

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 15, 2023

[REDACTED]
HERITAGE MILLS PERSONAL CARE CENTER LLC
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/13/2022, 09/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: HERITAGE MILLS PERSONAL CARE CENTER **Licen e #:** 22636 **Licen e Expiration:** 10/05/2022
Address: 846 EAST WICONISCO AVENUE, TOWER CITY, PA 17980
County: SCHUYLKILL **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: HERITAGE MILLS PERSONAL CARE CENTER LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 03/28/2012 **Issued By:** Borough Tower City

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 49 **Waking Staff:** 37

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 09/14/2022

Inspection Dates and Department Representative

09/13/2022 - On-Site: [REDACTED]
09/14/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 60 **Re ident Served:** 30

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 30 **Re ident Served:** 13

Hospice

Current Re ident : 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 30
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

09/13/2022 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/14/2022

Inspections / Reviews (*continued*)

11/10/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/22/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/17/2022

12/20/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/22/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/27/2022

02/15/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/22/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The licensing inspection summary dated [redacted]/22 posted on the homes bulletin board had the privacy coding document attached. The privacy coding document exposes confidential information of the residents.

Plan of Correction

Accept [redacted] - 12/20/2022)

Privacy coding document was removed at the time of inspection by administrator.

To ensure residents privacy and to stay in compliance with 2600.17

Administrator will maintain compliance moving forward.

Privacy coding will be removed from all inspection summaries before hanging to stay in compliance.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented [redacted] 02/15/2023)

20b1 - Financial Records

2. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

Resident #1's record of financial transactions from [redacted] 22-[redacted]/22 does not include the residents signature when transactions are made.

POC Submission

Accept [redacted] 11/10/2022)

Residents signature was added to financial record Please see attached. Administrative assistant is responsible for doing a monthly check of financial records to ensure residents are signing for all financial transactions.

Licensee's Plan Completion Date: 10/12/2022

Implemented [redacted] - 02/15/2023)

20b8 - Quarterly Account

3. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1's quarterly account statement was not sent to the resident and POA for [redacted] 2022.

20b8 - Quarterly Account (continued)

POC Submission Accept [REDACTED] 11/10/2022)

2nd quarterly was mailed out with 3rd quarterly on [REDACTED]/2022 by administrative assistant to POA's and given to residents. Administrator will be responsible for mailing quarterly's out to ensure compliance with 2600.20b8 the next mailing date is scheduled for Jan 5th, 2023, they will be mailed with monthly invoice.

Licensee's Plan Completion Date: 10/11/2022

Implemented [REDACTED] - 02/15/2023)

26b - Quality Management Plan Content

4. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting procedures.

Description of Violation

The quality management review conducted on [REDACTED]/22 does not include a review of reportable incidents and conditions.

POC Submission Accept [REDACTED] 11/10/2022)

New quality management review was done on [REDACTED] 2022. Which included review of reportable incidents. Please see attached copy. Administrator will be responsible for conducting quality management review. early and as needed.

Licensee's Plan Completion Date: 10/11/2022

Implemented [REDACTED] - 02/15/2023)

28f Resident's Funds and 30 day Refund

5. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident s leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2 was discharged from the facility on [REDACTED]/22. The refund was not issued until [REDACTED] 22.

Plan of Correction Accept [REDACTED] 12/20/2022)

Accountant was notified of regulation 2600.28f in regard to resident refunds. Administrator sends refund sheets with weekly invoices but will now send accounting department a reminder 10 days prior to refund being due. Please see updated refund tracker.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented [REDACTED] 02/15/2023)

29a SOPb1- Hospice Care: Doctor Certification

6. Requirements

29a SOPb1- Hospice Care: Doctor Certification (continued)

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

Description of Violation

Resident #3, who was not evacuated during the fire drill conducted on [redacted]/22, does not have a written certification from a physician that the resident [redacted] may be injured or suffer a hastened death as the result of participating in a fire drill.

Plan of Correction

Accept [redacted] 12/20/2022)

All residents including hospice residents will be evacuated during monthly fire drill.

