

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

April 24, 2026

[REDACTED], PRESIDENT  
AS OPCO LEWISBURG LLC

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/18/2026 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,

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: 07/03/2020 Issued By: Central Keystone

**Staffing Hours**

Resident Support Staff: 3 Total Daily Staff: 59 Waking Staff: 44

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 03/18/2026

**Inspection Dates and Department Representative**

03/18/2026 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 64 Residents Served: 28  
 Secured Dementia Care Unit  
 In Home: Yes Area: Memory Care Capacity: 34 Residents Served: 28  
 Hospice  
 Current Residents: 4  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 28 Have Physical Disability: 0

**Inspections / Reviews**

03/18/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/13/2026

04/10/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/22/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/17/2026

Inspections / Reviews *(continued)*

04/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/21/2026

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 3/08/2026, from 3:00 p.m. to 11:00 p.m., 28 residents were present in the home. During this time, No staff person was present in the home who was certified in First Aid and CPR.

Plan of Correction

Accept (█) - 04/14/2026

Staffing schedules were immediately reviewed and coverage was adjusted to ensure that a certified staff member was present on all subsequent shifts on 3/25/2026; additionally, current staff certification records were audited to identify any lapses or expirations on 3/18/2026. All staff requiring certification have been scheduled for immediate First Aid and CPR training. To prevent recurrence, the facility has implemented a certification tracking system that includes an updated credential log and a scheduling requirement that ensures at least one certified staff member is assigned per shift. The scheduler and/or designee will review the schedule bi-weekly and monthly audits will be conducted through the Quality Assurance process to ensure ongoing adherence to the regulation starting 04/01/2026. Heritage Springs Memory Care is committed to maintaining a safe environment for all residents and ensuring continuous compliance with staffing and training requirements

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented (█) - 04/24/2026

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Description of Violation

Staff Person A did not receive training in infection control and general principles of cleanliness and hygiene and areas associated with immobility in the 2025 training year.

Plan of Correction

Accept (█) - 04/14/2026

Staff Person A was immediately scheduled for and completed training in infection control, general principles of cleanliness and hygiene, and care areas associated with immobility, as a refresher on 03/19/2026. Signature form is attached that shows training was conducted on 04/17/2025. A comprehensive review of all direct care staff training records was conducted to ensure compliance for the 2025 training year, and any additional gaps identified were promptly addressed through completion of required training on 03/19/2026. All newly hired direct care staff will be educated on required annual training topics during orientation, and ongoing oversight will be maintained by the Administrator and/or designee through quarterly audits of training records starting 04/01/2026. Heritage Springs Memory Care remains committed to ensuring all staff are properly trained to provide safe, high-quality care and to maintain full compliance with regulatory requirements.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented (█) - 04/24/2026

65f - Training Topics (continued)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

3. Resident rights.

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff person A did not receive training in resident rights or The Older Adults Protective Services Act during the 2025 training year.

Plan of Correction

Accept (█ - 04/14/2026)

Staff Person A completed training in resident rights on 02/18/2025 and the Older Adult Protective Services Act (OAPSA) on 07/30/2025. A comprehensive audit of all staff training records was conducted for the 2025 training year to ensure compliance, and any additional gaps identified on 3/19/2026. To prevent recurrence, the facility has implemented an enhanced training tracking system that includes a centralized training log, clearly defined annual training requirements, and advance notifications for upcoming due dates starting 04/01/2026. All staff will receive education on required annual training topics during orientation and annually thereafter, with sign-off verification maintained in personnel files. The Administrator and/or designee will conduct quarterly audits of training records to ensure ongoing compliance. Heritage Springs Memory Care remains committed to protecting resident rights and ensuring all staff are properly trained in accordance with the Older Adult Protective Services Act and applicable regulations.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented (█ - 04/24/2026)

65i - Training Record

4. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The training record for Personal Care Services of the Resident and Falls and Accident prevention completed on 11/20/2025 did not indicate training source or the length of time of the course.

