pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HERITAGE MILLS PERSONAL CARE CENTER LLC**
LEGAL ENTITY

To operate **HERITAGE MILLS PERSONAL CARE CENTER**
NAME OF FACILITY OR AGENCY

Located at **846 EAST WICONISCO AVENUE, TOWER CITY, PA 17980**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **60**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30

PROVISIONAL

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 15, 2016** until **October 15, 2016**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 226361

Robert E. Robinson
ISSUING OFFICER

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 12/14

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APR 15 2016

Ms. Susan Keefer, Member
Heritage Mills Personal Care Center, LLC
401 Moltke Avenue
Scranton, Pennsylvania 18505

RE: Heritage Mills Personal Care Center
846 East Wiconisco Avenue
Tower City, Pennsylvania 17980
License #: 226361

Dear Ms. Keefer:

As a result of the Department of Human Services' licensing inspection on March 31, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Matthew Jones /gc
Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

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

PCH Name: HERITAGE MILL PERSONAL CARE HOME	**License Number:** 22404
Address: 846 EAST WICONISCO AVENUE, TOWER CITY, PA 17980	**County:** Schuylkill
Administrator: Scott Capparell	**Region:** NORTHEAST
Legal Entity Name: HERITAGE MILL PERSONAL CARE INC	
Legal Entity Address: 846 EAST WICONISCO AVENUE, TOWER CITY, PA 17980	

Certificate(s) of Occupancy

I-1 & I-2
03/28/2012
Borough of Tower City

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 52 **Waking Staff:** 39

Type of Inspection: Full **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Change Legal Entity

On-Site Inspections Dates and Department Representatives On-Site

03/31/2016: Harvey, Jason; Dumas, Gerald

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: 60

Number of Residents Served: 32

Secured Dementia Care Unit in Home: Yes

Area: 1st Floor

Secured Dementia Unit Capacity, if Applicable: 30

Number of Residents Served in Secured Dementia Care Unit, if applicable: 14

Number of Current Hospice Residents: 3

Number of Hospice Residents in past year: 7

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 32

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 20

Have a Physical Disability: 0

Violation Report: 22404 - 03/31/2016 - Harvey, Jason
PCH Name: HERITAGE MILL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit located on the second floor does not include antiseptic.

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.

First Aid Kit was stocked with antiseptic wipes immediately. A weekly log will be kept to assure the First Aid Kit has all the proper items. A list of all items needed in the kit will be kept under the lid of the first Aid Kit. All staff will be informed of the importance of the First Aid Kit and keeping it stocked with pertinent items. The nurse will supervise to ensure compliance. The administrator will oversee the implementation of this plan to ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Scott Capparell — Date 4/6/16

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

The above plan of correction is approved as of 4-8-16 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 4-8-16 (Date)

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

Violation Report: 22404 - 03/31/2016 - Harvey, Jason
PCH Name: HERITAGE MILL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The home's fire drill log indicates that the two most recent sleeping-hour fire drills took place 6/29/2015 and 1/15/2016. The home did not conduct a sleeping-hour fire drill every 6 months as specified by the regulation.

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.

An overnight fire drill will be held by April 30th 2016
We have permanently made April and October as our designated months to have an overnight fire drill.
The drills will be during sleeping hours and be six months apart. Our Social Services Director will run the drills to ~~ensure compliance. The administrator will oversee to~~ ensure compliance.
Adm will ensure that drills are run at various times of the day, various days of the week -
Adm will review the home's fire drill log on a monthly basis to ensure ongoing compliance.
4-8-16.
CC.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Scott Cappabianca

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

Date 4/6/16

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

The above plan of correction is approved as of 4-11-16 (Date)

The above plan of correction was approved by CC (Initials)

Plan of correction implementation status as of 4-11-16 (Date)

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

Violation Report: 22404 - 03/31/2016 - Harvey, Jason
PCH Name: HERITAGE MILL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home's secured dementia care unit..

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.

An activities calendar was placed in the activities area on all floors. Also, an activities calendar has been posted in all of the residents rooms. The Receptionist will be in charge of posting the calendars monthly. The administrator will supervise to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Scott Cappare II

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Scott Cappare II — **Date** 4/6/16

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

The above plan of correction is approved as of 4-8-16 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 4-8-16 (Date)

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