

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

May 24, 2023

[REDACTED], ADMINISTRATOR  
HERITAGE SPRINGS MONTOURSVILLE I INC  
878 OLD CEMENT ROAD  
MUNCY, PA, 17756

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 04/13/2023 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 MONTOURSVILLE I License #: 22825 License Expiration: 12/11/2023  
 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: 878 OLD CEMENT ROAD, MUNCY, PA, 17756  
 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: 100 Waking Staff: 75

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 04/13/2023

**Inspection Dates and Department Representative**

04/13/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 60 Residents Served: 50  
 Secured Dementia Care Unit  
 In Home: Yes Area: Entire Home Capacity: 60 Residents Served: 50  
 Hospice  
 Current Residents: 3  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 50 Have Physical Disability: 0

**Inspections / Reviews**

04/13/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/05/2023

05/05/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/17/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/11/2023

Inspections / Reviews (*continued*)

05/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/16/2023

05/15/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/22/2023

05/24/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2023

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

On [redacted] resident #1 was struck in the face by resident #2 when the two residents were engaged in an altercation over resident #1's walker. Resident #1 suffered a bloody nose.

On [redacted] resident #1 was heard yelling out in a common area. Staff responded and found resident #1 on a couch next to resident #2. Resident #1 told staff that resident #2 hit them. Resident #1 had a red mark on their face.

Plan of Correction

Accepted [redacted] - 05/15/2023)

All residents are assessed for behaviors using the Prescreening tool completed by the PCP. This is done prior to admission. All residents are assessed before moving in by Executive Director or a Resident Care Director. If a resident moves into the facility and shows combative behaviors they will be referred to the house psych doctor/ PCP for med management. If a resident becomes combative towards another resident they will be sent out to the ER for an evaluation. If a resident is combative and returns to the facility with no medications or diagnosis explaining the behaviors (ex UTI) the facility will ask the family to provide a one-on-one until medications are evaluated by the psych doctor if the family will not provide a one-on-one a 30-day notice will be issued. The executive director will initial any physical incidents in the RASP to ensure follow-up takes place. All altercations are sent to DHS and Office of aging

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented [redacted] - 05/24/2023)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [redacted] resident #3 reported to staff person A that they were mistreated by staff when a staff person came to assist him or her with toileting. Resident #3 reported that the staff person was very angry, aggressive, and impatient with resident #3 for not going to the bathroom quickly enough.

Plan of Correction

Accepted [redacted] - 05/15/2023)

The staff member was terminated from Heritage Springs prior. All staff sign the resident rights upon hire. Also, violation of resident rights is a category one fireable offense in the facility handbook. An employee audit was conducted by the executive director on 5/15/23 to ensure all files had "resident rights" in their paperwork. Moving forward Executive Director will review in the morning meeting to make sure no resident rights were violated, if violation took place an investigation will take place. An audit will be conducted annually to ensure 100% completion (See audit form)

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented [redacted] - 05/24/2023)

234d - Support Plan Revision

3. Requirements

234d Support Plan Revision (continued)

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 support plans dated [redacted] and [redacted] did not include updates to specifically address resident #2's frequent physical aggression towards other residents and the need to provide more frequent supervision.

**Plan of Correction**

**Accept** [redacted] - 05/15/2023)

The facility will make sure that incidents are better detailed in the care plan. The facility was putting "see the incident report". The resident care director will make sure incidents are documented in detail in RASP. A facility audit was conducted on 5/15/23 and will be completed annually to ensure compliance by both Resident Care Director and Executive Director. (see audit attachment)

Licensee's Proposed Overall Completion Date: 05/15/2023

**Implemented** [redacted] - 05/24/2023)