Plan of Correction

Accept (█ - 04/14/2026)

A comprehensive audit of all staff training records was conducted to ensure that each record includes the staff person trained, date, source, content, length of each course, and copies of certificates where applicable, and any additional incomplete records were corrected on 3/19/2026. To prevent reoccurrence the Administrator and/or designee will be responsible for completion of training documents and conduct routine audits of training records on a quarterly basis starting 04/01/2026. Heritage Springs Memory Care remains committed to maintaining accurate and complete training records in accordance with regulatory requirements.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented (█ - 04/24/2026)

185a - Implement Storage Procedures

5. Requirements

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

On 3/18/2026 at approximately 1:30 p.m., Resident #1's narcotic count log for their LORAZEPAM .5 mg indicated 27 tablets remaining on 3/17/2026, but the resident's medication card contained 26 tablets. One tablet was given the morning of 3/18/2026 and documented on the Medication Administration Log, but the narcotic count log was not updated.

Resident # 2 is prescribed LORAZEPAM .5 mg and instructed to take one tablet by mouth on Monday, Wednesday and Friday. On 3/18/2026 at approximately 1:45 p.m., the resident's narcotic count log for their LORAZEPAM .5 mg indicated 6 tablets remaining on 3/16/2026. but the resident's medication card contained 5 tablets. One tablet had been given the morning of 3/18/2026 and documented on the Medication Administration Log, but the narcotic count log was not updated.

Plan of Correction

Accept ( ) - 04/14/2026

Immediate reconciliation of narcotic counts for Resident #1 and Resident #2 was completed 03/18/2026, confirming that medications were administered as ordered and documented on the Medication Administration Record (MAR), with the variance attributed to failure to update the narcotic count log; all counts were corrected to reflect accurate quantities. Staff responsible for medication administration was re-educated on proper narcotic documentation procedures, including the requirement to update narcotic count logs in real time at the time of administration and during shift-to-shift counts on 03/25/2026. A full audit of all controlled medications was conducted to ensure no additional discrepancies were present, and no further issues were identified on 03/25/2026. To prevent recurrence, the facility has implemented enhanced medication management protocols, including mandatory double-checks of narcotic counts at each shift change and routine weekly audits by the Resident Care Director or designee starting 04/01/2026. Additionally, all medication-trained staff will receive ongoing competency validation and annual training on medication administration and controlled substance documentation requirements. The Administrator and/or designee will monitor compliance through regular audits. Heritage Springs Memory Care remains committed to maintaining strict medication control practices and ensuring the safety and well-being of all residents through full regulatory compliance.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented ( ) - 04/24/2026

231e - No Objection Statement

6. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident # 3 resides in the facilities Secure Dementia Care Unit. The resident's record does not contain a "no objection" statement.

Plan of Correction

Accept ( ) - 04/14/2026

Upon identification of the deficiency, Resident #3's record was immediately reviewed, and updated with consent form that was obtained from the electronic contract and placed in the resident's file on 3/25/2026; the resident's ability

**231e - No Objection Statement (continued)**

to consent was also assessed and documented as appropriate on 3/19/2026. A comprehensive audit of all current residents residing in the secured dementia care unit was conducted to ensure that proper consent documentation is present in each record, and any missing documentation was promptly obtained and filed on 3/25/2026. To prevent recurrence, the facility has implemented a standardized admission and transfer checklist for the secured dementia care unit, which includes verification of completed consent documentation prior to admission or transfer, and records will not be considered complete until all required elements are present. The Administrator and/or designee will conduct routine audits of resident records to ensure ongoing compliance, with findings reviewed through the Quality Assurance process and immediate corrective action taken if any deficiencies are identified starting 04/01/2026. Heritage Springs Memory Care remains committed to ensuring all resident rights and documentation requirements are fully upheld in accordance with regulatory standards.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented ( ) - 04/24/2026

**231g - Non-Dementia Admission****7. Requirements**

2600.

231.g.3. The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

**Description of Violation**

Resident #3 chooses to reside in the facilities Secure Dementia Care Unit [REDACTED]. Resident #3 is unable to use the keypad to exit the Secure Dementia Care Unit.

**Plan of Correction**

Accept ( ) - 04/14/2026

Resident #3 was immediately assessed to determine their ability to understand and operate the keypad system, and it was confirmed that the resident is able to independently utilize the keypad on 3/19/2026. The resident's care plan has been revised to include individualized interventions to ensure safe and timely exit access, including staff assistance upon request and increased staff awareness of the resident's needs. The Resident Care Director and/or designee will conduct routine audits of care plans to ensure ongoing compliance, with findings reviewed through the Quality Assurance process and corrective action taken as needed starting 04/01/2026. Heritage Springs Memory Care remains committed to ensuring resident safety while upholding individual rights and regulatory requirements.

Licensee's Proposed Overall Completion Date: 06/12/2026

Implemented ( ) - 04/24/2026