

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

December 22, 2025

[REDACTED], OWNER  
NEW CONCEPTS INC  
[REDACTED]

RE: WARRIOR RUN HERITAGE HOUSE  
11430 STATE ROUTE 44  
WATSONTOWN, PA, 17777  
LICENSE/COC#: 21696

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2025 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: *WARRIOR RUN HERITAGE HOUSE* License #: *21696* License Expiration: *12/13/2025*  
 Address: *11430 STATE ROUTE 44, WATSONTOWN, PA 17777*  
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *NEW CONCEPTS INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *08/21/2009* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *11/13/2025*

**Inspection Dates and Department Representative**

11/13/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *20* Residents Served: *18*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *7*  
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *6*  
 Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

**11/13/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/12/2025*

**12/15/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *12/20/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/20/2025*

Inspections / Reviews (*continued*)

12/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

44g - Telephone Number

1. Requirements

2600.

44.g. The telephone number of the Department’s personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

At 10:11 a.m. the telephone number of the local ombudsman was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 12/15/2025)

The home has always displayed the ombudsman poster with the phone number and it is uncertain what happened to it. On the day of inspection a request was made to the Aging office and the following day 11/14/2025 the Ombudsman brought a new Ombudsman poster to the home with the phone number, which was immediately hung in a common are of the home. A staff review was conducted on 11/20/2025 as a reminder for staff to utilize the check off list which includes checking for required postings. The ombudsman information is important so that residents may use this number to contact for concerns. The Administrator is responsible to conduct routine checks for required postings to help ensure future compliance.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented (█ - 12/22/2025)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on █. A criminal background check was not requested until █

Plan of Correction

Accept (█ - 12/15/2025)

The employee did not perform independent tasks with a resident during this time period and was supervised until the return of the background report. The staff person did not have a prohibitive offense. It is important to perform criminal background checks in a timely manner to help ensure the staff person is appropriate to work in the home. The Administrator will use a check list as a reminder for new hires to complete criminal background checks within the designated time frame to help ensure future compliance.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented (█ - 12/22/2025)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:  
3. Care for residents with dementia and cognitive impairments.

65f - Training Topics (continued)

**Description of Violation**

Direct care staff Person B did not receive training in care for residents with dementia and cognitive impairments during training year 1/1/24 to 12/31/24.

**Plan of Correction**

Accept (█ - 12/15/2025)

The staff person did have this training and this Administrator neglected to record the training on Staff person B's training record. The staff person received additional training on residents with dementia and cognitive impairments on 11/17/2025. Complete documentation is important to utilize as proof that the staff person received required trainings that supports good resident care. The Administrator is responsible to double check when documenting information in staff files.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented (█ - 12/22/2025)

65g - Annual Training Content

**4. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

**Description of Violation**

Staff person B did not receive training in resident rights and the Older Adult Protective Services Act during training year 1/1/24 to 12/31/24.

Staff persons B and C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 1/1/24 to 12/31/24.

**Plan of Correction**

Accept (█ - 12/15/2025)

The staff person did have the required trainings and this Administrator neglected to record the training on Staff person B's training record. The staff person received additional training on residents rights and Older Adult Protective Services Act on 11/17/2025. Complete documentation is important to utilize as proof that the staff person received required trainings that supports good resident care. The Administrator is responsible to double check when documenting information in staff files.

A fire safety training was conducted on 12/4/2025 by a fire safety expert. Annual fire safety trainings are important to make certain staff are prepared on how to handle fire safety issues. In order to help ensure future compliance the Administrator is responsible to utilize training check off list and add to annual calendar to ensure scheduling and completion of annual required trainings including Fire Safety.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented (█ - 12/22/2025)

87 - Lighting

**5. Requirements**

**87 - Lighting (continued)**

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

**Description of Violation**

*At 9:20 a.m. the bulbs in the overhead lights in the office area TV room were burned out.*

*At 9:30 a.m. the second floor ceiling light near the stairway was not operational.*

**Plan of Correction**

Accept (█ - 12/15/2025)

*On the day of inspection the bulbs were replaced. Checking for missing or burned out bulbs is already on a routine check list for staff. A staff review was conducted on 11/20/2025 as a reminder to use this list and replace or report to Administrator needed items. Proper lighting helps ensure resident safety. Administrator will be responsible to conduct routine checks regarding items on this list including adequate lighting.*

**Licensee's Proposed Overall Completion Date:** 12/12/2025

Implemented (█ - 12/22/2025)

**101j7 - Lighting/Operable Lamp****6. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

**Description of Violation**

*Resident #1 did not have access to a source of light that can be turned on/off at bedside.*

**Plan of Correction**

Accept (█ - 12/15/2025)

*After speaking with them it was determined that Resident #1 had moved the lamp from the bedside stand to another dresser. Administrator reviewed with resident the importance of maintaining a lamp at bedside and resident noted understanding safety issue. Checking resident room belongings includes checking for a bedside light and this was reviewed with staff on 11/20/2025 training to use the resident room checklist when performing room cleaning and safety checks. It is important for residents to have access to immediate and adequate lighting. The Administrator is responsible to perform routine resident rooms to help ensure safety and future compliance.*

**Licensee's Proposed Overall Completion Date:** 12/12/2025

Implemented (█ - 12/22/2025)

**102k - No Common Towel****7. Requirements**

2600.

102.k. Use of a common towel is prohibited.

**Description of Violation**

*In the second-floor shared bathroom, 3 used washrags and 2 used bath sponges were found not labeled with residents' names underneath the sink.*

**Plan of Correction**

Accept (█ - 12/15/2025)

*Residents have access to bath towels and wash clothes as needed. There is a laundry hamper in the bathroom for used towels and wash clothes. Resident reminder was given where to put used laundry. Staff review was conducted*

102k - No Common Towel (continued)

on 11/20/2025 to include checking under the sink and other areas when performing bath room cleaning. This task was added to daily room cleaning check off and staff are responsible to complete. This is important to maintain hygienic practices amongst residents. The Administrator will make routine checks as well to ensure future compliance.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented ( ) - 12/22/2025

109b - Rabies Vaccination

8. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 11/13/25 two cats were present in the home. The home did not have current certificates of rabies vaccination for the two cats.

Plan of Correction

Accept ( ) - 12/15/2025

The vaccination was a few days past due, an appointment was already scheduled. This Administrator took the cats for vaccination on 11/16/2025. Vaccinations are important to the health and safety of the residents and pets. The next due date was added to the computer calendar so that the vaccinations would be completed on time. The Administrator is responsible to ensure future compliance.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented ( ) - 12/22/2025

130e - Hearing Impairment

9. Requirements

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident #2 is unable to hear the fire alarm system. The home does not have a signaling device, approved by a fire safety expert and tested to ensure that resident #2 is alerted in the event of a fire.

Plan of Correction

Accept ( ) - 12/15/2025

The home did have a signaling device and it was there on the date of the most recent fire drill, which was 10/15/2025. By their admission, the resident threw it out "because it was in way". The residents family counseled the resident on the importance of having this device and the home purchased and installed another device. A staff review was conducted on 11/20/2025 to instruct staff to conduct daily checks to ensure that the device is in place and working. Signaling devices for hard of hearing residents is important so that they can have an immediate alert of a possible fire event. The Administrator is responsible to conduct routine checks of device to ensure future compliance.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented ( ) - 12/22/2025