

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

January 15, 2026

[REDACTED]
HERITAGE GROVE AT PENN HILLS LLC
[REDACTED]

RE: HERITAGE GROVE AT PENN HILLS
LLC
7151 SALTSBURG ROAD
PENN HILLS, PA, 15235
LICENSE/COC#: 45702

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2025 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 PENN HILLS LLC License #: 45702 License Expiration: 08/25/2026
 Address: 7151 SALTSBURG ROAD, PENN HILLS, PA 15235
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/27/1997 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/03/2025

Inspection Dates and Department Representative

12/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 19
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

12/03/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/15/2025

12/19/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/09/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/23/2025

Inspections / Reviews *(continued)*

12/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/05/2025

01/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:20 a.m., the closet door in the home's dining area labeled "Employees Only" was open and taped to the inside of the left door was the home's resident list unlocked, unattended, and accessible with the first initial and last names, dates of birth, hospice enrollment if applicable, and CPR status for all of the home's 19 residents to include:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/29/2025)

Resident list was removed immediately and placed behind a locked cabinet door for privacy. ED will educate all staff regarding confidentiality of resident records and submit training sign in sheet once completed by all staff. ED/RCC will monitor that resident list is kept in private area weekly for 4 weeks then monthly for 3 months.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [REDACTED] - 01/15/2026)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired [REDACTED], did not have a high school diploma or GED, or active registry status on the Pennsylvania nurse aide registry and provided unsupervised direct care services to residents of the personal care home on dates to include:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

54a - Direct Care Staff (continued)

Direct care staff person B, hired [REDACTED] did not have a high school diploma or GED, or active registry status on the Pennsylvania nurse aide registry and provided unsupervised direct care services to residents of the personal care home on dates to include:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Directed [REDACTED] 12/29/2025)

ED will educate staff regarding the confidentiality of resident records and ED/RCC will monitor Resident list for confidentiality weekly for 4 weeks and monthly for 3 months.

Proposed Overall Completion Date: 12/26/2025

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator shall conduct an audit at all current direct care staff records to ensure all direct care staff meet the qualifications of Regulation 2600.64(a). [REDACTED] 12/29/25

Within 5 days of receipt of the plan of correction: The administrator shall review all newly hired direct care staff records to ensure all direct care staff meet the qualifications of Regulation 2600.64(a). [REDACTED] 12/29/25

Directed Completion Date: 01/03/2026

Implemented [REDACTED] - 01/15/2026)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED] from 3:00 p.m. until 11:00 p.m., there were 19 residents present in the personal care home and direct care staff person A and direct care staff person C were the only staff persons present in the home, and neither staff person was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accepted [REDACTED] 12/29/2025)

CPR class is scheduled for January. ED will educate staff on requirement of having 1 CPR certified staff member on shifts and ED/RCC will monitor Staff schedules weekly to ensure each shift has a CPR certified staff member on each shift for compliance weekly for 4 weeks then monthly for 3 months.

Licensee's Proposed Overall Completion Date: 12/26/2025

63a - First Aid/CPR Training (continued)

Implemented [REDACTED] - 01/15/2026)

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At approximately 11:08 a.m., the escutcheon plate on both of the left side wall mounts for the grab rail to the right of the toilet and the grab rail to the left of the shower in the private bathroom of resident room [REDACTED] belonging to resident [REDACTED] were completely detached from the mounting plate and could be slid the entire length of the grab rail.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

This was repaired immediately. ED will educate all staff regarding regulation of all furniture being in good repair. ED/Maintenance Tech. will monitor all furniture to be in good repair monthly for 3 months. Will add education sign in sheet for all staff once completed.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [REDACTED] - 01/15/2026)

103g - Storing Food

5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 10:36 a.m. in the home's dry storage area on the second shelf of the green wire rack to the right of the ice machine there was a five-pound box of Pearl Milling Company original pancake and waffle mix that was open and unsealed with approximately one-half of the box remaining. Additionally, on the silver wire rack on the opposite side of the room and one shelf down, there was a bag of traditional stuffing mix that was not marked with a weight that was also opened and unsealed and approximately one-half full.

