

Department of Human Services
Bureau of Human Service Licensing

August 29, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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* License #: *22825* License Expiration: *12/11/2022*
Address: *878 OLD CEMENT ROAD, MUNCY, PA 17756*
County: *LYCOMING* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *HERITAGE SPRINGS MONTOURSVILLE I INC*
Address: [REDACTED]
Phone: [REDACTED] 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: *97* Waking Staff: *73*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/08/2022*

Inspection Dates and Department Representative

03/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *NA* Capacity: *60* Residents Served: *48*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *49* Have Physical Disability: *1*

Inspections / Reviews

03/08/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/15/2022*

Inspections / Reviews (*continued*)

05/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2022*

07/24/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2022*

08/29/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

130f - Testing Smoke Detectors

1. Requirements

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home's smoke detectors and fire alarms were not tested during the month of December 2021, January 2022 and February 2020.

Plan of Correction

Accept

Executive Director and Maintenance Manager will ensure that smoke detectors and fire alarms are tested monthly in the Maintenance tracking book

Completion Date: 04/15/2022

Update: 05/09/2022

Please send in a copy of the Home's Fire Drill Logs as evidence of compliance for Step 2.

█ < 5-9-22

Document Submission

Implemented

Please send in a copy of the Home's Fire Drill Logs as evidence of compliance for Step 2.

█ < 5-9-22

132i - Testing Fire Alarm

1. Requirements

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

During the fire drills held on 12/12/21, 1/29/22 and 2/2/22, the fire alarm was not sounded.

Plan of Correction

Accept

Executive Director and Maintenance Manager will ensure the fire alarm is sounded and tracked in the fire drill book monthly

Completion Date: 04/15/2022

Update: 05/09/2022

Please send in a copy of the Home's Fire Drill Logs as evidence of compliance for Step 2.

█ < 5-9-22

Document Submission

Implemented

Please send in a copy of the Home's Fire Drill Logs as evidence of compliance for Step 2.

█ < 5-9-22

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (continued)

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The Medication Administration Record for resident #1 did not indicate a diagnosis or purpose for [REDACTED] and [REDACTED].

Resident #1 has an order for [REDACTED] but the resident MAR indicates [REDACTED].

Plan of Correction

Accept

Med Techs will be re-educated on ensuring all 5 rights of an order are correct when approving an order in the house

Completion Date: 04/15/2022

Update: 05/09/2022

Please send in a copy of the training material and the staff sign in sheet use for training.

[REDACTED], 5-9-22

Document Submission

Not Implemented

Please send in a copy of the training material and the staff sign-in sheet use for training.

[REDACTED], 5-9-22

Update: 07/24/2022

The Training Sign In Log is blank on top-it's not dated and there is no trainer or length of training.. Please complete the top of the form and resubmit.

Document Submission

Implemented

Please send in a copy of the training material and the staff sign-in sheet use for training.

[REDACTED], 5-9-22