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

April 20, 2026

[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 01/06/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HERITAGE MILLS PERSONAL CARE CENTER* **License #**: *22636* **License Expiration**: *10/05/2026*

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**: *03/28/2012* **Issued By**: *Borough of Tower City*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *72* **Waking Staff**: *54*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *01/06/2026*

Inspection Dates and Department Representative

01/06/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *43*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *30* **Residents Served**: *21*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *43*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *29*

Have Physical Disability: *1*

Inspections / Reviews

01/06/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/21/2026*

03/13/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/20/2026*

Inspections / Reviews *(continued)*

04/06/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/08/2026*

04/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/13/2026*

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

Resident [redacted] has an order for [redacted], take 20 mg by mouth twice a day at 8:00 a.m. and 8:00 p.m. The resident did not receive the required dose on [redacted] 8:00 p[redacted] at 8:00 a.m. or 8:00p.m. The medication errors were not reported to the Department until [redacted] at 6:00 p.m.

Resident [redacted] has an order for [redacted], take 2 by mouth daily at 8:00 p.m. The resident did not receive this medication on [redacted]. The medication errors were not reported to the Department until [redacted] at 6:00 p.m.

Plan of Correction ***Accept [redacted] - 04/06/2026)***

Resident #1 & #2 medication errors were reported on 1/6/26.
The facility Administrator/designee educated nursing staff on 01/20/2026 to report any medication errors to the administrative staff. The Administrator/designee received education on reporting resident medication errors to the physician and department within 24 hours on 01/20/2026.
The administrator/designee will complete a weekly audit x 4 weeks to ensure medication errors are reported within 24 hours starting on 1/7/26 and ending on 1/28/26 . The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

81b - Resident Personal Equipment

2. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [redacted] bed enabler is not secured to the bed and can freely move side to side.

Plan of Correction ***Accept [redacted] - 04/06/2026)***

Resident #3's bed enabler bar was rechecked on 1/6/26 and secured to the bed. The Administrator/designee will complete education 1/20/26 for the nursing staff to ensure residents bed enabler bars are always secured to the bed.
The Administrator/designee completed a facility audit 1/7/26 of all other bed enabler bars to ensure they are secured to the bed.
The Administrator/designee will complete a weekly audit starting on 1/23/26 ending on 2/13/20/26 of bed enabler bars x 4 weeks to ensure they are secured to the bed. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

82c - Locking Poisonous Materials

3. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:50 a.m. the soiled linen room was propped open with a comfort hung on the top of the door. The room had one gallon of Zep carpet spot remover solution, with a manufacturer's label indicating "Ingestion: Do not induce vomiting, if person is conscious give plenty of water and seek medical attention", was unlocked, unattended, and accessible to residents in the secured dementia care unit on the second floor. The residents on the second floor of the home have been assessed not capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] 04/06/2026)***

The facility's soiled linen room door was unpropped. The administrator/designee will complete education on 1/20/26 to the housekeeping and nursing staff on not propping doors and on maintaining poisonous materials in a locked, inaccessible area for residents.
The Administrator/designee will complete a weekly audit starting on 1/14/26 ending on 2/4/26 of soiled linen rooms x 4 weeks to ensure they are not propping doors and maintaining poisonous materials in a locked, inaccessible area for residents. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/20/2026)

85a Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 10:00 a.m., the refrigerator in the secure dementia care unit had a red, fruit punch like substance under the bottom drawers.

At 10:03 a.m., feces stains covered resident [redacted] towel bar and along the wall in shared bathroom located in room [redacted]

Plan of Correction ***Accept [redacted] - 04/06/2026)***

The refrigerator in the secure dementia care unit was cleaned on 1/6 26. Resident #4's towel bar and the wall in room #104 were cleaned on 1/6/26.
The administrator/designee will complete education on 1/20/26 for housekeeping and nursing staff on the importance of maintaining sanitary conditions.
The Administrator/designee will complete an audit of refrigerators and resident bathrooms, x 4 weeks stating on 1/14/26 and ending on 2/4/26 to ensure sanitary conditions are maintained. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] 04/20/2026)

102k No Common Towel

5. Requirements

102k - No Common Towel *(continued)*

2600.
102.k. Use of a common towel is prohibited.

Description of Violation

Room [redacted] had unlabeled towels located on the handwash sink, this bathroom is shared.

Plan of Correction ***Accept [redacted] - 04/06/2026)***

Room [redacted] hand towels were labeled on 1/6/26.
The Administrator/designee will complete education on 1/20/26 to housekeeping staff on hand towels being labeled in shared bathrooms.
A weekly audit starting on 1/14/26 and ending on 2/4/26 will be completed by the Housekeeping Supervisor x 4 weeks,
ensuring all hand towels are appropriately labeled in a shared bathroom.
The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

103g - Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 9:15 a.m. in the main kitchen refrigerator there was an uncovered pan of Jello.

Plan of Correction ***Accept [redacted] 04/06/2026)***

The pan of Jell-O in the main kitchen refrigerator was covered on 1/6/26.
The administrator/designee will complete education on 1/20/26 for the dietary staff to ensure food is stored in closed or sealed containers.
The administrator/designee will complete weekly audits of kitchen refrigerators x 4 weeks starting on 1/30/26 and ending on 2/20/26 to ensure food is stored in closed or sealed containers.
The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

105g - Lint Removal and Duct Cleaning

7. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 9:40 a.m. in the 2nd floor laundry room, there was an approximate 1/8 inch of lint in the wall lint

105g Lint Removal and Duct Cleaning (continued)

tray and a coating of lint on the floor between the back of the dryer and the wall.

