Department of Human Services
Bureau of Human Service Licensing

June 22, 2022

HERITAGE MILLS PERSONAL CARE CENTER LLC

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

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2022, 03/21/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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**: *10/05/2022*

Address: *846 EAST WICONISCO AVENUE, TOWER CITY, PA 17980*

County: *SCHUYLKILL* **Region**: *NORTHEAST*

Administrator

Name: **Phone**: *7175231257* **Email**:

Legal Entity

Name: *HERITAGE MILLS PERSONAL CARE CENTER LLC*

Address: *410 SPRUCE STREET, ATTN SUSAN KEEFER, SCRANTON, PA, 18503*

Phone: *7175231257* **Email**:

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *44* **Waking Staff**: *33*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *03/21/2022*

Inspection Dates and Department Representative

03/11/2022 - On-Site:

03/21/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *27*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *2nd floor* **Capacity**: *30* **Residents Served**: *17*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *27*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *17* **Have Physical Disability**: *2*

Inspections / Reviews

03/11/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/13/2022*

06/01/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/06/2022*

06/09/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/14/2022*

06/11/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/17/2022*

06/22/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 3/4/2022 resident #1 eloped from the home's secure dementia unit by pushing the bar of the door to the stairwell for 15 seconds after which the door's mag lock released. The resident walked several blocks away to a bar and was brought back to the home after patrons of the bar found the resident in the parking lot and called the home. The incident was not reported to the area agency on aging.
On 3/9/2022 resident #1 and resident #2 had an altercation in which resident #1 punched resident #2 in the mouth, causing resident #2 to have a cut on the lip. The incident was not reported to the area agency on aging.

Plan of Correction ***Do Not Accept***

Sign hold for 15 seconds was removed from door, Control board on delayed egress panic bar was changed on 4/6/2022. Delayed egress panic bars are to be removed and replaced with mag lock system by First Alarm date not yet determined.

Completion Date: *05/10/2022*

Plan of Correction ***Do Not Accept***

Sign hold for 15 seconds was removed from on locked dementia unit door, Control board on delayed egress panic bar was changed on 4/6/2022 to increase volume of alarm. All Direct Care staff reviewed Code Silver for elopement of a resident. Resident one no longer resides in facility. All residents on first floor are on half hour safety checks. elopement was reported to Area on Aging with ACT 13 forms completed. Staff trained on de-escalation tips and challenging behaviors in dementia and facility protocol if de-escalation does not work. Staff will be retrained on OAPS to be completed by June 15,2022.

Completion Date: *06/07/2022*

Update: *06/09/2022*

Who will be responsible to ensure ongoing compliance?

Plan of Correction ***Accept***

Director of Wellness removed Sign hold for 15 seconds from doors on our locked dementia unit,
Control board on delayed egress panic bar was changed on 4/6/2022 to increase volume of alarm by our maintenance director.
Administrator reviewed Code Silver (Elopement of a resident) with all Direct Care Staff.
Resident one no longer resides in facility.
Direct Care staff will be doing 1/2 safety checks on first floor residents. Safety check papers are to be collected by Administrator daily for review.
Elopement was reported to Area on Aging with ACT 13 forms completed by Administrator.
Administrator and Assistant Administrator trained staff on de-escalation tips and challenging behaviors in dementia and facility protocol if de-escalation does not work.
Director of Wellness will retrain direct care staff on OAPS to be completed by June 15,2022.
Administrator, Assistant Administrator and Director of Wellness is responsible for reporting suspected abuse of a resident in the home in accordance with OAPSA to ensure on going compliance 2600.15a

Completion Date: *06/10/2022*

15a - Resident Abuse Report *(continued)*

Update: *06/11/2022*

Please send proof of staff training.

