



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: APR 13 2015**

Mr. Steven T. Cherry  
The New Heritage Towers, Inc.  
200 Veterans Lane  
Doylestown, Pennsylvania 18901

RE: Heritage Towers  
License #: 127180

Dear Mr. Cherry:

As a result of the Department of Human Services' licensing inspection on December 16, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,



Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: HERITAGE TOWERS		License Number: 12718
Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901		County: Bucks
Administrator: Martine Minninger		Region: SOUTHEAST
Legal Entity Name: THE NEW HERITAGE TOWERS INC		
Legal Entity Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/16/2014: Kazimer, Lauren; Keely, Jennifer		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 75 Number of Residents Served: 64 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 10 Have a Physical Disability: 1	

Violation Report: 12718 - 12/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

On 11/27/2014, an allegation of abuse was made against staff person A regarding resident #1. The home did not develop and implement a plan of supervision or suspend staff person A.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

It is the highest priority of Heritage Towers (Wesley Enhanced Living), to ensure the safety and security of every resident who is entrusted to our care.

At the time the allegation was made, an investigation was launched and the employee was removed from her assignment. She was reassigned to the main PC floor where she could be supervised. Employee had no contact with resident #1.

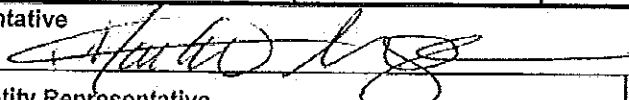
After an internal investigation was conducted, she remained off her assignment until DHS investigated the claim. She was then cleared by both WEL administration and DHS investigators.

Going forward, it will be standard practice of WEL, if any allegation is made against an employee, regardless of severity, he/she will be suspended or reassigned pending an investigation. If an employee is reassigned duties, the supervised plan will be submitted to DHS for approval.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Martine Minninger PCHA

Date 3/27/15

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

4/2/15  
 (Date)

Plan of correction implementation status as of

4/2/15  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by



(Initials)