



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: April 3, 2017

Ms. Sue 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 #: 226360

Dear Ms. Dubois:

As a result of the Department of Human Services' licensing inspection on January 31, 2017 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 22636 - 01/31/2017 - Harvey, Jason  
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
 On 12/21/2016 and 1/18/2017 State Police conducted an investigation into narcotic drug diversion at Heritage Mills Personal Care Center, the home failed to notify the Department's regional office of these reportable incidents.

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.

- Administrator is now aware that incidents need to be reported even if state representative is here at time of incident. Going forward all incidents will be faxed to Department's regional office.

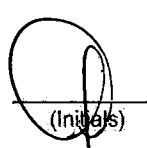
Adm will train all staff in each of the situations/events that require reporting and develop and implement a process to ensure reporting takes place overnights / weekends / holidays.  
 J. 4-1-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer DuBois*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer DuBois* Date *2-17-17*

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

The above plan of correction is approved as of <u>4-1-17</u> (Date)	Plan of correction implementation status as of <u>4-1-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22636 - 01/31/2017 - Harvey, Jason  
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600  
 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.

2a. DESCRIPTION OF VIOLATION  
 On 1/15/2017, it was discovered that staff person A forged the names of two co-workers on resident #1's narcotic count sheet for oxycodone-acetaminophen 5-325 on 1/12/2017 at 2:30 pm, 1/14/2017 at 1 am and 1/15/2017 at 12 am. The home's medication policy states all controlled substances that are stored in the medication care shall be counted and documented each shift by two staff persons. Any discrepancies noted on the count should be reported immediately to the administrator. On 1/15/2017 staff person A did not document the correct number of hydrocodone/acetaminophen 5-325 on resident #2's count sheet. Resident #2 started with 30 tablets and staff person A dispensed 2 tablets when the doctor's order stated 1 tablet every 4-6 hours daily for pain. Resident #2's Medication Administration Record indicated that the resident received 1 tablet, but the resident's narcotic controlled sheet indicated that 2 tablets were dispensed.

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.

-Staff person A was terminated on [redacted] 17 because of incident 1/15/17  
 -1/19/17 nurse held meeting with all staff who passes meds and a new narcotics sheet was introduced along with staff being informed to report any discrepancies to NURSE immediately  
 -weekly med cart audits will be done by nurse and administrator

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer DuBois*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer DuBois Date 2-17-17

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