

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

December 12, 2023

[REDACTED]
HERITAGE SPRINGS MONTOURSVILLE I INC
[REDACTED]

RE: HERITAGE SPRINGS
MONTOURSVILLE I
878 OLD CEMENT ROAD
MUNCY, PA, 17756
LICENSE/COC#: 22825

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/17/2023 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: [REDACTED]
 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: 118 Waking Staff: 89

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 10/17/2023

Inspection Dates and Department Representative

10/17/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 59

Secured Dementia Care Unit
 In Home: Yes Area: entire home Capacity: 60 Residents Served: 59

Hospice
 Current Residents: [REDACTED]

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 59 Have Physical Disability: [REDACTED]

Inspections / Reviews

10/17/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2023

11/07/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/11/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/13/2023

Inspections / Reviews (*continued*)

12/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/08/2023

12/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have the License inspection summary report dated [redacted] posted in the home as required.

Plan of Correction

Accept [redacted] - 11/07/2023)

On [redacted] the executive director did an audit to verify all inspections were posted at the door. executive director and administrative assistant reviewed the regulation. The executive director will do a monthly audit to ensure all inspections are posted at the door.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 11/16/2023)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries installed in the carbon monoxide monitors located near the home's gas fire places were dated [redacted]. The batteries for these carbon monoxide monitors were not replaced annually as required by the Care Facility Carbon Monoxide Monitoring Act.

Plan of Correction

Accept [redacted] - 11/07/2023)

On [redacted] the maintenance man and executive director did a facility audit to ensure all batteries were checked and dated. The maintenance man and executive director will do a monthly audit to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] 11/16/2023)

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

A bag of frozen pies crusts was found in the main kitchen's freezer with no label to identify the food and the date they were stored in the freezer.

Plan of Correction

Accept [redacted] - 11/07/2023)

On [redacted] the dietary manager and executive director did a facility audit to ensure food was dated. dietary manager and the executive director reviewed the regulation to ensure understanding. The dietary manager will complete a weekly audit to ensure all food is dated.

103e - Left Overs (continued)

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] 11/16/2023)

103i - Outdated Food

4. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A plastic bag of frozen blueberries dated [REDACTED] was found in the Serenity Street activity area freezer.

Plan of Correction

Accept [REDACTED] - 11/07/2023)

On [REDACTED] the dietary manager and executive director did a facility audit to ensure food was dated. dietary manager and the executive director reviewed the regulation to ensure understanding. The dietary manager will complete a weekly audit to ensure all food is dated.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] - 11/16/2023)

132g - Fire Drills Days/Times

5. Requirements

- 2600.
- 132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's fire drill logs indicate they conducted sleeping hour drills on [REDACTED] at [REDACTED] with [REDACTED] staff and on [REDACTED] at [REDACTED] with [REDACTED] staff. The home normally schedules only 5 to 6 staff persons during the 3rd shift hours of 11pm to 7am. The home is conducting sleeping hour drills during times when additional staff are present to participate in the drills.

Plan of Correction

Accept [REDACTED] - 11/07/2023)

On [REDACTED] the maintenance man and executive director did a facility audit to review all fire drills. maintenance and the executive director reviewed the regulation to ensure understanding. The maintenance man and executive director will do a monthly audit to ensure ongoing compliance for fire drills.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] - 12/12/2023)

184a - Resident's Meds Labeled

6. Requirements

- 2600.
- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 1. The resident's name.
 2. The name of the medication.

184a - Resident's Meds Labeled (continued)

- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The [redacted] belonging to resident #1 was stored in the medication cart in a plastic bag with no pharmacy label attached.

Plan of Correction

Accept [redacted] 11/07/2023)

on [redacted] the executive director and resident care director did a complete med cart audit. All med techs were verbally educated on the regulation. The resident care director will do a monthly med cart audit to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 12/12/2023)

187d - Follow Prescriber's Orders

7. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for [redacted] with orders to hold the medication if the systolic blood pressure (SBP) is less than 110. On [redacted] the SBP was [redacted] but the medication was still administered.

Plan of Correction

Accept [redacted] - 11/07/2023)

on [redacted] the executive director and resident care director did a complete prescreen audit. All med-techs were verbally educated. The resident care director will do daily checks to ensure medications are administered based on compliance.

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 12/12/2023)

224a - Preadmission Screen Form

8. Requirements

- 2600.
- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The Pre-Admission Screening Form for Resident #3, does not indicate the date of admission or the residents date of birth.

Plan of Correction

Accept [redacted] - 11/07/2023)

on [redacted] the executive director and resident care director did a complete prescreen audit. the executive director and resident care director verbally reviewed the regulation. The resident care director will do an annual chart audit to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/06/2023

224a - Preadmission Screen Form (continued)

Implemented [REDACTED] 12/12/2023)

227g -Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for Resident #4 dated [REDACTED] was not signed by the resident or their responsible party.

Plan of Correction

Accept [REDACTED] - 11/07/2023)

on [REDACTED] the executive director and resident care director did a complete prescreen audit. the executive director and resident care director verbally reviewed the regulation. The resident care director will do an annual chart audit to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] - 12/12/2023)

234d - Support Plan Revision

10. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for Resident #4 was completed on [REDACTED] for a significant change but does not indicate the resident's increased suicidal thoughts or suicide attempts.

Plan of Correction

Accept [REDACTED] - 11/07/2023)

on [REDACTED] the executive director and resident care director did a complete prescreen audit. the executive director and resident care director verbally reviewed the regulation. The resident care director will do an annual chart audit to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] 12/12/2023)