Administrator will maintain compliance moving forward.

Home will ensure and maintain compliance by following Home Rules exhibit C page 16 #7 in resident contract.

Please see attached.

Licensee's Proposed Overall Completion Date: 11/15/2022

Implemented [redacted] - 02/15/2023)

29a SOPb2 - Hospice Care: Informed Consent

7. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

Description of Violation

There is no statement of informed consent from Resident #3 or the residents POA regarding the resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on [redacted]/22.

Plan of Correction

Accept [redacted] - 12/20/2022)

All residents including hospice residents will be evacuated during monthly fire drill.

Administrator will maintain compliance moving forward.

Home will ensure and maintain compliance by following Home Rules Exhibit C page 16 #7 in Resident Contract. See attached

Licensee's Proposed Overall Completion Date: 11/15/2022

Implemented [redacted] - 02/15/2023)

29a SOPb4 - Hospice Care: Inform Non-Participating

8. Requirements

2600.

29a SOPb4 - Hospice Care: Inform Non-Participating (continued)

- 29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:
 - 4. During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of paragraphs (1)—(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

Description of Violation

Staff person A, who conducted the fire drill on [REDACTED]/22, did not inform resident #3 or the staff person responsible for evacuating the resident, that the alarm indicated a fire drill rather than an actual fire.

Plan of Correction

Accepted [REDACTED] 12/20/2022)

All residents including hospice residents will be evacuated during monthly fire drill.

Administrator will maintain compliance moving forward.

Home will ensure and maintain compliance by following Home Rules Exhibit C page 16 #7. See attached

Licensee's Proposed Overall Completion Date: 11/15/2022

Implemented [REDACTED] 02/15/2023)

85a - Sanitary Conditions

9. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

Room [REDACTED] had a very strong odor upon entering the room. Saliva was noted on the dividing wall and on the wall near the recliner.

POC Submission

Accepted [REDACTED] - 11/10/2022)

Room and recliner were deep cleaned at the time of inspection. Cabinet was also cleaned at the time of inspection.

Housekeeping is responsible for cleaning room daily to stay in compliance with 2600.85a Housekeeping has created a deep cleaning schedule for all rooms please see attached. Direct care staff is responsible for wiping kitchen cabinets and tables down every shift and as needed.

Licensee's Plan Completion Date: 10/12/2022

Implemented [REDACTED] 02/15/2023)

87 - Lighting

10. Requirements

- 2600.
- 87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

External exit #2 and #3 which exit from the 2nd floor personal care section of the building are locked with a 15 second delayed egress lock. The exit door does not indicate the required signage, push until alarm sounds door can be opened in 15 seconds.

87 - Lighting (continued)

Plan of Correction

Accept (████) - 12/20/2022)

iolation corrected at the time of inspection.

Signs posted

Weekly inspection of doors to ensure signs are intact to prevent future violations.

Maintenace is responsible for future compliance.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented (████) 02/15/2023)

101j7 - Lighting/Operable Lamp

11. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bed located in Room (████) did not have a bedside lamp or other form of lighting accessible from bedside.

Room (████) bedside lamp was not operable at the time of the inspection.

Plan of Correction

Accept (████) - 12/20/2022)

Rm (████) See attached for violation corrected at the time of inspection by Administrator.

Rm: (████) Resident had lamp, but it was unplugged. Violation corrected by Administrator at the time of inspection and plugged lamp into outlet which made it operable.

Weekly room checks to be done by housekeeping to prevent future violations.

Housekeeping is responsible for future compliance.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented (████) - 02/15/2023)

132c - Fire Drill Records

12. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill log for the fire drill conducted on (████)/22 note 30 residents in the building at the time of the alarm and 30 residents evacuated. Resident #3 was not evacuated. The fire drills are incorrectly documented.

The fire drills conducted from May 22- July 22 do note indicate the year.

The fire drill conducted on 7/23 at 3:30 does not indicate if the drill was conducted in the am or pm.

