

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

April 10, 2024

[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 01/30/2024 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]
Human Services Licensing Supervisor

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: 5705223669	Email: eanthony@heritagespringsmemorycare.com

Certificate(s) of Occupancy		
Type: I-2	Date: 01/03/2017	Issued By: L&I

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 42	Waking Staff: 32

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #:
Reason: Renewal, Complaint		Exit Conference Date: 01/30/2024

Inspection Dates and Department Representative	
01/30/2024 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 64		Residents Served: 21	
Secured Dementia Care Unit			
In Home: Yes	Area: Entire building	Capacity: 64	Residents Served: 21
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 21	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 21		Have Physical Disability: 0	

Inspections / Reviews		
01/30/2024 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 03/02/2024
03/05/2024 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 03/20/2024	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 03/12/2024

Inspections / Reviews (*continued*)

03/14/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/20/2024

04/10/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2024

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 licensing inspection summaries dated 5/3/23, 8/10/23, and 8/25/23 were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted]) - 03/14/2024)

Heritage Springs posts all Licensing summaries at the front door for visitors and families to review.

The Executive Director provided verbal education to all staff on 1/31/24 on regulation 3C

The Executive Director added missing summaries on 1/30/24 to ensure all were present and did a full audit on 1/31/24

An audit will be done weekly by the Executive Director to ensure all are hung and not removed from the facility by viewers.

Weekly audits will begin on 2/1/24.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented ([redacted]) - 04/10/2024)

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 in the carbon monoxide detector located in the sitting area near the gas fired fireplace on heritage hall were last changed 3/1/22. Per the Carbon Monoxide Standards Alarms Act the batteries are to be replaced annually.

Plan of Correction

Accept ([redacted]) - 03/14/2024)

Heritage Springs Maintenance Director did an immediate battery test/change and date update on 1/30/24.

The Executive Director verbally reviewed 2600.18 with the Maintenance Director on 1/31/24.

An audit was done on 1/31/24 by the Executive Director and Maintenance to ensure all other carbon monoxide detectors complied.

An audit will be completed weekly by the Maintenance to ensure all detectors comply with regulations

A weekly audit will start on 3/12/24. The executive director will verify completion by signing a weekly audit.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented ([redacted]) - 04/10/2024)

25c2 - Fee Schedule

3. 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.

25c2 Fee Schedule (continued)

Description of Violation

The home charges specified amounts for individual personal needs services. The resident home contract dated [REDACTED] for Resident #1 does not include a fee schedule of actual amounts charged for available services.

Plan of Correction

Accept ([REDACTED] - 03/14/2024)

Heritage Springs has been using the same contract since 2019.

The Executive Director verbally reviewed 25c2 with the management team on 1/31/24.

Immediate action was taken to modify the contract on 1/31/24 and an audit was completed.

On 2/1/24 the fee schedule was added to all current contracts.

The new contract with the fee schedule was replaced for all new admissions on 1/31/24.

The Executive Director will do a Monthly contract audit beginning on 2/1/24.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented ([REDACTED] - 04/10/2024)

25c6 - Refunds

4. Requirements

2600.

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

6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

The resident home contract dated [REDACTED] for Resident #1 does not specify the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death in accordance with the Elder Care Payment Restitution Act.

Plan of Correction

Accept ([REDACTED] - 03/14/2024)

Heritage Springs has been using the same contract since 2019.

The Executive Director verbally reviewed 25c6 with the management team on 1/31/24.

Immediate action was taken to modify the contract on 1/31/24.

The correct refund verbiage was added to all contracts. The new contract with the Elder Care Payment Restitution Act was replaced for all new admissions on 1/31/24.

The Executive Director will do a Monthly contract audit beginning on 2/1/24.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented ([REDACTED] - 04/10/2024)

82c - Locking Poisonous Materials

5. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 9:25am a bottle of Simpurity hand sanitizer labeled if swallowed get medical help or call a poison control center immediately was unlocked and accessible on the sink of the activities room.

82c Locking Poisonous Materials (continued)

2 containers of Clorox disinfecting wipes labeled call poison control center for treatment advice were unlocked and accessible located in the cabinets above the sink in the activities room.

As the entire home is a secured dementia care unit, the residents are unable to safely handle and identify poisons.