Document Submission ***Implemented***

Director of Wellness removed Sign hold for 15 seconds from doors on our locked dementia unit,
Control board on delayed egress panic bar was changed on 4/6/2022 to increase volume of alarm by our maintenance director.
Administrator reviewed Code Silver (Elopement of a resident) with all Direct Care Staff.
Resident one no longer resides in facility.
Direct Care staff will be doing 1/2 safety checks on first floor residents. Safety check papers are to be collected by Administrator daily for review.
Elopement was reported to Area on Aging with ACT 13 forms completed by Administrator.
Administrator and Assistant Administrator trained staff on de-escalation tips and challenging behaviors in dementia and facility protocol if de-escalation does not work.
Director of Wellness will retrain direct care staff on OAPS to be completed by June 15,2022.
Administrator, Assistant Administrator and Director of Wellness is responsible for reporting suspected abuse of a resident in the home in accordance with OAPSA to ensure on going compliance 2600.15a

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

On 3/9/2022 resident #1 and resident #2 had an altercation in which resident #1 punched resident #2 in the mouth, causing resident #2 to have a cut on the lip. The incident was not reported to the department's regional office until 03/14/2022 after the incident was discovered by a department representative on 3/11/22 during a site visit.

Plan of Correction ***Accept***

All incidents relating to abuse will be reported to DHS personal care home regional office or complaint hotline with in 24hrs followed by Verbal and written Act 13 form to Area on Aging by new administrator, assistant administrator and or director of wellness. This will keep facility in compliance with 2600.16c and 2600.15.

Completion Date: *05/10/2022*

Document Submission ***Implemented***

All incidents relating to abuse will be reported to DHS personal care home regional office or complaint hotline with in 24hrs followed by Verbal and written Act 13 form to Area on Aging by new administrator, assistant administrator and or director of wellness. This will keep facility in compliance with 2600.16c and 2600.15.

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

23a - Activities of Daily Living Assistance *(continued)*

Description of Violation

On 03/04/2022 resident #1 was able to elope from the home's secure dementia unit by pressing the bar of the exit door to the 2nd floor stairwell for 15 seconds, after which the door's mag lock released. A door alarm does activate when the bar is pushed. Staff person A responded to the door alarm by opening the door and checking the stairwell but did not go down the steps or check the parking lot located outside the exit door at the bottom of the stairwell. Resident #1 had already gone down the stairs and exited the home and proceeded to walk a couple blocks to a nearby bar. Through staff interview it was determined that resident #1 had displayed previous exit seeking behaviors such as pressing on the door and pressing on the elevator doors. It was also determined that both staff persons A and B, who were working in the home's secure dementia unit during the time of the elopement, did not respond appropriately to the door's alarm when resident #1 was pressing the bar.

Plan of Correction ***Do Not Accept***

Direct Care staff we be retrained on facility elopement response plan (Code silver) to stay in compliance with regulation 2600.23a

Completion Date: *05/10/2022*

Plan of Correction ***Do Not Accept***

Sign hold for 15 seconds was removed from door on lock dementia unit. Control board on delayed egress panic was changed on 4/6/22 to increase volume of alarm. Direct Care staff was retrained on facility elopement response plan (Code silver) to stay in compliance with regulation 2600.23a Staff A is no longer employed at facility. Elopement was reported to Area on Aging. Resident one was discharged on [redacted]

Completion Date: *06/07/2022*

Update: *06/09/2022*

Who will be responsible to ensure ongoing compliance?

Plan of Correction ***Accept***

Director of Wellness removed Sign hold for 15 seconds was from doors on lock dementia unit.
Control board on delayed egress panic was changed on 4/6/22 to increase volume of alarm by maintenance director.
Administrator reviewed facility elopement plan (Code Silver) with staff.
Staff A is no longer employed at facility.
Administrator reported elopement and completed Act 13 form which was sent to Area on Aging.
Resident one was discharged on 4/6/2022.
Administrator is responsible to ensure ongoing compliance for 2600.23a by reviewing elopement response plan (Code Silver) with all new hires and yearly review with current staff members for 2600.23a

Completion Date: *06/10/2022*

Update: *06/11/2022*

Please send proof of staff training.

