

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

May 4, 2026

[REDACTED]
AS OPCO LEWISBURG LLC
[REDACTED]

RE: HERITAGE SPRINGS MEMORY CARE
327 FARLEY CIRCLE
LEWISBURG, PA, 17837
LICENSE/COC#: 23328

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2026 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 #: 23328 License Expiration: 10/13/2026
 Address: 327 FARLEY CIRCLE, LEWISBURG, PA 17837
 County: UNION Region: NORTHEAST

Administrator

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

Legal Entity

Name: AS OPCO LEWISBURG LLC
 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: 54 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 02/26/2026

Inspection Dates and Department Representative

02/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 27
 Secured Dementia Care Unit
 In Home: Yes Area: n/a Capacity: 34 Residents Served: 27
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 1

Inspections / Reviews

02/26/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/20/2026

05/04/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/19/2026
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

05/04/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 8:00 p.m. staff person A notified staff person B that resident [redacted] reported an incident involving staff person C. Resident [redacted] stated to staff person A that staff person C forcibly ripped their sweater off over their head, causing resident [redacted]'s hearing aides to fly off. Resident [redacted] stated that staff person C would not listen to them when they asked to remove their hearing aides first. Resident [redacted] reported being very upset about the incident and requested that staff person C no longer be allowed in their room. Staff person A reported this information to staff person B, however, the Area Agency on Aging was not notified immediately of the suspected abuse.

Plan of Correction

Accept [redacted] - 03/25/2026)

Staff Person B was re-educated on mandatory reporting requirements under the Older Adult Protective Services Act (OAPSA), specifically emphasizing the requirement to report suspected abuse immediately upon allegation. Disciplinary action was taken in accordance with facility policy for failure to ensure timely reporting. Staff Person C was immediately restricted from resident care and was terminated upon conclusion of the investigation, in accordance with facility policy and regulatory requirements.

The Executive Director, Resident Care Director or designee will review all incident reports daily for 30 days to ensure immediate reporting compliance. Thereafter, audits will be conducted weekly for an additional 60 days. Any identified concerns will result in immediate re-education and corrective action.

Heritage Springs maintains a strict zero-tolerance policy regarding abuse in any form, including physical, emotional, verbal, or neglectful acts. The facility is committed to protecting the health, safety, dignity, and rights of all residents. All allegations of abuse are taken seriously, promptly investigated, and reported in accordance with state regulations. Any employee found to have engaged in abuse or to have failed to uphold reporting responsibilities is subject to immediate disciplinary action, up to and including termination.

Licensee's Proposed Overall Completion Date: 03/19/2026

Implemented [redacted] - 05/04/2026)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at approximately 8:00 p.m. staff person A notified staff person B that resident [redacted] reported an incident involving staff person C. Resident [redacted] stated to staff person A that staff person C forcibly ripped their sweater off over their head, causing resident [redacted]'s hearing aides to fly off. Resident [redacted] stated that staff person C would not listen to them when they asked to remove their hearing aides first. Resident [redacted] reported being very upset about the incident and requested that staff person C no longer be allowed in their room. Staff person A reported this information to staff person B, however, the home did not immediately develop and implement a plan of supervision or suspend staff person C who was involved in the alleged incident.

15b Supervisor Plan (continued)

Plan of Correction

Accept [redacted] - 03/25/2026)

Upon conclusion of the investigation, Staff Person C was terminated in accordance with facility policy. Staff Person B received re education on requirements to immediately initiate a supervision plan or remove/suspend staff when an allegation of abuse is reported. Disciplinary action was taken as appropriate for failure to follow required procedures. The Executive Director, Resident Care Director or designee will review all incident reports and investigations daily for 30 days to ensure immediate removal, supervision, or suspension actions are implemented. Thereafter, audits will be conducted weekly for an additional 60 days. Any identified concerns will result in immediate corrective action and re education.

Heritage Springs maintains a strict zero tolerance policy regarding abuse in any form and requires immediate protective action for any allegation. The safety and well being of residents is the facility's highest priority. Any failure to promptly remove or supervise a staff person involved in an allegation of abuse will result in disciplinary action, up to and including termination.

Licensee's Proposed Overall Completion Date: 03/19/2026

Implemented [redacted] 05/04/2026)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 7:30 p.m. staff person C was assisting resident [redacted] with removing their sweater. According to resident [redacted] staff person C angrily told resident [redacted] to "put your hand down" several times when resident [redacted] was trying to remove their hearing aids first. Resident [redacted] reported that staff person C then forcibly removed their sweater over their head causing resident [redacted]'s hearing aids to fly off across the bed and on to the floor. When staff person A came to assist in finding the resident's hearing aids. Resident [redacted] reported being very upset about the incident and requested that staff person C no longer be allowed in their room.

Plan of Correction

Accept [redacted] - 03/25/2026)

Staff Person C was immediately removed from resident care and was terminated upon conclusion of the investigation in accordance with facility policy. Staff Person B received re education on recognizing, preventing, and reporting abuse, as well as always maintaining resident dignity and rights. Disciplinary action was taken as appropriate. Heritage Springs is committed to ensuring that all residents are treated with dignity, respect, and compassion. The facility strictly prohibits any form of abuse, neglect, intimidation, or mistreatment. Any violation of resident rights will result in immediate investigation and disciplinary action, up to and including termination. The Executive Director, Resident Care Director or designee will conduct weekly audits of care practices, resident interactions, and incident reports for 60 days to ensure compliance with resident rights and abuse prevention standards. Direct observation of staff providing care will be conducted randomly. Any identified concerns will result in immediate corrective action and re education.

Licensee's Proposed Overall Completion Date: 03/19/2026

Implemented [redacted] - 05/04/2026)

42b - Abuse (*continued*)