

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

May 20, 2025

[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 03/27/2025 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: *04/15/2026*
 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: *01/03/2020* Issued By: *Cental Keystone*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *03/27/2025*

Inspection Dates and Department Representative

03/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *64* Residents Served: *26*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *34* Residents Served: *21*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

03/27/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/27/2025*

05/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/14/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/09/2025*

Inspections / Reviews *(continued)*

05/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:30 a.m. the posted Licensing Inspection Summary dated 4-15-24 included the resident privacy coding sheet, allowing resident confidential information to be accessed by anyone.

Plan of Correction

Accept (█ - 05/07/2025)

The LIS was removed immediately and fixed on-site at that time. Executive Director and Admin Assistant audited the out front LIS on 4/21/2025 and reviewed regulation 2600.17. To ensure ongoing compliance, the Admin Assistant will review the LIS weekly. The Executive Director will sign off for verification of audit completion.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (█ - 05/20/2025)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 3:00 p.m. the water temperature in Room 125 measured 130.6 degrees Fahrenheit. At approximately 3:15 p.m. The water temperature in Room 127 measured 131.5 degrees Fahrenheit.

Plan of Correction

Accept (█ - 05/07/2025)

The water temperature was corrected on-site with inspectors when tested. Executive Director and Maintenance reviewed regulation 2600.89.b. To ensure ongoing compliance, starting 4/21/2025, Maintenance will check the water temperature back the hallway weekly. The Executive Director will sign off for verification of audit completion.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (█ - 05/20/2025)

224a - Preadmission Screen Form

3. 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

Resident #1's Preadmission screening dated █ does not indicate if the facility can meet the needs of the resident.

Plan of Correction

Accept (█ - 05/07/2025)

The pre-screener was corrected the one little missing box on-site with inspector when found. Executive Director and Resident Care Director reviewed regulation 224a. To ensure ongoing compliance, starting 4/21/2025, the Resident Care Director will complete a weekly audit to ensure all pre-screeners are complete. The Executive Director will

224a - Preadmission Screen Form (continued)

sign off for verification of audit completion

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (█ - 05/20/2025)

251b - Record Entries Legible**4. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction tape was observed on the Memory Care Controlled Substance Log for Resident #2's Haloperidol count sheet.

Plan of Correction

Accept (█ - 05/07/2025)

The sheet was corrected on-site when found. The Executive Director and Med-Techs reviewed regulation 251b. To ensure ongoing compliance starting 4/21/2025, the Resident Care Director will review the log daily to ensure no whiteout was used. The Executive Director will sign off weekly for verification of audit completion.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (█ - 05/20/2025)