132c - Fire Drill Records (continued)

Plan of Correction

Accept (AG - 12/20/2022)

Fire drill logs were corrected, and new ones created to stay in compliance with 2600.132c. Please see attached. All residents are to be evacuated during monthly fire drill. Home will maintain compliance by following Home Rules Exhibit C page 16 #7. Administrator is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented [redacted] - 02/15/2023)

144c1 - Smoking Area Guidelines

13. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The homes smoking policy notes smoking is not permitted in the front of the building near an entrance to the building. The resident smoking area is located near the front entrance of the home.

Plan of Correction

Accept [redacted] 12/20/2022)

No smoking signs were placed in front of the building. Smoking policy posted at entrance of the building. Cigarette Receptacles were removed from the front of the building and put at the designated area at the rear of the building as stated in the smoking policy to prevent future violations. Please see attached. Administrator is responsible for future compliance.

Licensee's Proposed Overall Completion Date: 11/15/2022

Implemented [redacted] - 02/15/2023)

184a - Resident's Meds Labeled

14. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #4's [redacted] did not include the staff persons initials of who opened the pen.

Plan of Correction

Accept [redacted] - 12/20/2022)

Director of Wellness applied proper stickers to insulin pens. That include date opened, expiration and initials. Please see attached. Cart inspections will be done weekly by Director of Wellness to prevent future violations. Director of Wellness is responsible for future compliance.

Licensee's Proposed Overall Completion Date: 11/14/2022

184a - Resident's Meds Labeled (continued)

Implemented () 02/15/2023)

187a - Medication Record

15. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #5's (), (), () and () did not have a diagnosis or purpose listed on the MAR.

POC Submission

Accept () - 11/10/2022)

Director of Wellness applied diagnosis for the following medications. Mars will be reviewed weekly by Administrative Assistant to ensure all medication have diagnosis on MAR. Please see attached

Licensee's Plan Completion Date: 10/12/2022

Implemented () 02/15/2023)

187d - Follow Prescriber's Orders

16. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 has an order for () take 1/2 tablet twice daily, hold for systolic blood pressure less than 110 and for pulse less than 60. On ()/22 at () pm the pulse was (), the medication was withheld and should have been administered.

POC Submission

Accept () - 11/10/2022)

Reportable done for medication error, family and doctor notified.

Med Tech no longer employed at facility.

Director of Wellness is responsible for reviewing mars daily checking for errors.

Please see attached

Licensee's Plan Completion Date: 10/12/2022

Implemented () 02/15/2023)

227h - Support Plan Refuse Sign

17. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #6's RASP dated ()/22 is not signed by the resident or noted if the resident declined to sign or is unable to

227h - Support Plan Refuse Sign (continued)

participate in the development of the RASP.

Plan of Correction

Accept [REDACTED] - 12/20/2022)

Please see attached of resident mark on rasp.

Director of Wellness will submit RASP for review to Administrator before filing in residents' chart to prevent future violations.

Administrator is responsible for future compliance.

Licensee's Proposed Overall Completion Date: 11/15/2022

Implemented [REDACTED] - 02/15/2023)

234d - Support Plan Revision**18. Requirements**

2600.

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

Description of Violation

Resident #7 has a history of [REDACTED]. The resident's RASP dated [REDACTED] 22 does not address how the home is going to [REDACTED] meet the residents needs.

Repeat violation: 3/11/22 & 4/29/22

Plan of Correction

Accept [REDACTED] - 12/20/2022)

[REDACTED] investigation form has been implemented which is to be completed by Administrator to prevent future violations. Administrator is responsible for future compliance.

Licensee's Proposed Overall Completion Date: 11/15/2022

Implemented [REDACTED] - 02/15/2023)

252 - Record Content**19. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #8's most recent picture was taken on [REDACTED]/20.

POC Submission

Accept [REDACTED] - 11/10/2022)

Please see updated picture which was corrected at time of inspection.

Administrative Assistant is responsible for updating resident's pictures for their charts.

Licensee's Plan Completion Date: 10/12/2022

Implemented [REDACTED] 02/15/2023)