

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

February 2, 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 01/04/2023, 01/13/2023 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: 03/22/2024
 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: 56 Waking Staff: 42

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/13/2023

Inspection Dates and Department Representative

01/04/2023 On Site [REDACTED]
 01/13/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 28

Secured Dementia Care Unit
 In Home: Yes Area: Building Capacity: 64 Residents Served: 28

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

01/04/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/31/2023

01/26/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/02/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/01/2023

Inspections / Reviews *(continued)*

02/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

On [redacted] 22, the home sent a 30-day advanced written notice to the family of Resident #3 informing the family that Resident #3's level of care was increasing [redacted], which included a price increase [redacted] effective [redacted] 22. The home's fee schedule did not include a [redacted] a description of services provided in care [redacted]. The rationale the home provided to the family for why Resident #3 was moved [redacted] included services provided [redacted].

Plan of Correction

Accept [redacted] - 01/26/2023)

Resident #3's increased rate to [redacted] per month effective [redacted] /2022 will amount to [redacted] credited to the account. Level of service description [redacted] was revised and sent to all family members with effective date of [redacted] /23. All records were checked by Executive Director to ensure no other residents were effected.

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented [redacted] - 02/02/2023)

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] /22 at approximately [redacted] pm, Resident #1 and Resident #2 began arguing [redacted]. The argument resulted in Resident #2 pushing Resident #1 to the ground, [redacted]. Resident #1 was sent to the hospital due to a laceration [redacted].

Plan of Correction

Accept [redacted] - 01/26/2023)

Resident #1 was placed on 15 minute checks and discharge orders from the hospital and Area Agency on Aging were to advise one on one supervision to resident. [redacted]. Resident was sent out for aggressive behaviors on at least three occasions [redacted]. At the recommendation of [redacted] DHS an immediate discharge notice was mailed to Resident #1's Power of Attorney. Resident #1 did not return to community [redacted].

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented [redacted] - 02/02/2023)

141a - Medical Evaluation

3. Requirements

2600.

141a - Medical Evaluation (continued)

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.

Description of Violation

The resident did not have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department.

Plan of Correction

Accept [redacted] 01/26/2023)

Residents medical evaluation was updated by physician to make sure date evaluated and date form completed was within 30 day guidelines. All Medical Evaluations were reviewed by Executive Director on 1/6/23 to ensure all were compliant and completed in its entirety. All forms will be reviewed by Executive Director prior to being added to the resident record.

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented [redacted] - 02/02/2023)

231b - Medical Evaluation

4. 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 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] 2022; however, the resident was evaluated by a qualified medical professional on [redacted]/21, which exceeds the allowable timeframes for the resident's medical evaluation to be completed.

Resident #2's medical evaluation, dated [redacted]/21, was modified after the form was completed/signed by a qualified medical professional. The home did not obtain permission from a qualified medical professional to make changes to the medical evaluation.

Plan of Correction

Accept [redacted] - 01/26/2023)

Resident's Medical Evaluation was sent to Primary Care Physician for updated information and placed in resident chart. Executive Director reviewed all DME's to ensure all blanks are completed by physician.

Licensee's Proposed Overall Completion Date: 01/26/2023

Implemented [redacted] - 02/02/2023)