

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

May 2, 2024

[REDACTED]
HERITAGE SPRINGS MEMORY CARE INC
[REDACTED]

RE: HERITAGE SPRINGS MEMORY CARE
327 FARLEY CIRCLE
LEWISBURG, PA, 17837
LICENSE/COC#: 22598

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2024 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]

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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *04/04/2024*

Inspection Dates and Department Representative

04/04/2024 - 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

04/04/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/27/2024*

05/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/02/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

05/02/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The resident-home contracts for Resident [REDACTED] dated [REDACTED] and Resident [REDACTED] dated [REDACTED] did not contain verification that resident was educated on their right to question/refuse medications.

Plan of Correction

Accept [REDACTED] (05/02/2024)

Heritage Springs took immediate action by notifying the 2 families of missing [REDACTED] on [REDACTED]. On [REDACTED] Both families signed the added [REDACTED] for their contract. Executive Director verbally reviewed the regulation with all staff. Executive Director will audit the contacts monthly to ensure all contracts have all regulations.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented [REDACTED] - 05/02/2024)