

Department of Human Services
Bureau of Human Service Licensing

September 3, 2020

SUSAN KEEFER, OWNER
HERITAGE MILLS PERSONAL CARE CENTER LLC
401 MOLTKE AVENUE
SCRANTON, PA 18505

RE: HERITAGE MILLS PERSONAL CARE
CENTER
846 EAST WICONISCO AVENUE
TOWER CITY, PA, 17980
LICENSE/COC#: 22636

Dear Ms. Keefer,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *HERITAGE MILLS PERSONAL CARE CENTER* License #: *22636* License Expiration Date: *10/05/2020*
 Address: *846 EAST WICONISCO AVENUE, TOWER CITY, PA 17980*
 County: *SCHUYLKILL* Region: *NORTHEAST*

Administrator

Name: *Alice Dudeck* Phone: *7175231257* Email:
adudeck@seniorhealthpa.com, lindscott@pa.gov, mmoskalczy@pa.gov

Legal Entity

Name: *HERITAGE MILLS PERSONAL CARE CENTER LLC*
 Address: *401 MOLTKE AVENUE, SCRANTON, PA, 18505*
 Phone: *7175231257* Email: *SKEEFER@SENIORHEALTHPA.COM*

Certificate(s) of Occupancy

Type: *I-1* Date: *03/28/2002* Issued By: *Tower City Brough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/08/2020*

Inspection Dates and Department Representative

07/08/2020 - Off-Site: Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *40*

Secured Dementia Care Unit

In Home: *Yes* Area: *secured unit* Capacity: *30* Residents Served: *17*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

07/08/2020 - Partial

Lead Inspector: *Ann O'Haire*Follow-Up Type: *POC Submission*Follow-Up Date: *08/22/2020*

8/17/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *08/21/2020*

9/3/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home was made aware of a resident to resident altercation where resident #1 was suspected of striking resident #2 on her chin on 06/29/20. The incident report sent to the Department was dated 07/02/20 which is beyond the 24 hours time frame.

Plan of Correction

Accept

2600.16.c

To prevent further violation of regulation 2600.16.c, staff are instructed to contact the administrator or designee to investigate the incident asap so that the call/report to the appropriate agencies within the 24 hour parameter can be made. Administrator will train the shift lead on how to call/report in the event that management is unavailable to be at the facility.

Administrator/designee will oversee compliance

Alice Dudeck, Administrator

Completion Date: 08/12/2020

Update - 08/17/2020

Please submit proof of training.

Document Submission

Implemented

Shift lead, administrative secretary, and director of wellness went over the proper procedure for reporting an incident with the administrator. Training is attached.