Plan of Correction

Accept () - 03/14/2024

Heritage Springs takes cleanliness as a main priority. These items were out to wipe down tables before activities. The Activities Director took immediate action and locked the supplies up on 1/30/24. The Executive Director did verbal education on 82C regulation on 1/31/24. Any item deemed poisonous will be kept in the locked activity room to maintain daily compliance. Executive Director and Activities Director did a walk around audit on 1/31/24. The activities director will audit daily to ensure items are always locked up. Daily audits will begin on 1/30/24. The executive director will verify that the daily audit is done by signing the audit weekly.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented () - 04/10/2024

103i - Outdated Food

6. Requirements

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

Description of Violation

The industrial freezer in the home's kitchen had multiple bags of frozen chicken fingers, chicken nuggets, sausage crumbles and hot dogs that did not contain a label on the food items.

Plan of Correction

Accept () Y - 03/14/2024

The food in the freezer was not outdated. It was dated but did not specify what exact food it was. The Kitchen Manager took immediate action and labeled all food on 1/30/24. The Executive Director gave verbal education on 103 I to all Dietary staff on 1/31/24. The Kitchen Manager did an audit to ensure all food was dated and labeled on 1/31/24. To ensure ongoing compliance the Kitchen manager will do a weekly audit starting 1/31/24. The Executive Director will sign the audit weekly to verify completion.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented () - 04/10/2024

105g - Lint Removal and Duct Cleaning

7. Requirements

2600. 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

105g - Lint Removal and Duct Cleaning (continued)

Description of Violation

The dryer located on the left side of the laundry room in the "Memory Lane" had an accumulation of lint in the lint trap. The dryer was not in use. Memory Lane does not currently have residents.

Plan of Correction

Directed () - 03/14/2024)

Heritage Springs Memory Lane community was not occupied by residents or utilized by staff during this inspection. Maintenance took immediate action ensuring all lint was removed on 1/30/24. The Executive Director verbally educated all Maintenance/Staff of 105G on 1/31/24. All dryers were checked on 1/31/24 by Maintenance and Executive Director Maintenance / Staff will initial checking the lint traps daily starting 1/31/24. Executive Director will sign off weekly to ensure completion.

Proposed Overall Completion Date: 03/12/2024

Directed:

The Administrator will train all staff regarding this regulation, and place a sign in the laundry rooms that the lint traps need to be cleaned after every load is completed. Documentation of this training will be kept for review upon the Departments request. Maintenance / Staff will initial checking the lint traps daily starting 1/31/24. Executive Director will sign off weekly to ensure completion.

Directed Completion Date: 03/19/2024

Implemented () /10/2024)

132f - Alternate Exit Routes

8. Requirements

2600. 132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The fire drills conducted from September 2023 – December 2023 all utilized the home's Activity room for the route of exit.

Plan of Correction

Accept () - 03/14/2024)

Heritage Springs has been completing all fire drills since the New Administration started in September and retrained all staff. The Executive Director verbally reviewed 132F with all staff on 1/30/24. On 1/31/24 a fire drill was held where the drill was pulled in the activity room so staff exited to the other community. To maintain compliance the Fire Drill Log will have set pull stations for the year to ensure alternative exit routes for 2024. Maintenance and Executive Director will sign off the Monthly fire drill log to ensure compliance starting 2/1/2024.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented () - 04/10/2024)

144c1 - Smoking Area Guidelines

9. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 1/30/24 at 9:40am approximately 5 cigarette butts were located on the grounds of the home near the home's designated smoking area.

REPEAT VIOLATION - 8/25/23 et al.

Plan of Correction

Accept (█ - 03/14/2024)

Heritage Springs has a designated smoking area. It is unsure where the cigarette butts were from due to it had been winter and the snow thawed, also visitors do smoke in the parking lot.

Maintenance took immediate action to make sure no butts were found on 1/30/24.

All staff were educated on 144c1 on 1/31/24.

Maintenance and Executive Director did a walk-around audit on 1/31/24

The Maintenance staff will do a daily sign-off to check the smoking area beginning on 1/31/24. The Executive Director will sign off weekly to verify compliance.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented (█ - 04/10/2024)

144c2 - Smoking Area Distance

10. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

On 1/30/24 at 9:40am a terry cloth bath towel was found lying on the ground in between the two plastic chairs in the designated smoking area of the home.