At approximately 10:42 a.m. in the home's kitchen pantry on the upper left shelf of the TRUE brand two-door upright cooler there was an open and unsealed five-pound bag of shredded feathered mozzarella cheese with approximately three pounds of cheese remaining in the bag.

REPEAT VIOLATION [REDACTED]

Plan of Correction

Accept [REDACTED] 12/29/2025)

All opened food will be kept in sealed containers. ED will educate all staff regarding all food being kept sealed after being opened. ED/Dining Manager will monitor food being sealed weekly for 4 weeks then monthly for 3 months.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [REDACTED] - 01/15/2026)

132f - Alternate Exit Routes

6. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The exit route "Both" was the only exit route used for evacuation during fire drills held on dates to include:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Accept [REDACTED] 12/29/2025)

Fires drill exit routes will be rotated monthly. ED will educate all staff regarding the use of alternate Routes during fire drills. ED/Maintenance Tech. will monitor for compliance monthly for compliance and will submit education sign in sheets once completed.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [REDACTED] - 01/15/2026)

171b5 - First Aid Kit

7. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

There was no first aid kit in the home's Chrysler Pacifica minivan used to transport residents.

Plan of Correction

Accept [REDACTED] 12/19/2025)

First Aid Kit was put into van at time of inspection. ED/designee will check van monthly to ensure 1st aid kit is in van monthly for 3 months.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented [REDACTED] - 01/15/2026)

181e - Capable to Self Administer

8. Requirements

2600.
181.e. To be considered capable to self-administer medications, a resident shall:
1. Be able to recognize and distinguish [REDACTED] medication.
2. Know how much medication is to be taken.
3. Know when medication is to be taken.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED], give one tablet by mouth every day. Resident [REDACTED]'s assessment, dated [REDACTED] indicated the resident can self-administer medications without assistance. However, on [REDACTED], when interviewed resident [REDACTED] was incapable of recognizing and locating the [REDACTED] stored in a lock box in [REDACTED] resident room, did not know the dose of the medication, was not aware the medication was to be

181e Capable to Self Administer (continued)

taken once daily, and could not recall the last time the medication was taken.

Plan of Correction

Accept (█ - 12/29/2025)

Medications were removed from room. Community had recently began administering meds to resident and RASP was updated to state this. ED will educate staff regarding updating of RASP for all services being provided to residents and will send to DHS once completed. ED/RCC will monitor residents monthly for ability to continue self medicating.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented (█ - 01/15/2026)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 3:04 p.m. there was a pharmacy bottle of █ tablets for resident █ that was found unlocked and unattended on an end table in resident room █

Plan of Correction

Accept (█ 12/29/2025)

Medication was removed from room immediately by RCC.ED will educate staff regarding that all meds kept in a room are kept locked at all times. ED will submit sign in sheet once completed by all staff. ED/designee will monitor that all meds in room are kept locked monthly for 3 months.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented (█ - 01/15/2026)

186a - Authorized Prescriber

10. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

At approximately 3:04 p.m. there was a pharmacy bottle of █ tablets for resident #6 that was found unlocked and unattended on an end table in resident room █. However, the home did not have a current prescription in writing by an authorized prescriber for █ tablets for resident █

Plan of Correction

Directed (█ - 12/29/2025)

Medication was removed immediately by RCC. ED will educate staff on having prescriptions for all OTC medications and will submit sign in sheet once completed by all Med techs. ED /RCC will monitor OTC meds to ensure they have a prescription for OTC meds monthly for 3 months.

Proposed Overall Completion Date: 12/26/2025

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator shall audit all prescription medications

186a Authorized Prescriber (continued)

monthly to ensure each prescription medication must be prescribed in writing by an authorized prescriber.

Prescription orders shall be kept current. 12/29/25

Directed Completion Date: 01/03/2026

Implemented - 01/15/2026)

187b - Date/Time of Medication Admin.

11. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident is prescribed chewable tablets, give one tablet by mouth every day. However, staff interviews indicated the medication was unavailable in the home from until and direct care staff person D documented resident November 2025 and December 2025 medication administration record as administered at 9:00 a.m. on and

Resident is prescribed chewable tablets, give one tablet by mouth every day. However, staff interviews indicated the medication was unavailable in the home from until and direct care staff person E documented resident December 2025 medication administration record as administered at 9:00 a.m. on

Plan of Correction

Accepted 12/29/2025)

Medication was purchased immediately. ED will educate all staff regarding having OTC medications available to administer as prescribed. ED/RCC will monitor OTC medications monthly for available to administer for 3 months for compliance.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented - 01/15/2026)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident is prescribed chewable tablets, give one tablet by mouth every day. However, on dates ranging from through the medication was not available in the home to administer to resident

Plan of Correction

Directed (12/29/2025)

Medication was purchased immediately. ED will educate all staff regarding having OTC medications available to administer as prescribed and will submit sign in sheet once completed by all staff. ED/RCC will monitor OTC medications monthly for availability to administer for 3 months for compliance

Proposed Overall Completion Date: 12/26/2025

DIRECTED

187d - Follow Prescriber's Orders (continued)

Within 5 days of receipt of the plan of correction: The administrator shall notify the resident and the resident's designated person of the medication errors. Documentation of notification shall be kept. JK 12/129/25

Within 5 days of receipt of the plan of correction: The administrator shall notify the prescriber of the medication errors. Documentation of notification shall be kept. [REDACTED] 12/129/25

Within 5 days of receipt of the plan of correction: The administrator shall record the medications errors as part of the resident's permanent record. [REDACTED] 12/29/25

Directed Completion Date: 01/03/2026

Implemented ([REDACTED] 01/15/2026)

225a - Assessment 15 Days

13. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] initial assessment, dated [REDACTED] did not indicate the resident's special health and dietary need for mechanical soft foods, however, the need for mechanical soft foods was documented on resident [REDACTED]'s medical evaluation dated [REDACTED].

Plan of Correction

Directed [REDACTED] - 12/29/2025)

All residents will have a written assessment within 15 days of admission and monitored for accuracy. ED will educate staff on assessment process and accuracy of assessments and will submit signed training sheets as completed by all staff. ED/RCC will audit all initial assessments for new admissions monthly for 3 months.

Proposed Overall Completion Date: 12/26/2025

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator shall update resident [REDACTED] assessment to include the residents current dietary needs. [REDACTED] 12/29/25

Within 5 days of receipt of the plan of correction: The administrator shall review all resident assessments for accuracy and completeness and update any assessments as necessary. [REDACTED] 12/29/25

Directed Completion Date: 01/03/2026

Implemented ([REDACTED] - 01/15/2026)

225c - Additional Assessment

14. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (*continued*)

2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] initial assessment, dated [REDACTED], indicated the resident can self-administer medications without assistance. However, interviews conducted on [REDACTED] with agents of the Department indicated the resident's condition and capability to self-administer medication had significantly changed and the resident was unable to recognize and distinguish [REDACTED] prescribed [REDACTED] tablet, unable to describe how much of the medication was to be taken, was unable to recall when that medication was to be taken, and could not recall the last time the medication had been taken.

Plan of Correction**Directed** [REDACTED] - 12/29/2025)

Residents RASP was updated to reflect that community administers medications due to residents' inability to do so any longer by RCC. ED will educate staff regarding Accuracy of assessments and will submit sign in sheets once completed by all staff. ED/RCC will monitor all assessments and RASP's to include all changes to resident's care to ensure compliance monthly for 3 months.

Proposed Overall Completion Date: 12/26/2025

DIRECTED

Within 5 days of receipt of the plan of correction: The administrator shall review all resident assessments for accuracy and completeness and update any assessments as necessary. [REDACTED] 12/29/25

Directed Completion Date: 01/03/2026

Implemented [REDACTED] - 01/15/2026)