



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: AUGUST 4, 2023

[REDACTED]  
Heritage Springs Memory Care Inc  
[REDACTED]

RE: Heritage Springs Memory Care  
License #: 225981

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on April 12, 2023, April 13, 2023, May 3, 2023, May 9, 2023, May 18, 2023, June 6, 2023, June 15, 2023 and June 27, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 225980) dated March 22, 2023, to March 22, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated March 22, 2023, to March 22, 2024, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to <62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 4, 2023 to February 4, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
16c	II	30	\$5	\$150	5 calendar days from mailing date of this letter
42b	II	30	\$5	\$150	5 calendar days from mailing date of this letter
182b	II	30	\$5	\$150	5 calendar days from mailing date of this letter
231b	III	30	\$3	\$90	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

  
 Pennsylvania Department of Human Services  
 Bureau of Human Services Licensing  
 Room 631, Health and Welfare Building  
 625 Forster Street  
 Harrisburg, Pennsylvania 17120  
 PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary>

cc:



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

**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: I-2 Date: 01/03/2017 Issued By: Central Keystone

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint, Incident Exit Conference Date: 06/06/2023

**Inspection Dates and Department Representative**

06/06/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 64 Residents Served: 31

**Secured Dementia Care Unit**

In Home: Yes Area: Entire Home Capacity: 64 Residents Served: 31

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 31 Have Physical Disability: 0

**Inspections / Reviews**

**06/06/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/23/2023

Inspections / Reviews *(continued)*

06/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/28/2023

06/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/02/2023

07/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

16c - Written Incident Report

1. 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

On [redacted] 23 there was an incident in the home in which resident #1 threatened resident #2 stating that they were going to kill them and their family which frightened resident #2. The home did not report the incident to the department's regional office until [redacted] 23.

Plan of Correction

Accept ([redacted] 06/23/2023)

Incident report was completed on [redacted] /23. We did not report the incident because there were not any injuries. In speaking with [redacted] [redacted] recommended anytime there was a resident to resident interaction, we need to submit an incident report. All staff were educated on the importance of doing just this. Resident Care Director and Executive Director will review daily report and all incidents to ensure timely reporting is completed.

Licensee's Proposed Overall Completion Date: 06/20/2023

Not Implemented [redacted] - 07/31/2023)

57c - 2 Hours/Day

2. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home had a census of 31 residents on 6/5/23, all of which have mobility needs due to residing in a secure dementia home. On 6/5/23 the home's total number of direct care hours provided was 49. The home's required minimum number of direct care hours for 6/5/23 was 62.

Plan of Correction

Accept [redacted] - 06/26/2023)

Staff schedule for 6/5/23 was adequate for number of residents but due to call offs and no shows, we were below required hours. We did, however utilize maintenance, admin asst, housekeeping [redacted] was on light duty) to assist with transporting residents, performing laundry, etc. but executive director was told we could not count these hours. Also, one of our residents has a caregiver for 3 days a week during dayshift as well as 7 days a week overnight which is not counted in the total as well. However, executive director and Resident Care Director will ensure staffing levels are maintained at all times.

Licensee's Proposed Overall Completion Date: 06/23/2023

Not Implemented [redacted] - 07/31/2023)

231b - Medical Evaluation

3. 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 #1 was admitted to the home on [redacted]. The resident's documentation of medical evaluation (DME) form

231b - Medical Evaluation (continued)

was completed [redacted]/23 and does not indicate the resident requires a secure dementia unit. Another DME was completed on [redacted] 23 which was not completed prior to the resident's admission to the home.

Plan of Correction

Accept [redacted] - 06/26/2023)

DME was completed prior to admission by family physician. Resident chose our in house physician which required a second DME to be completed. Resident Care Director and Executive Director will double check all paperwork for admissions to ensure all areas are completed prior to admission.

Licensee's Proposed Overall Completion Date: 06/23/2023

Not Implemented [redacted] - 07/31/2023)

231c - Preadmission Screening

4. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the home on [redacted] The home did not have a cognitive screening completed until [redacted]/23.

Plan of Correction

Accept [redacted] - 06/26/2023)

Resident Care Director indicated assessment was done on [redacted]/23. Resident chose house physician to follow [redacted] care. PCP completed pre admission assessment and DME but house physician could not sign until [redacted] returned from vacation. Resident Care Director and Executive Director will monitor all admissions for compliance.

Licensee's Proposed Overall Completion Date: 06/23/2023

Implemented [redacted] - 07/31/2023)