

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

December 14, 2022

[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 10/24/2022 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: HERITAGE SPRINGS MEMORY CARE License #: 22598 License Expiration: 03/22/2023
 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: 1 2 Date: 01/03/2017 Issued By: Central Keystone

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 10/24/2022

Inspection Dates and Department Representative

10/24/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 30

Secured Dementia Care Unit
 In Home: Yes Area: Entire home Capacity: 64 Residents Served: 30

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 30 Have Physical Disability: 0

Inspections / Reviews

10/24/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/20/2022

11/21/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/13/2022
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/23/2022

Inspections / Reviews *(continued)*

12/14/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2022

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

Resident 1 pushed Resident 2 to the ground. [REDACTED]

Plan of Correction

Accept ([REDACTED] - 11/21/2022)

Resident #1 was placed on 15 minutes checks for two weeks. Resident was seen by primary care physician for medication adjustments. When Resident #2 returns from SNF both will be monitored and kept apart to prevent further incidents. Resident Care Director and Executive Director will continue to monitor cameras in common areas to deter any further incidents.

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented ([REDACTED] - 12/14/2022)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The DME dated [REDACTED] 2022 for Resident 1 was incomplete. The required field for body positioning was left blank.

Plan of Correction

Accept ([REDACTED] - 11/21/2022)

DME for Resident #1 was reviewed to ensure it was completed in its entirety. (See attached) All resident DME's were reviewed to make sure none were missing information. Resident Care Director and/or Executive Director will review all DME's on a monthly basis to ensure all areas of DME are completed.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented ([REDACTED] - 12/14/2022)

231b - Medical Evaluation

3. Requirements

2600.

231b - Medical Evaluation (continued)

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 1's DME dated [redacted] 2022, did not indicate that the resident has [redacted] and is appropriate for placement [redacted]

Plan of Correction

Accept ([redacted] - 11/21/2022)

DME for Resident #1 was updated to include resident is appropriate to be placed [redacted], (See attached DME). All DME's were reviewed to make sure none were missing information. Resident Care Director and Executive Director will review all DME's on a monthly basis to ensure all areas of DME are completed.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented [redacted] - 12/14/2022)