

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

September 4, 2024

[REDACTED], ADMINISTRATOR
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 08/06/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: HERITAGE MILLS PERSONAL CARE CENTER **License #:** 22636 **License Expiration:** 10/05/2024

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]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 69 **Waking Staff:** 52

Inspection Information

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

Reason: Complaint **Exit Conference Date:** 08/06/2024

Inspection Dates and Department Representative

08/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 45

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 30 **Residents Served:** 21

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 45

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

Have Mobility Need: 24 **Have Physical Disability:** 1

Inspections / Reviews

08/06/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/31/2024

09/03/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/03/2024

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 09/10/2024

Inspections / Reviews *(continued)*

09/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A completed their initial Medication Administration Training Course on [REDACTED] and their semiannual Medication Administration audit on [REDACTED]. However, Staff Member A did not complete their required semiannual Medication Administration Record Review, due by [REDACTED]

Staff Member B completed their initial Medication Administration Training Course [REDACTED] and their semiannual Medication Administration audit in [REDACTED]. However, Staff Member A did not complete their most recently required semiannual Medication Administration Record Review.

Staff Member C completed their initial medication training on [REDACTED] however did not have a complete Initial Training Summary and Certification form, as they omitted the trainer's signature, date, provider name, and pass/fail designation.

Staff Member D completed their initial medication training on [REDACTED] however did not have a complete Initial Training Summary and Certification form, as they omitted the trainer's signature, date, provider name, and pass/fail designation.

Staff Member E completed their initial medication training on [REDACTED] however did not have a complete Initial Training Summary and Certification form, as they omitted the trainer's signature, date, provider name, and pass/fail designation.

Staff Member F completed their initial medication training on [REDACTED] however did not have a complete Initial Training Summary and Certification form, as they omitted the trainer's signature, date, provider name, and pass/fail designation.

Staff Member G completed their initial medication training on [REDACTED] however did not have a complete Initial Training Summary and Certification form, as they omitted the trainer's signature, date, provider name, and pass/fail designation.

Plan of Correction

Accept [REDACTED] - 09/03/2024)

Immediately the Med Tech Trainer completed the Initial Training Summary and Certification form to meet compliance. All staff personnel who has completed the Medication Administration Training will have proper documentation to ensure compliance. All staff personnel who has completed the Medication Administration Training will also receive the required semi-annual and annual Medication Administration Record Review. The

182b Prescription Medication (continued)

Administrator and Med Tech Trainor will be educated on the importance of proper documentation and semi annual and annual training for Medication Administration Technicians. A flow sheet is completed to follow semi annual and annual training for Medication Administration Technicians. A monthly audit will be completed the by the Administrator reviewing Medication Administration Technician's documentation and training. This audit will be ongoing for two months, starting 09/03/2024. The Administrator will be responsible to ensure compliance

Licensee's Proposed Overall Completion Date: 10/03/2024

Implemented [REDACTED] - 09/04/2024)