



Sent via e-mail to: [REDACTED]  
MAILING DATE: March 22, 2019

Ms. Susan Keefer  
Owner  
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. Keefer:

As a result of the Department's Bureau of Human Services Licensing inspection on January 7, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Violation Report



**Violation Report:** 22636 - 01/07/2019 - Novak, Ryan  
**PCH Name:** HERITAGE MILLS PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's DME dated 10/10/18 does not include anything for weight, pulse, blood pressure and pulse.

**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.

Resident #1 DME did not have weight, pulse, blood pressure documented at Dr. office on 10.16.18

Moving forward director of nursing and administrative secretary will follow check list created to ensure proper paperwork is completed in its entirety before placing on the chart. Documentation of completion will be noted in progress note.

Administrator will oversee compliance of regulation 2600.14(a)(2) regarding required elements and importance of the DME.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Alicia Dudeck*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Alicia Dudeck, Unit RCHA*      Date *1/31/19*

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

The above plan of correction is approved as of <u>3-11-19</u> (Date)  The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>3-11-19</u> (Date) <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
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**Violation Report:** 22636 - 01/07/2019 - Novak, Ryan  
**PCH Name:** HERITAGE MILLS PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's pre-admission screening completed on 4/6/18 doesn't indicate if the home can meet the needs of the resident.

**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.

Resident #2 pre-screen doesn't indicate if home can meet the needs of resident. Pre-screen completed by staff members who no longer works at facility.

Moving forward Director of nursing and administrative secretary will follow check list created to ensure proper paperwork is completed in its entirety before placing on the chart. Documentation of completion will be noted in progress note.

Administrator will oversee compliance of regulation 2600.224(a) a determination shall be made within 30 days prior to admission and documented on the Dept pre-admission screening form that the needs can be met by the services provided by the home.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alice Dudick, CNL PCHA</i>	Date <i>4/31/19</i>
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Violation Report: 22636 - 01/07/2019 - Novak, Ryan  
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's most recent assessment portion of the RASP was completed on 8/21/17.

**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.

Resident #1 most recent assessment portion of RASP was completed in 8/21/17.  
 Moving forward director of nursing and administrative secretary will update DIME and RASP folder daily to ensure that RASP is completed within proper time frames of regulation.  
 Administrator will oversee compliance of regulation 2600.255(c) that resident shall have RASP annually, if condition of resident changes prior to annual assessment and at request of the department.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alia Dudeck, RN/PCA</i>	Date <i>1/31/19</i>
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Violation Report: 22636 - 01/07/2019 - Novak, Ryan  
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 is being seen by skilled nursing to care for the residents fistula opening. The resident also has an ostomy bag. The residents RASP dated 8/21/17 has not been updated to reflect the residents current care needs.

**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.

Resident #1 being seen by skilled nursing for fistula/ostomy bag care. The residents RASP is dated 8/21/17 has not been updated to reflect residents current care needs.

Moning forward when no significant change occurs director of nursing will be responsible for updating RASP, documenting in residents notes the update and updating RASP tracker.

Administrator will over see compliance of 2600.227(d) that each home shall document in residents support plan the medical, dental, vision, hearing, mental/behavioral ~~needs~~ care services that will be made available to the resident, or referrals for the resident to outside services if the residents practitioner determine the necessity of these services.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alice Dudek</i>	Date <i>1/31/19</i>
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Violation Report: 22636 - 01/07/2019 - Novak, Ryan  
PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**  
Resident #3 was admitted to the homes memory care unit on 1/15/18, the cognitive screening was completed on 12/21/17.

**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.

Resident # 3 was admitted to secured unit on 1/15/18.  
Cognitive screen was completed 12/21/17.  
Pre screen for resident # 3 was completed by previous administrator with no check list in place.  
Moving forward director of nursing staff completing pre-screen with follow secured unit check list, sign/date and document in resident's chart of completion.  
Administrator will oversee compliance and importance of regulation 2600.231(c)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Alice Dudek*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alice Dudek*      Date *4/31/19* *Resent 3/21/19*

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**Violation Report:** 22636 - 01/07/2019 - Novak, Ryan  
**PCH Name:** HERITAGE MILLS PERSONAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3 is being seen by skilled nursing twice weekly for wound care. The residents RASP dated 1/18/18 has not been updated to reflect the residents current care needs.

**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.*

Resident # 3 being seen twice weekly for wound care. RASP date 1/18/18 has not been updated to reflect residents current care needs.

Moving forward director of nursing or staff completing forms will be responsible for updating RASP, documenting in residents notes the update and update RASP trackers.

Administrator will oversee compliance of regulation 2600.234(d).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Alice D. Ducloux*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Alice Ducloux, LM/PCA</i>	<b>Date</b> <i>1/31/19</i>
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