

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

April 3, 2025

[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 01/06/2025 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: 04/15/2025
 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

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 40 Waking Staff: 30

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/09/2025

Inspection Dates and Department Representative

01/06/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 20
 Secured Dementia Care Unit
 In Home: Yes Area: Entire Home Capacity: 64 Residents Served: 20
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 20 Have Physical Disability: 0

Inspections / Reviews

01/06/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/01/2025

02/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/02/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/08/2025

Inspections / Reviews *(continued)*

04/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

142a - Secure Medical Care

1. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [redacted] resident [redacted] tripped in a common area of the home and fell forward onto their face. The resident suffered a hematoma to the forehead and bruising on their chin and nose. The home reported the incident to the department and indicated the resident's family did not want the resident to be sent to the hospital for evaluation. A note recorded in the record on [redacted] indicated the resident was continuing to have extensive swelling and ecchymosis of the forehead, swelling of the eyes, difficulty breathing through their nose, and was expressing pain. Resident [redacted] was not seen and evaluated by a physician after the fall until [redacted].

Plan of Correction

Accept ([redacted] - 02/03/2025)

The Resident was seen by the Provider on 11/10/2024. The PCP and POA were notified of the fall immediately, POA refused to send it out to the hospital due to the resident having dementia and being on palliative care. The Resident Care director was educated on 2/1/2025 of 142a and signed that they understood the regulation. Moving forward for any fall with a head injury facility will have the provider evaluate within 24 hours, if unable to come on-site will be sent to ER.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented ([redacted] - 04/03/2025)