

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

October 4, 2023

[REDACTED], ADMINISTRATOR
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 08/10/2023, 08/18/2023 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: 02/04/2024
 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: 54 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 08/18/2023

Inspection Dates and Department Representative

08/10/2023 - On-Site: [REDACTED]
 08/18/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 27

Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 64 Residents Served: 27

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

08/10/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/16/2023

09/22/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/03/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/27/2023

Inspections / Reviews *(continued)*

09/26/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/02/2023

10/04/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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] resident #1 suffered a fall in their room and was transported to the hospital where they were diagnosed with an [redacted]. The home did not report this incident to the department's regional office.

Plan of Correction

Accept [redacted] - 09/26/2023)

On 9/18/2023 the executive director held a mandatory training with all staff to review this regulation. All staff read and signed they understood the regulation. The regulation will be reviewed annually and signed off on with staff and executive director. Administrative assistant will ensure all new hires sign the regulation in first day paperwork and complete proper paperwork in correct time frame.

Executive Director will sign off on first day paperwork to ensure completion. Resident Care director/Executive director will read over daily notes to ensure reporting is complete if a reportable incident occurred.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented [redacted] - 10/04/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was admitted to the home on [redacted] Resident #1 did not receive any prescribed medications on [redacted]. [redacted]. The home did not begin medication administration until [redacted].

Plan of Correction

Accept [redacted] - 09/26/2023)

On 9/19/2023 executive director and resident care director did an audit on all med lists to ensure compliance. Executive director will review all admission records for admissions. No admissions will be admitted to facility without signed medication list, proper dated/filled out prescriber/properly filled out/dated DME. A preadmission audit form will be completed before every admission by Executive Director/Resident Care director for all future admissions to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented [redacted] - 10/04/2023)

188b - Medication Error Reporting

3. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 was admitted to the home on [redacted] Resident #1 did not receive any prescribed medications on

188b Medication Error Reporting (continued)

██████████. The home did not begin medication administration until ██████████. The home did not have documentation that the resident's physician and designated person were notified within 24 hours of the missed medications.

Plan of Correction

Accept (██████████ - 09/26/2023)

On 9/18/2023 the executive director held a mandatory training with all staff to review this regulation. All staff read and signed they understood the regulation. The regulation will be reviewed annually and signed off on with staff and executive director. Executive director will review all admission records for admissions. No admissions will be admitted to facility without signed medication list, proper dated/filled out prescriber/properly filled out/dated DME. A preadmission audit form will be completed before every admission by Executive Director/Resident Care director for all future admissions to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented (██████████ - 10/04/2023)

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 #1 was admitted to the home on ██████████. The home did not have a Documentation of medical evaluation completed at the time of the resident's admission or within 60 days prior to the resident's admission to the home.

Plan of Correction

Accept (██████████ - 09/26/2023)

On 9/19/2023 executive director and resident care director did an audit on all DME to ensure compliance. Executive director will review all admission records for admissions. No admissions will be admitted to facility without signed medication list, proper dated/filled out prescriber/properly filled out/dated DME. A preadmission audit form will be completed before every admission by Executive Director/Resident Care director for all future admissions to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented (██████████ - 10/04/2023)

231c - Preadmission Screening**5. 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 ██████████. The home did not have a cognitive screening completed for the resident's admission until ██████████.

231c - Preadmission Screening (*continued*)**Plan of Correction****Accept** [REDACTED] - 09/26/2023)

On [REDACTED] executive director and resident care director did an audit on all DME to ensure compliance. Executive director will review all admission records for admissions. No admissions will be admitted to facility without signed medication list, proper dated/filled out prescreener/properly filled out/dated DME. A preadmission audit form will be completed before every admission by Executive Director/Resident Care director for all future admissions to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented [REDACTED] - 10/04/2023)