Plan of Correction

Accept (█ - 03/14/2024)

Heritage Springs has a designated smoking area. It is unclear where the towel came from.

Maintenance took immediate action to make sure other towels or objects were removed on 1/30/24.

A walk-around audit was completed on 1/31/24 by Maintenance and the Executive Director.

All staff were verbally educated on 144c2 on 1/31/24.

The Maintenance Staff will do a daily sign-off to check the smoking area beginning on 1/31/24. The Executive Director will sign off weekly to verify compliance.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented (█ - 04/10/2024)

144c2 - Smoking Area Distance (*continued*)

162c - Menus Posted

11. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu only had the current week of meals posted. The following week's menu was not accurately dated and posted in a conspicuous place in the home.

Plan of Correction

Accept (█ - 03/14/2024)

The menu was posted outside of the dining room where it had been posted since 2017.

The Kitchen Manager took immediate action to date the menu with a specific date rather than Sunday-Saturday on 1/30/24.

The Executive Director verbally reviewed 162C with the Dietary Staff on 1/31/24.

An audit of the menus for dates was done on 1/31/24.

The Kitchen Manager will audit weekly the menu has the specific date posted. The Executive Director will sign off weekly to verify compliance.

The audit log will start on 2/1/24

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented (█ - 04/10/2024)

183d - Prescription Current

12. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 1/30/24 a Quetiapine 25mg prescribed for Resident #2, with directions to administer the medication at 6pm, was in the home's medication cart; however, this medication was discontinued.

Plan of Correction

Accept (█ - 03/14/2024)

The medication was not discontinued, the medication had a time change. Heritage Springs will utilize a directions change sticker and move to the proper drawer to save the resident's funds.

The MT took immediate action by placing directions change sticker on 1/30/24. An audit was completed on 1/31/24 of the cart and sign-off.

The Executive Director verbally reviewed 183d with nursing on 1/31/24.

To ensure ongoing compliance the med cart will be audited weekly by Resident Care Director beginning 2/1/24. The Executive Director will sign the audit weekly to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented (RY - 04/10/2024)

185a - Implement Storage Procedures

13. Requirements

185a - Implement Storage Procedures (continued)

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's [redacted] was not available in the home at time of inspection.

Resident #3's [redacted] was not available in the home at time of inspection.

Staff Person A was the off-going Med Tech did not on [redacted]. Staff Person A did not document the Controlled Medication Count on [redacted] to indicate that the count was completed as per the home's policy.

Plan of Correction

Accept [redacted] - 03/14/2024

The MT took immediate action by re-ordering the medication on 1/30/24.

The Executive Director verbally reviewed 185a with nursing on 1/31/24.

An audit of the cart was completed on 1/31/24.

To ensure ongoing compliance the med cart will be audited weekly beginning 2/1/24. The med cart is also audited quarterly by the pharmacy. To ensure ongoing compliance the count sign-off will be checked daily on a calendar by the Resident Care Director. The Executive Director will sign off weekly to verify compliance.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented [redacted] - 04/10/2024

234d - Support Plan Revision

14. Requirements

2600.

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

Description of Violation

Resident #1 utilizes an enabler bar. Resident #1's assessment and support plan (RASP) dated [redacted] does not include the required verbiage regarding safe usage of this bedside mobility device.

Multiple staff interviews indicated that Resident #4 requires full physical assistance for eating, including having someone to sit with her/him during mealtime to be fed. The resident's Resident Assessment and Support Plan (RASP) dated [redacted] notes the resident only requires some physical assistance to begin eating, assist may be required through meals. The resident's RASP is not updated regarding the resident's current care needs.

REPEAT VIOLATION - 4/12/23 et al.

Plan of Correction

Accept [redacted] - 03/14/2024

The Resident Care Director took immediate action by updating the RASP on [redacted].

The Executive Director verbally reviewed 234D with the Resident Care Director and Nursing on 1/31/24.

The Resident Care Director and Nursing staff completed an audit form to ensure current compliance the week of 2/1/24.

To ensure ongoing compliance a weekly RASP audit will be completed by Resident Care Director beginning 2/1/24.

The Executive Director will sign off weekly to verify compliance.

Licensee's Proposed Overall Completion Date: 03/12/2024

234d Support Plan Revision (*continued*)

Implemented ([REDACTED] - 04/10/2024)