

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

November 26, 2025

[REDACTED]  
CARE HSL HERITAGE HILL OPCO LLC

[REDACTED]  
HERITAGE SENIOR LIVING  
[REDACTED]

RE: HERITAGE HILL SENIOR  
COMMUNITY  
800 SIXTH STREET  
WEATHERLY, PA, 18255  
LICENSE/COC#: 22512

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/04/2025 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 HILL SENIOR COMMUNITY License #: 22512 License Expiration: 04/18/2026  
 Address: 800 SIXTH STREET, WEATHERLY, PA 18255  
 County: CARBON Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: CARE HSL HERITAGE HILL OPCO LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C 2 LP Date: 12/05/2000 Issued By: Dept. L&I

**Staffing Hours**

Resident Support Staff: 1 Total Daily Staff: 122 Waking Staff: 92

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 11/04/2025

**Inspection Dates and Department Representative**

11/04/2025 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 143 Residents Served: 92  
 Secured Dementia Care Unit  
 In Home: Yes Area: Memory Care Capacity: 42 Residents Served: 29  
 Hospice  
 Current Residents: 9  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 92  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 29 Have Physical Disability: 1

**Inspections / Reviews**

11/04/2025 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 12/01/2025

Inspections / Reviews *(continued)*

11/25/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/01/2025

11/26/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 1:35 p.m. resident [redacted] was sent to the hospital for evaluation wearing 4 pieces of jewelry. Resident [redacted] family member reported to the home that when the resident returned from the hospital, they were missing one piece of jewelry. The home did not report this incident to the Department until [redacted]

Plan of Correction

Accepted [redacted] 11/25/2025)

Immediate Corrective Actions: On 10/16/2025, it was discovered through an internal audit that there had been a recent error in timely reporting of incidents to DHS. As part of that discovery, it was determined that this investigated incident was not submitted to DHS within the required 24-hour timeframe. Immediately upon the discovery of this error, the Executive Director reached out to DHS on 10/16/2025 to inform them of the missed reports and submitted all documentation as required.

Additional Corrective Actions: On 10/16/2025, the Resident Care Director (RCD) was retrained on the process and requirements of reporting reportable incidents to DHS by Executive Director. The Executive Director will confirm that Reportable Incidents are submitted timely by requiring that incidents submitted to DHS by the Resident Care Director or the Memory Care Director are carbon copied to the Executive Director so that they may be tracked and receive follow-up, beginning 10/16/2025. Incidents will be reviewed at daily Huddle meeting, so that each is discussed to determine if it is reportable and has been reported, beginning 10/16/2025.

Ongoing Quality Assurance Actions: The internal Reportable Incident Log will be monitored and reviewed by the Executive Director daily to ensure timely reporting to DHS, beginning 10/16/2025. Ongoing compliance will be reviewed at Quarterly QA meetings, beginning in January 2026, with a review of Q42025 (October, November, and December).

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [redacted] - 11/26/2025)