

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

June 2, 2025

[REDACTED], OWNER
PHILLIPSBURG SNF OPCO LLC
[REDACTED]

RE: HERITAGE RIDGE SENIOR LIVING AT
WINDY HILL
250 DOGWOOD DRIVE
PHILIPSBURG, PA, 16866
LICENSE/COC#: 23281

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/18/2025 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 RIDGE SENIOR LIVING AT WINDY HILL* License #: *23281* License Expiration: *02/10/2026*
 Address: *250 DOGWOOD DRIVE, PHILIPSBURG, PA 16866*
 County: *CENTRE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *PHILLIPSBURG SNF OPCO LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/03/2006* Issued By: *Williams Inspection Svc.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Interim* Exit Conference Date: *03/18/2025*

Inspection Dates and Department Representative

03/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *16* Residents Served: *14*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

03/18/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2025*

04/30/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/27/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2025*

Inspections / Reviews *(continued)*

05/06/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/27/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/16/2025

06/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/27/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

12-19-24 Licensing Inspection Summary was not posted in a public conspicuous area of the home.

Plan of Correction

Accept () - 05/06/2025

Most recent licensing inspection summary was posted in a labeled inspection binder in the common area of our facility by Administrator, [redacted] on 3/18/2025. Binder will be audited monthly and after each inspection by Administrator, [redacted] to ensure up to date starting 4/17/2025.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 05/20/2025

5a1 - DHS Access

2. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

Staff records were requested during the entrance conference between 9:00 a.m. and 9:40 a.m. and were not received until 2:40p.m.

Plan of Correction

Accept () - 05/06/2025

Executive Director, [redacted] now has contact information with the former HR department from the previous owner on 03/18/2025. Staff records were sent to Continuum corporate office that our Executive Director, [redacted] [redacted] now as access too as of 03/18/2025. All new employees from 11/01/2024 on will have records with our on-site HR liaison, [redacted].

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 05/20/2025

25c2 - Fee Schedule

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #1's contract, signed and dated [redacted] does not include a fee schedule.

Plan of Correction

Accept () - 05/06/2025

Facility contract was updated on 04/16/2025. All current residents will have a new contract signed with Administrator, [redacted] by 4/25/25. All new residents will have a contract signed on date of admission with Administrator, [redacted]

25c2 - Fee Schedule (continued)

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 05/20/2025

25c11 - List of Rates

4. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

Resident #1's contract, signed and dated [redacted] does not include what personal care services will be provided to the resident.

Plan of Correction

Accept () - 05/06/2025

Facility contract was updated on 04/16/2025. All current residents will have a new contract signed with Administrator, [redacted] by 4/25/25. All new residents will have a contract signed on date of admission with Administrator, [redacted]

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 05/20/2025

25c12 - Bed Hold

5. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

Resident # 1's contract, signed and dated [redacted] does not include bed hold charges for absences to the home.

Plan of Correction

Accept () - 05/06/2025

Facility contract was updated on 04/16/2025. All current residents will have a new contract signed with Administrator, [redacted] by 4/25/25. All new residents will have a contract signed on date of admission with Administrator, [redacted]

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 05/20/2025

63a - First Aid/CPR Training

6. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 3-7-25 from 7:00 a.m. to 11:00 p.m. there was no staff on shift certified in First Aid and CPR. On 3-8-25 and

63a - First Aid/CPR Training (continued)

3-9-25 from 11:00 p.m. to 7:00 a.m. there was no staff on shift certified in First Aid and CPR. The home serves 14 residents and is required to have one person certified in First Aid and CPR at all times.

Plan of Correction

Accept () - 05/06/2025

All staff members will be CPR and First Aid certified by 5/1/2025. One person who is CPR and First Aid certified has been scheduled on each shift since 3/18/25. Employee records will be audited monthly by Administrator, () to ensure up to date starting 04/17/2025.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 05/20/2025

66a - Staff Training Plan

7. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The facility does not have a 2025 training plan in place.