Document Submission ***Implemented***

Director of Wellness removed Sign hold for 15 seconds was from doors on lock dementia unit.
Control board on delayed egress panic was changed on 4/6/22 to increase volume of alarm by maintenance director.
Administrator reviewed facility elopement plan (Code Silver) with staff.
Staff A is no longer employed at facility.
Administrator reported elopement and completed Act 13 form which was sent to Area on Aging.
Resident one was discharged on 4/6/2022.

23a - Activities of Daily Living Assistance (continued)

Administrator is responsible to ensure ongoing compliance for 2600.23a by reviewing elopement response plan (Code Silver) with all new hires and yearly review with current staff members for 2600.23a

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 03/09/2022 resident #1 and resident #2 had an altercation in which resident #1 punched resident #2 in the mouth, causing a cut on resident #2's lip.

Plan of Correction ***Do Not Accept***

New Administrator and Assistant Administrator will retrain direct staff on challenging behaviors in dementia, de-escalation tips and facility protocol if de-escalation is unsuccessful to stay incompliance with regulation 2600.42.b on or before May27th 2022

Completion Date: *05/10/2022*

Plan of Correction ***Do Not Accept***

New Administrator and Assistant Administrator retrained direct staff on challenging behaviors in dementia, de-escalation tips. If this does not work, they will follow facility protocol if de-escalation is unsuccessful. Resident one no longer resides at facility ▇ was sent to hospital psychiatric evaluation and discharged to home on hospice. Staff will be retrained on OAPS by 6/15/2022. Any resident displaying challenging behaviors will be sent for a medical evaluation and medication adjustment. If resident is medically cleared and still having behavior issues. Resident will be sent for psychiatric evaluation with referral from PCP if needed. If this is unsuccessful resident will be assessed for increased level of care to stay in compliance with 2600.42b

Completion Date: *06/07/2022*

Update: *06/09/2022*

Who will be responsible to ensure ongoing compliance?

Plan of Correction ***Accept***

New Administrator and Assistant Administrator retrained direct staff on challenging behaviors in dementia, de-escalation tips. If this does not work, they will follow facility protocol if de-escalation is unsuccessful.
Resident one no longer resides at facility ▇ was sent to hospital psychiatric evaluation and discharged to home on hospice.
. Director of Wellness will retrain Staff on OAPS by 6/15/2022.
Any resident displaying challenging behaviors will be sent for a medical evaluation and medication adjustment. If resident is medically cleared and still having behavior issues. Resident will be sent for psychiatric evaluation with referral from PCP if needed.
If this is unsuccessful. Administrator will have resident assessed for increased level of care to ensure ongoing compliance with 2600.42b

Completion Date: *06/10/2022*

Update: *06/11/2022*

Please send proof of staff training.

42b - Abuse *(continued)*

Document Submission ***Implemented***

New Administrator and Assistant Administrator retrained direct staff on challenging behaviors in dementia, de-escalation tips. If this does not work, they will follow facility protocol if de-escalation is unsuccessful.
Resident one no longer resides at facility ██ was sent to hospital psychiatric evaluation and discharged to home on hospice.
. Director of Wellness will retrain Staff on OAPS by 6/15/2022.
Any resident displaying challenging behaviors will be sent for a medical evaluation and medication adjustment. If resident is medically cleared and still having behavior issues. Resident will be sent for psychiatric evaluation with referral from PCP if needed.
If this is unsuccessful. Administrator will have resident assessed for increased level of care to ensure ongoing compliance with 2600.42b

231b - Medical Evaluation

1. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

The Documentation of Medical Evaluation (DME) form dated ██████ for resident #1 did not include page 2 of the DME.

Plan of Correction ***Do Not Accept***

New Administrator and Assistant Administrator will be checking DME's of New admissions and annuals. Administrator will have a binder in██ office with copies of all DME's and due dates. Originals will be kept in resident's chart. this is to keep facility in compliance with regulation 2600.23b. Effective immediately.

