

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

May 2, 2025

[REDACTED]
HERITAGE MILLS PERSONAL CARE CENTER LLC

[REDACTED]
ATTN SUSAN KEEFER
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2025, 04/10/2025 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 MILLS PERSONAL CARE CENTER **License #:** 22636 **License Expiration:** 10/05/2025

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:** SKEEFER@SENIORHEALTHPA.COM

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 67 **Waking Staff:** 50

Inspection Information

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

Reason: Incident **Exit Conference Date:** 04/10/2025

Inspection Dates and Department Representative

04/09/2025 - On-Site: [REDACTED]

04/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 43

Secured Dementia Care Unit

In Home: Yes **Area:** 1st floor **Capacity:** 30 **Residents Served:** 21

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 43

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

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

Inspections / Reviews

04/09/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/03/2025

Inspections / Reviews (*continued*)

05/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

05/02/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:10 a.m. a ladder was being stored in stairwell 2, blocking immediate egress in the event of an emergency.

Plan of Correction

Accept (████) - 05/02/2025)

The ladder was immediately removed from the stairwell. On 04/24/2025 the Maintenance Supervisor was educated on the importance of immediate egress being unobstructed in the event of an emergency. A bi-weekly audit will be completed by the Maintenance Supervisor, ensuring stairways, hallways, doorways, passageways and egress routes are unlocked and unobstructed. This audit will be ongoing for two months, starting 05/05/2025. The Administrator will be responsible to ensure compliance.

Proposed Overall Completion Date: 07/04/2025

Licensee's Proposed Overall Completion Date: 07/04/2025

Implemented (████) - 05/02/2025)

187c - Refusal of Medication

2. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident █████ is prescribed █████ daily for constipation. From █████ through █████ resident refused the medication 20 times. The prescribing physician was not notified of the residents continued refusal.

Plan of Correction

Accept (████) - 05/02/2025)

The prescribing physician was immediately notified of Resident █████ refusal of the medication. Prescribing Physician changed the order to an as needed basis on 04/22/2025. The Administrator and Medication Technicians were educated on 04/22/2025, on the importance of reporting to the prescriber within 24 hours of a medication being refused. On 04/22/2025, the Administrator was educated on documenting in the resident's record a refusal of a prescribed medication. A bi-weekly audit will be completed by the Administrator to ensure prescribing physicians are notified when a resident refuses a prescribed medication and that it is properly documented. This audit will be ongoing for two months, starting on 05/05/2025. The Administrator will be responsible to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/04/2025

Implemented (████) 05/02/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.

187d Follow Prescriber's Orders (continued)

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

Description of Violation

Resident [redacted] is prescribed [redacted], take 1 to 2 tablets as needed for pain. Resident [redacted] is prescribed [redacted] 1mg, as needed for pain. On [redacted] at 5:35 p.m., Resident [redacted] was administered Resident [redacted] two [redacted] instead of 2 [redacted] for pain.

Plan of Correction

Accept [redacted] - 05/02/2025)

Immediately the Medication Technician was suspended from the medication cart. All Medication Technicians were educated on 04/10/2025, on the importance of following prescriber's orders and the correct sequence in the administration process. A monthly audit will be completed by the Administrator to ensure prescribed orders are being properly followed. This audit will be ongoing for two months, starting 05/05/2025. The Administrator will be responsible to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/04/2025

Implemented [redacted] 05/02/2025)

231b - Medical Evaluation

4. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the secured dementia unit on [redacted], without a diagnosis of [redacted] or [redacted]. Resident [redacted] Medical Evaluation, dated [redacted], does not indicate a diagnosis of [redacted] or [redacted].

Plan of Correction

Accept [redacted] - 05/02/2025)

On 04/23/2025, Resident [redacted] was moved to our Personal Care floor from the Secured Dementia Unit. The Administrator was educated on 04/22/2025 on compliance of medication evaluation by a physician, physician's assistant or certified registered nurse practitioner and the documentation of resident's diagnosis of Alzheimer's Disease or other Dementia and the need for the resident to be in a Secured Dementia Unit. A monthly audit will be completed by the Administrator to ensure compliance of medical evaluations. The audit will be ongoing for two months, starting on 05/05/2025. The Administrator will be responsible to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/04/2025

Implemented [redacted] - 05/02/2025)

231f - Assessed Annually

5. Requirements

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

The most recent Medical Evaluation for Resident [redacted] was completed on [redacted].

231f - Assessed Annually (continued)

Plan of Correction**Accept** (████ - 05/02/2025)

Immediately a new Documentation of Medical Evaluation was sent to the physician for completion. On 04/15/2025, the Administrator was educated on compliance of annual medication evaluation for the continuing need for the Secured Dementia Unit. A monthly audit will be completed by the Administrator to ensure compliance of annual medical evaluations. This audit will be ongoing for two months, starting on 05/05/2025. The Administrator will be responsible to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/04/2025**Implemented** (████ - 05/02/2025)