Plan of Correction

Accept () - 05/06/2025

A 2025 staff training plan has been completed by Administrator, () and Executive Director, () as of 04/16/2025. Staff training will be completed monthly by all personal care employees.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 05/20/2025

85a - Sanitary Conditions

8. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident # 3 has an order for their blood glucose to be tested twice per day at 6:30 a.m. and 5:00 p.m. On 3-17-25 at 5:43 a.m., 3:40 p.m. and on 3-18-25 at 4:59 a.m. Resident #3's blood glucose was tested with Resident #5's glucometer.

Plan of Correction

Directed () - 05/06/2025

Resident #3 was given a new glucometer that has been used by med tech/LPN since 3/18/2025. Glucometer reading audits and testing will be done each 2300-0700 shift by the medication tech/LPN. Completion will be audited weekly by Administrator, () beginning 04/17/2025.

Proposed Overall Completion Date: 04/30/2025

(Directed)

Resident #5's glucometer will be immediately replaced. Resident #3 and #5 will have letters from their

85a - Sanitary Conditions (continued)

doctor noting to their knowledge they do not have any communicable diseases. All glucometers will be labeled and dated with Residents names.

Directed Completion Date: 05/16/2025

Implemented (█) - 06/02/2025)

141b1 - Annual Medical Evaluation**9. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 2's Annual Medical Evaluation dated 1-8-25 does not include the resident's height or body positioning needs.

Plan of Correction

Accept (█) - 05/06/2025)

Resident #2's DME was updated by their primary care physician and updated in the resident's chart on 04/17/2025. DME's will be audited monthly by Administrator, (█) starting 04/17/2025.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented (█) - 05/20/2025)

185a - Implement Storage Procedures**10. 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

The facilities Controlled Substance Policy indicates at the end of each shift, all controlled medications are counted. The coming on and going off duty nurse will determine the count together. Any discrepancies in the count are to be documented and reported to the Director of Nursing immediately. This policy also indicates nurse administering the medication is responsible to record the quantity of medication remaining. On 3-18-25, Resident #3's Controlled Drug Record for Lorazepam 0.5mg tablet indicates there should be 9 pills available. There were 8 pills available. The Medication Administration Record indicates Resident # 3 received the missing pill on 3-17-25 at 8:00 p.m. but it was not documented on the Controlled Drug Record. On 3-18-25 Resident # 4's Controlled Drug Record for Tramadol HCL 50mg indicates there should be 14 pills. There were 13 pills available. The Medication Administration Record indicates Resident # 4 received the missing pill on 3-17-25 at 8:00 p.m. but it was not documented on the Controlled Drug Record.

Plan of Correction

Accept (█) - 05/06/2025)

Administrator, (█) will educate all staff members on the facility's-controlled substance policy by 5/1/2025. Administrator, (█) will do a narcotic audit weekly x 4 weeks and then monthly starting 4/17/2025.

Licensee's Proposed Overall Completion Date: 04/30/2025

185a - Implement Storage Procedures (continued)

Implemented () - 05/20/2025

190a - Completion Medication Course

11. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A did not pass the Medication Administration Training Program with a grade of 90% or above. The staff person administered medication to Resident #6 in the month of March 2025.

Plan of Correction

Accept () - 05/06/2025

Staff person A was taken off of the schedule as a medication tech as of 03/18/25. Administrator, () will ensure all staff members are up to date on their Medication Administration Training Program by 4/28/25. Administrator, () obtained train the trainer certificate to enable testing in facility.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 05/20/2025

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident # 2 requires a Mechanical Soft Diet. The annual Resident Assessment and Support Plan dated () does not indicate the resident's need or how the facility will meet that need of a mechanical soft diet.

Plan of Correction

Accept () - 05/06/2025

Resident #2's Resident Assessment and Support Plan was updated by Administrator, () on 03/18/2025; resident chart also updated by Administrator, () on 03/18/2025. Administrator, () will audit RASP's monthly starting 04/17/2025.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented () - 05/20/2025