Completion Date: *05/10/2022*

Plan of Correction ***Accept***

New Administrator will be doing weekly chart audits Wednesday's and Fridays to stay in compliance with 2600.231b. Resident one no longer resides in our facility ██ was discharged █████

Completion Date: *06/07/2022*

Document Submission ***Implemented***

New Administrator will be doing weekly chart audits Wednesday's and Fridays to stay in compliance with 2600.231b. Resident one no longer resides in our facility██ was discharged █████

234a - Admission Support Plan

1. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the home's secure dementia unit on ██████ Resident #1's support plan was not completed until ██████ more than 72 hours after the resident's admission.

234a - Admission Support Plan *(continued)*

Plan of Correction ***Do Not Accept***

New Administrator and Assistant Administrator will be completing and tracking all RASP's. Effective immediately to keep facility in compliance with regulation 2600.234a.

Completion Date: *05/10/2022*

Plan of Correction ***Accept***

New Administrator will be completing weekly chart audits on Wednesday's and Fridays.
to stay in compliance with 2600.234a. Resident one was discharged from facility on [REDACTED]

Completion Date: *06/07/2022*

Document Submission ***Implemented***

New Administrator will be completing weekly chart audits on Wednesday's and Fridays.
to stay in compliance with 2600.234a. Resident one was discharged from facility on [REDACTED]

234d - Support Plan Revision

1. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1's support plan dated [REDACTED] was not updated to reflect the following behaviors:
Resident #1 eloped from the home on 03/04/2022 and had previously displayed exit seeking behaviors and restlessness during 3rd shift which required redirection.
Resident #1's combative behaviors with staff are also not addressed on the support plan.

Plan of Correction ***Do Not Accept***

New administrator and Assistant Administrator will be updating rasp's annually and for any significant changes effective immediately.

Completion Date: *05/10/2022*

Plan of Correction ***Do Not Accept***

DOW will be emailing Administrator and Assistant Administrator a daily report with resident updates: starting 06/07/22 of any physical or mental changes with residents. Administrator will then check addendums during weekly chart audits. Resident elopement was reported to Area on Aging, staff was retrained on Code Silver. RASP was updated. Staff was trained on de- Escalation tips and Challenging behaviors and facility protocol if de- escalation doesn't work. Resident one was discharged from facility [REDACTED].

Completion Date: *06/07/2022*

Update: *06/09/2022*

Who will be responsible to ensure ongoing compliance?

Plan of Correction ***Accept***

DOW is responsible for emailing Administrator and Assistant Administrator a daily report with resident updates: starting 06/07/22 of any physical or mental changes with residents.
Administrator will then update addendums during weekly chart audits on Wednesday's and Fridays.
Administrator reported Resident elopement and completed ACT 13 form which was sent to Area on Aging
Administrator reviewed elopement response (Code Silver) with staff.
RASP was updated by director of Wellness.

234d - Support Plan Revision (continued)

Administrator and Assistant Administrator trained staff on de- Escalation tips and Challenging behaviors and facility protocol if de- escalation doesn't work.
Resident one was discharged from facility on [redacted].
Administrator will be responsible for ongoing compliance with 2600.234.d by doing weekly chart audits on Wednesday's and Friday's.

Completion Date: *06/10/2022*

Document Submission ***Implemented***

DOW is responsible for emailing Administrator and Assistant Administrator a daily report with resident updates: starting 06/07/22 of any physical or mental changes with residents.
Administrator will then update addendums during weekly chart audits on Wednesday's and Fridays.
Administrator reported Resident elopement and completed ACT 13 form which was sent to Area on Aging
Administrator reviewed elopement response (Code Silver) with staff.
RASP was updated by director of Wellness.
Administrator and Assistant Administrator trained staff on de- Escalation tips and Challenging behaviors and facility protocol if de- escalation doesn't work.
Resident one was discharged from facility on [redacted]
Administrator will be responsible for ongoing compliance with 2600.234.d by doing weekly chart audits on Wednesday's and Friday's.