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

June 26, 2026

[redacted]
HERITAGE GROVE AT INDIANA LLC
[redacted]

RE: HERITAGE GROVE AT INDIANA
1703 WARREN ROAD
INDIANA, PA, 15701
LICENSE/COC#: 45516

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2025, 12/15/2025 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 INDIANA* **License #**: *45516* **License Expiration**: *02/13/2026*

Address: *1703 WARREN ROAD, INDIANA, PA 15701*

County: *INDIANA* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *HERITAGE GROVE AT INDIANA LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *01/24/1994* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *52* **Waking Staff**: *39*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *12/22/2025*

Inspection Dates and Department Representative

12/12/2025 - On-Site: [redacted]

12/15/2025 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *30*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *first floor* **Capacity**: *40* **Residents Served**: *15*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *30*

Diagnosed with Mental Illness: *20* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *22* **Have Physical Disability**: *0*

Inspections / Reviews

12/12/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/27/2026*

02/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/15/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/17/2026*

Inspections / Reviews *(continued)*

03/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/15/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/10/2026*

06/26/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/15/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

51 Criminal Background Check

1. 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

A Pennsylvania State Police Criminal Background Check was not completed until [redacted] for staff person A, hired [redacted]

Plan of Correction ***Accept [redacted] - 02/10/2026)***

ED will educate RCC/designees on policy and time frame backgrounds must be completed prior to starting work. ED audited all current employee files for compliance and will audit all new hires monthly for 3 months.

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] - 06/26/2026)

58a Awake Staff 16 or More

2. Requirements

2600.
58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

Description of Violation

On or about [redacted] through [redacted], 30 residents were present in the home and staff person B worked the 10:00 pm to 6:00 am shift. Staff and resident interviews indicate staff person B was sleeping during this time.

Plan of Correction ***Accept [redacted] - 03/05/2026)***

This employee was terminated prior to inspection. ED will educate RCC/designee on policy of no sleeping while working. ED/designee will randomly audit overnight staff for compliance monthly for 3 months.

Proposed Overall Completion Date: 02/16/2026

Licensee's Proposed Overall Completion Date: *02/16/2026*

Implemented ([redacted] - 06/26/2026)

60a Staff/Support Plan

3. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted] from 10:00 pm to 6:00 am on [redacted], and on [redacted] from 10:00 pm to 6:00 am on [redacted], the home served 30 residents. During these dates and times, no staff person was present who was qualified to administer

60a Staff/Support Plan (continued)

medication. Multiple residents, to include resident #4, are prescribed PRN medications.

Plan of Correction ***Accept ([redacted] - 03/05/2026)***

ED will educate RCC/designee on the regulations regarding medication administration to residents and will also audit Med Tech certifications upon hire and monthly for 3 months to ensure compliance and will also monitor Schedules weekly for 3 months to ensure there are Med techs schedules for each shift.

Licensee's Proposed Overall Completion Date: *02/16/2026*

Implemented [redacted] - 06/26/2026)

182b - Prescription Medication

5. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C, who has not successfully completed the Department approved medications administration course, administered medications to resident #6 to on the following dates and times:

[redacted] *at 9:00 am.,*
[redacted] *at 8:00 am.,*
[redacted] *at 9:00 am.,*

Staff person D, who has not successfully completed the Department approved medications administration course, administered medications to resident #6 on the following dates and times:

[redacted] *at 9:00 am.,*
[redacted] *at 8:00 am.,*
[redacted] *at 9:00 am.,*

Plan of Correction ***Accept [redacted] - 02/10/2026)***

All med tech were recertified and observed by an approved trainer on 12/13/2025 to bring everyone current. ED/RCC will audit all new hired Med Techs completion of approved medication administration course as well as all current med techs quarterly.

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] - 06/26/2026)

183d - Prescription Current

6. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], belonging to resident #3, was in the medication cart; however, the medication was discontinued on [redacted].

Plan of Correction ***Accept [redacted] - 02/10/2026)***

A cart audit was completed to ensure compliance of having only current medications for residents in cart. ED will also educate RCC/designee of regulation and will Audit cart for compliance monthly for 3 months.

