

Department of Human Services
Bureau of Human Service Licensing

January 24, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]
[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 09/14/2021, 09/15/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *03/28/2021* Issued By: *Brough of Tower City*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *45* Waking Staff: *34*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/15/2021*

Inspection Dates and Department Representative

09/14/2021 - On-Site: [REDACTED]
09/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *29*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *30* Residents Served: *16*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

09/14/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/29/2021*

12/10/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/20/2021*

01/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Staff person "A" was observed administering insulin injectable medication to resident #1 on their abdomen in the home's dining room that was filled with other residents during a lunch time meal.

Plan of Correction**Accept**

To prevent further violation of regulation 2600.42s administrator re-educated employee on the importance of regulation 42s. Employee was given a copy of the regulation and sign/dated a form stating [REDACTED] understands the regulations rationale. Administrator/Director of Wellness will oversee compliance.

Update: 12/08/2021

Please send/Attach proof of staff training. 12/8/2021 [REDACTED]

Document Submission**Implemented**

Staff member given a copy of regulation signed and dated on 9.16.2021.

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The home had enabler bars and ½ bed rails that were not covered in resident rooms # 103, 105, 113, 201 and 212.

Plan of Correction**Accept**

Correction room #103 did not have an enabler/bed rail. The following rooms 105, 113, 201, and 212 have had protective covers placed on the enabler bar/bed rail on 9.16.2021.

To prevent further violation of regulation 2600.81.b. any resident that would need to utilize an enabler bar/bed rail, administrator will supply families/residents with safety education on the proper types of enablers/bed rails and their protective coverings that are allowable.

Administrator/designee will oversee compliance.

Update: 12/08/2021

Please send/Attach proof of staff training. 12/8/2021 [REDACTED]

Document Submission**Implemented**

I will give copies of attached regulation and photos of acceptable hand rails will be given to families/residents upon admission.

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home (continued)

Description of Violation

The home's exterior garbage dumpster container did not have a lip or cover to help prevent the penetration of insects and rodents

Plan of Correction

Receptacle was replaced 9.17.2021

To prevent further violation of regulation 2600.85.e. the dietary manager will notify administrator and contact Valley Waste when there is an issue with the receptacle. Administrator/designee will oversee compliance.

Accept

Document Submission

Completed

Implemented

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

Resident room #110 had a resident phone that did not have the required emergency phone number for the local police, local ambulance, local hospital, Poison Control, Area Agency on Aging, and the Pa. Personal Care Home hotline posted near or on the phone. .

Plan of Correction

To prevent further violation of regulation 2600.91. upon admissions the administrative secretary will ensure that the emergency phone list will be placed in any residents room that has a phone/cell phone. Administrator will oversee compliance.

Accept

Update: 12/08/2021

Please send/Attach proof of staff training. 12/8/2021 [redacted]

Document Submission

Administrative Secretary/administrator given copy of regulation signed and dated 9.16.2021

Implemented

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

Resident #2 was found to have a container of Tums on [redacted]r bedside table and was not deemed able to self-medicate by [redacted] physician.

Plan of Correction

Tums were removed from the residents room and placed in the medication cart.

Accept

185a - Implement Storage Procedures (continued)

To prevent further violation of regulation 2600.185.a. residents/staff were re-educated on our medication storage policy. Administrator/Director of Wellness will do room checks weekly for a month, bi-weekly for a month and then monthly.

Update: 12/08/2021

Please send/Attach proof of staff training. 12/8/2021 MM

Document Submission

Implemented

Policy given to residents on personal care and medication technicians on 9.16.2021.

227b - Support Plan Content

1. Requirements

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

Description of Violation

Resident #3, Resident # 4 and Resident #5 were found to have been utilizing 1/2 bedrails for bed mobility and the residents' use of these rails was not indicated in the resident's RASP.

Plan of Correction

Accept

Correction resident #3 and #5 do not use enablers/bedrails.

To prevent further violation of regulation 2600.227.b. Director of Wellness and Administrator will audit all RASP's for specific medical needs monthly for 3 months then annually/initial/change.

Document Submission

Implemented

Completed

231c - Preadmission Screening

1. Requirements

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.

Description of Violation

Resident #1 who resides on the home's secured dementia unit preadmission form, did not have a cognitive assessment completed by a geriatric specialist or geriatric assessment team prior to being admitted into the home secured unit.

Plan of Correction

Accept

To prevent further violation of regulation 2600.231.c. an addition was made to the secured unit checklist to ensure that pre-admission screen form has required signatures needed. Administrator/designee will oversee compliance.

Document Submission

Implemented

Completed

252 - Record Content

1. Requirements

2600.

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

252 - Record Content (continued)

5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

Description of Violation

The following resident records did not state if the residents had identifiable body marks. Residents #1, #6 and #7.

Plan of Correction**Accept**

Resident records updated 9.16.2021

To prevent further violation of 2600.252. after move-in assessment that is completed by Director of Wellness will ensure that administrative secretary is aware of any identifying marks so that it can be recorded onto the residents face sheet. Administrator will oversee compliance.

Document Submission**Implemented**

Completed