency staff member C received training on resident rights on [redacted] the next day she was scheduled to work in our facility. See attached orientation with signature. Also attached is one of recent hires to verify that all new staff receive the required training before orientation on the floor.

[redacted] 5-2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented [redacted] - 09/20/2022)

87 - Lighting

9. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The bathroom light in Room #124 was not operable.

POC Submission

Accept

The bathroom light in Room #124 was replaced during this annual survey, Daily walk throughs are completed by Maintenance Director as well as staff were educated on completing work order for any safety issues that need attention.

Licensee's Plan Completion Date: 02/24/2022

87 - Lighting (continued)

Implemented ([REDACTED] 09/20/2022)

141b1 - Annual Medical Evaluation

10. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent DME was completed on [REDACTED].

POC Submission

Accept

Who will be responsible for future compliance and what will be the process to prevent future violations? See attached updated DME. Resident Care Director or designee will complete audits on a monthly basis to make sure they are completed in its entirety and within the required time frame. Med tech completed medication cart audit on 6/11/22. Disposed of expired medication found and reordered replacements from pharmacy [REDACTED], 5-11-22

Licensee's Plan Completion Date: 06/14/2022

Implemented (AG - 09/20/2022)

182b - Prescription Medication

11. Requirements

2600.

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

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

The home serves residents with PRN medications. On [REDACTED] from [REDACTED] and [REDACTED] from [REDACTED] - [REDACTED] no one was trained to administer medications in the home.

Repeat violation: 2/25/21

POC Submission

Accept

Schedules will be reviewed by Residence Care Director and Executive Director for adequate scheduling needs which includes having a medication technician or nurse on each shift to administer medications to a resident if needed. Resident Care Director will be responsible to find coverage for that particular shift.

Licensee's Plan Completion Date: 03/30/2022

Implemented [REDACTED] - 09/20/2022)

184b - Labeling OTC/CAM

12. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

184b - Labeling OTC/CAM (continued)

Description of Violation

Resident #7's wintergreen essential oil was not labeled with the residents name.

POC Submission

Accept

Resident #7's wintergreen essential oil was labeled with residents name during the state survey. It will be part of the medication technician's responsibility to perform a cart audit on a weekly basis to make sure all medications are not outdated and have the proper prescription label on the medication.

Licensee's Plan Completion Date: 03/18/2022

Implemented ([redacted] - 09/20/2022)

187d - Follow Prescriber's Orders

13. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 has an order for [redacted] daily hold for systolic blood pressure less than [redacted]. On [redacted] the systolic blood pressure was [redacted] and on [redacted] the systolic blood pressure was [redacted]. The medication was administered and should have been held.

Resident #6 has an order for [redacted] three times daily. On [redacted] the medication was not administered.

Resident #7 has an order for [redacted], hold for heart rate less than 50. On [redacted] the heart rate was [redacted] the medication was held and should have been administered.

Repeat violation: 2/25/21

POC Submission

Accept

Resident Care Director will be responsible for performing random audits on the Medication Administration Record and observations to ensure that medication technicians are taking blood pressures prior to administering Enalapril. Also, staff were re-trained on taking manual blood pressures and vitals during recent staff meeting. See attached staff meeting sign in sheet.

[redacted] 5-2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented ([redacted] - 03/15/2023)

233c - Key-Locking Devices

14. 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 codes to operate the magnetic locks were not posted near the following keypads: the doors coming in from the

233c - Key-Locking Devices (continued)

memory lane and heritage hall courtyard, the exit next to room #203, the exit near the fire place on heritage hall and the exit near room #119.

Repeat violation: 2/25/21

POC Submission**Accept**

Codes were posted at all exit doors on 4/8/22 by Maintenance Director. Executive Director and Maintenance Director will check doors on daily walk through to ensure that the signs are still posted at each entrance.

█, 5-2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented █ - 03/15/2023)

234d - Support Plan Revision**15. 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 has been assessed to be safe with personal hygiene items. The resident is able to utilize a locked drawer to secure these items in the residents room. The RASP dated █ has not been updated to reflect the residents current care needs.

POC Submission**Accept**

RASP for resident #2 was updated █ to indicate that resident is able to use personal hygiene items. Resident has a private room and has a key to █ locked drawer which is locked when █ is not there to prevent other residents from entering the drawer.

█ 2-22

Licensee's Plan Completion Date: 05/03/2022

Implemented █ - 03/15/2023)