

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

June 24, 2025

[REDACTED]
HERITAGE GROVE AT INDIANA LLC
[REDACTED]

RE: HERITAGE GROVE AT INDIANA
1703 WARREN ROAD
INDIANA, PA, 15701
LICENSE/COC#: 45516

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2025 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 GROVE AT INDIANA License #: 45516 License Expiration: 02/13/2026
 Address: 1703 WARREN ROAD, INDIANA, PA 15701
 County: INDIANA Region: WESTERN

Administrator

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

Legal Entity

Name: HERITAGE GROVE AT INDIANA LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/24/1994 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/28/2025

Inspection Dates and Department Representative

03/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 37
 Secured Dementia Care Unit
 In Home: Yes Area: Level One Capacity: 40 Residents Served: 15
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 21 Have Physical Disability: 1

Inspections / Reviews

03/28/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/13/2025

04/22/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/27/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/29/2025

Inspections / Reviews (*continued*)

05/15/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/27/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/29/2025

06/24/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/27/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted], take 1 cap daily for [redacted] and [redacted], take 1/2 tablet twice daily for [redacted]. However, these medications were not administered to resident [redacted] on [redacted], at 9:00 am., because the medications were not available in the home.

Repeat violation; [redacted]

Plan of Correction

Accept [redacted] - 05/15/2025)

[redacted] Resident [redacted] finally received his medications from the pharmacy.

4/1/2025 Medication procurement. Designated Medtechs along with RCC are responsible for ensuring medications are ordered and available upon resident's arrival. RCC will confirm with Med Tech that all prescribed medications are on-site and ready for administration. RCC will conduct on going cart audits for medication inventory. 4.1.25 Mandatory training was held for Med Techs to train staff of new policy and procedure, emphasizing the importance of timely medication access. Training included communication protocols with pharmacies and prescribers, as well as documentation requirements

Licensee's Proposed Overall Completion Date: 04/29/2025

Implemented [redacted] - 06/24/2025)

234a - Admission Support Plan

2. 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 [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan finalization is undated.

Plan of Correction

Accept [redacted] - 05/15/2025)

[redacted] Resident [redacted] support plan was updated to address the violation, including the elopement incident and judgment issues. The support plan was completed on [redacted] by [redacted]

4.1.25 The Administrator or RCC will conduct monthly audits of all current resident records for residents residing in the Secured Dementia Care Unit (SDCU).The audit will verify that a support plan is developed, implemented, and documented within 72 hours of admission to the SDCU or within 72 hours prior to admission. Detailed records of each audit will be maintained, including findings and corrective actions taken if deficiencies are identified. Audit results will be reviewed during staff meetings to ensure transparency and accountability.

234a Admission Support Plan (continued)

Licensee's Proposed Overall Completion Date: 04/29/2025

Implemented [REDACTED] - 06/24/2025)

234b - Support Plan Needs Elements

3. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, for resident [REDACTED] did not address the resident elopement from the SDCU on [REDACTED] and increased problem in judgement.

Plan of Correction

Accept [REDACTED] - 05/15/2025)

[REDACTED] RCC did updated RASP to reflect all interventions and progress on Resident [REDACTED] and also included judgement issues. Maintenance also installed on [REDACTED] L brackets on the windows outside to prevents residents in the future from pulling the top of the window down to escape.

3/24/25 RCC and ED will regularly review the effectiveness of interventions and adjustments as needed. Document and changes in the resident's condition or behavior.

3/31/25 RCC and ED will prevent future elopement by implementing safety measures with staff, Support cognitive and judgement improvement through targeted interventions. Educate staff of strategies to support residents with cognitive challenges.

4.1.25 The Administrator or RCC will conduct monthly audits of all current resident records for residents residing in the Secured Dementia Care Unit (SDCU).The audit will verify that a support plan is developed, implemented, and documented within 72 hours of admission to the SDCU or within 72 hours prior to admission. Detailed records of each audit will be maintained, including findings and corrective actions taken if deficiencies are identified. Audit results will be reviewed during staff meetings to ensure transparency and accountability.

Proposed Overall Completion Date: 04/29/2025

Licensee's Proposed Overall Completion Date: 04/29/2025

234b Support Plan Needs Elements *(continued)*

Implemented [REDACTED] - 06/24/2025)