

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

July 29, 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 05/07/2025, 06/06/2025 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:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1      **Date:** 03/08/2012      **Issued By:** Borough of Tower City

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 65      **Waking Staff:** 49

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 06/06/2025

**Inspection Dates and Department Representative**

05/07/2025 - On-Site: [REDACTED]  
06/06/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 60      **Residents Served:** 42

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** SDCU      **Capacity:** 30      **Residents Served:** 20

**Hospice**

**Current Residents:** 3

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 42  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 23      **Have Physical Disability:** 1

**Inspections / Reviews**

05/07/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/27/2025

07/09/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 07/25/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 07/31/2025

Inspections / Reviews *(continued)*

07/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] Resident Assessment and Support Plan dated [redacted] Resident [redacted] dated [redacted] and Resident [redacted] dated [redacted] indicate the residents requires hygienic assistance when toileting, assistance with incontinence and bowel and bladder management. Staff interviews indicate on multiple occasions the residents have been found in briefs soaked through to the furniture. They also indicated the briefs have been so soaked they were starting to fall apart. The residents' needs are not being met according to their RASPS.

Plan of Correction

Accept ([redacted] - 07/09/2025)

Immediately Resident [redacted] Resident [redacted] and Resident [redacted] were checked on to ensure their needs are being met and a clean and dry brief were on each resident. On 06/18/2025, the nursing staff were educated on the importance of providing each resident with assistance with Activities of Daily Living indicated in their Resident's assessment and support plan. A monthly audit will be completed by the Administrator ensuring all resident's needs are being met that are indicated in their Resident's assessment and support plan. This audit will be ongoing for three months, starting on 06/30/2025. The Administrator will be responsible to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented ([redacted] - 07/29/2025)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 7:20 p.m. staff person A told Resident [redacted] [redacted] was being a 'pain in the a\*\*,' upsetting the resident who indicated to family and a different staff person that [redacted] is hated at the facility and unliked. The resident was not treated with dignity and respect.

Plan of Correction

Accept ([redacted] - 07/09/2025)

Immediately an investigation was underwent by management, report was made to Area on Aging on 05/01/2025, and report was made to Department of Human Services on 05/01/2025. Upon investigation, on 05/02/2025, the decision was made to terminate employee effective immediately. On 05/01/2025, all staff were educated on treating residents with dignity and respect. A monthly audit will be completed by the Administrator ensuring all residents are being treated with respect and dignity. This audit will be ongoing for three months, starting 06/30/2025. The Administrator will be responsible to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented ([redacted] - 07/29/2025)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 9:10 a.m. on the second floor there was a cleaning cart that contained 2 spray bottles without manufacturer's labels. The liquid inside was identified as OdorBan by the housekeeping staff.

Plan of Correction

Accept [REDACTED] - 07/09/2025)

Immediately the two spray bottles without manufacturer's labels were removed from the housekeeping cleaning cart. On 06/17/2025, the Housekeeping staff was educated on the importance of storing all poisonous materials in their original labeled containers. A bi-weekly audit will be completed by the Housekeeping Supervisor, ensuring all poisonous materials are stored in their original labeled containers. This audit will be ongoing for two months, starting 06/30/2025. The Administrator will be responsible to ensure compliance.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] 07/29/2025)

144c1 - Smoking Area Guidelines

4. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home has a designated smoking area outside the building in the parking lot. Resident [REDACTED] indicated they witnessed staff utilizing a vaping device inside the building on Friday [REDACTED]. Through other staff interviews, multiple staff indicate they have witnessed and reported to the administrator staff are using vaping pens inside the facility.

Plan of Correction

Accept [REDACTED] - 07/09/2025)

Immediately the employee received a written warning. On 06/17/2025, all staff were educated on the designated smoking area and fire safety policy and procedures. A bi-weekly audit will be completed by the Administrator ensuring fire safety policy and procedures are being followed by all staff. This audit will be ongoing for two months, starting 06/30/2025. The Administrator will be responsible to ensure compliance.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 07/29/2025)