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] - 06/26/2026)

184a Resident's Meds Labeled

7. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident [redacted] over the counter [redacted] did not include the resident's name.

Plan of Correction ***Accept [redacted] - 02/10/2026)***

ED will educate RCC /designee that medications labels including name and all needed information. ED/designee will audit all meds to ensure label have all required information monthly for 3 months.

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] 06/26/2026)

187a Medication Record

8. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.

187a - Medication Record *(continued)*

7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted]. However, this medication is not indicated on resident [redacted] November 2025 medication administration record.

Plan of Correction ***Accept ([redacted] - 02/10/2026)***

Ed will educate RCC/ designee on all medications being on each resident's medication records. ED/designee will audit all residents' medications records monthly for 3 months to ensure all meds are listed on resident medication records.

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] - 06/26/2026)

187b - Date/Time of Medication Admin.

9. 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 [redacted] is prescribed [redacted], take every 8 hours, at 6:00 am., 2:00 pm., and 10:00 pm. Resident # [redacted] November 2025 medication administration record did not include the initials of the staff person who administered this medication on the following dates and times:
** [redacted] at 6:00 am. and 10:00 pm.*
** [redacted] at 2:00 pm.,*
** [redacted] at 6:00 am.*

Resident [redacted] is prescribed [redacted], take 1 cap three times daily for pain at 10:00 am., 1:00 pm., and 9:00 pm. Resident [redacted]'s November 2025 medication administration record did not include the initials of the staff person who administered this medication on [redacted] at 1:00 pm.

Plan of Correction ***Accept [redacted] - 02/10/2026)***

ED will educate staff on signing MAR after every pill has been given. ED/RCC will audit MARS weekly for 3 weeks then monthly for 3 months.

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented ([redacted] - 06/26/2026)

187d - Follow Prescriber's Orders

10. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed blood glucose checks three times per day at 7:00 am., 11:00 am., and 4:00 pm. as per ASP Insulin slide scale. However, resident [redacted] did not have [redacted] blood glucose checked on [redacted] at 4:00 pm.

Plan of Correction ***Accept [redacted] 02/10/2026)***

ED will educate staff on blood glucose being checked as prescribed by physician and documented in MAR. ED/designee will audit that all med-techs have completed accu check and documented on MAR. ED/RCC will audit MARs weekly for a month and monthly for 3 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] 06/26/2026)

190b - Insulin Injections

11. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On [redacted] at 7:30 am., staff person C, who has not completed the Department-approved diabetes patient education program within the past 12 months, administered insulin to resident [redacted]

On [redacted] at 7:30 am., staff person D, who has not completed the Department-approved diabetes patient education program within the past 12 months, administered insulin to resident [redacted].

Plan of Correction ***Accept [redacted] 02/10/2026)***

ED will educate staff on Diabetic training being up to date. Diabetic training class will be conducted 1/30/2026 for all Med-Techs. ED/designee will audit that all med-techs have completed training monthly for 3 months.

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] - 06/26/2026)

234a - Admission Support Plan

12. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit on [redacted] However, the resident's initial support plan was completed on [redacted]

234a - Admission Support Plan *(continued)*

Plan of Correction ***Accept [redacted] - 02/10/2026)***

ED will educate staff on timeframe of initial support plans being completed within 72 hours of admission or residents' admission. ED/RCC will audit all new admissions for completion of support plan within 72 hours monthly for 3 months.

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] - 06/26/2026)

234b - Support Plan Needs Elements

13. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated[redacted], for resident [redacted] did not address the need and safety precautions for the use of a bedrail, hospice contact information, and the services hospice provides.

Plan of Correction ***Accept ([redacted] 03/05/2026)***

ED will educate RCC/designee on support plans addressing all residents' needs of physical, social, cognitive and safety needs. ED/designee will audit support plans to ensure all resident needs are being met. ED/designee will audit all new admitted residents for 3 months.

Licensee's Proposed Overall Completion Date: *02/20/2026*

Implemented [redacted] 06/26/2026)