Plan of Correction ***Accept [redacted] - 04/06/2026)***

The lint in the wall lint tray and the floor between the back of the dryer wall in the second floor laundry room was cleaned on 1/6/26.
The Administrator/designee will complete education on 1/20/26 for the housekeeping and nursing staff on the importance of maintaining clean dryer lint traps and the areas around the lint dryer trap to reduce risks of fire hazards.
The administrator/designee will complete weekly audits x 4 weeks starting on 1/30/26 and ending on 2/20/26 of laundry rooms to ensure the lint dryer traps and areas around the traps are clean and free of lint. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

127a - Portable Space Heaters

8. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

At 9:05 a.m. in the private dining room in the personal care section, there was an electric portable space heater. Space heaters are prohibited.

Plan of Correction ***Accept [redacted] - 04/06/2026)***

The portable space heater in the private dining room was removed and locked in storage on 1/6/26.
The administrator will provide education to all staff, reinforcing that portable space heaters are not allowed in this healthcare setting.
The administrator/designee will complete and audit x 4 weeks starting on 1/30/26 and ending on 2/26/26 monitoring that no area in the facility is using portable space heaters. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

141b1 - Annual Medical Evaluation

9. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted]s most recent medical evaluation was completed on [redacted]

Plan of Correction ***Accept [redacted] - 04/06/2026)***

Resident[redacted] was in the hospital and unable to be seen by the physician. The resident's DME will be scheduled upon discharge from the hospital and return to the facility after rehab.

141b1 - Annual Medical Evaluation (continued)

The Administrator was educated on the importance of having medical evaluations completed at least annually on 1/20/26.
The Administrator/designee will complete an initial audit of all current residents to ensure they have a medical evaluation annually as part of their medical record.
The administrator/designee will complete a monthly audit to ensure the current medical evaluation is being completed starting on 1/7/26. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

183b - Meds and Syringes Locked

10. 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 9:50 a.m., Biohazard red bin with disposed needles was located on the second floor's soiled linen room was unlocked, unattended, and accessible to residents assessed as not capable of recognizing and avoiding hazardous materials.

Plan of Correction ***Accept [redacted] 04/06/2026)***

The biohazard red bins will be maintained in a locked, secure area not accessible to residents starting on 1/7/26 and have since been measured to fit the carts. The Administrator/designee will provide education on 1/20/26 to nursing staff on maintaining biohazard red bins in an area or container that is locked.
The Administrator/designee will complete an audit 5 days a week for one week starting on 1/7/26 and ending on 1/13/26 and then weekly x 3 weeks starting 1/14/26 and ending on 1/28/26 to ensure the biohazard red bins are being maintained in a locked, secure area not accessible to residents. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

184b - Labeling OTC/CAM

11. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At approximately 10:03 a.m., a bottle of Tums Antacids belonging to Resident [redacted] was not labeled with the resident's name in the 1st floor medication cart located in the secure dementia care unit.

Plan of Correction ***Accept [redacted] - 04/06/2026)***

Resident #3's Tums was labeled with the resident's name 1/6/26. The Administrator/designee will provided education on 1/20/26 to the nursing staff on the importance of labeling OTC meds with the resident's name.
The Administrator/designee will complete an audit weekly x 4 weeks starting on 1/7/26 and ending on 1/28/26 ensuring all OTC meds are appropriately labeled with the resident's name.

184b Labeling OTC/CAM (continued)

The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

185a - Implement Storage Procedures

12. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

At approximately 9:45 a.m. in the 1st floor secure dementia unit soiled linen room there 2 used oxygen tanks.

An unlabeled glucometer was found in the home belonging to a current resident.

Resident #6's glucometer has no history past 7/9/25 at 11:56 a.m.

Resident #7 blood sugar readings from 12/18/25 at 5:00 p.m. 12/21/25 at 8:00 p.m. were not calibrated to the correct time/date, respectively. Resident #7's medication administrator record has noted blood sugar reading of 463 on 12/21/25 at 9:20 p.m.; however, the blood sugar reading was not found on the glucometer.

Resident #8's Libre recorded blood sugar reading of 76 on 12/19/25 at 1:56 a.m. and blood sugar reading of 139 on 12/19/25 at 2:06 a.m.; however, the blood sugar readings were not noted on the medication administration record. Blood sugar readings on 12/30/25 at 12 p.m. and 5 p.m. were noted on the medication administration record; however, the resident didn't have blood sugar reading recorded on the Libre.

Resident #9's medication administration record has blood sugar readings noted on 12/22/25,12/27/25, 12/28/25, 12/29/25, and 12/30/25 however, no readings were found on the resident's Libre.

Resident #6 has an order for Rochlorperazine 10 mg tablet, take 1 every 6 hours as needed for nausea and vomiting. This medication was not available.

Repeat Violation 9/24/24

Plan of Correction ***Accept ([redacted] - 04/06/2026)***

The two used oxygen tanks in the1st floor secure dementia unit soiled linen room were removed on 1/6/26.
The unlabeled glucometer was labeled with the resident's name on 1/6/26.
Resident #6 & 7 received a new glucometer on 1/6/26. Resident #6, Rochlorperazine 10 mg tablet, take 1 every 6 hours as needed for nausea and vomiting, was received and put in the medication cart 1/6/26.
Resident #8's past Libre recorded blood sugar readings can not be recorded on the current medication record, a new libre was replaced on 1/6/26.
Resident #9's Libre sensor was replaced on 1/6/26.
The Administrator/designee will provide education on 1/20/26 to the Medication

185a - Implement Storage Procedures (continued)

Technicians for ensuring the accuracy of documenting residents blood glucose readings, glucose monitors storing the readings, and medications always being available, even when it is a prn medication.
The Administrator/designee will complete a monthly audit starting on 1/21/26 and ending on 2/20/26 to ensure the glucose monitors are storing readings, that readings are being documented, and prn medications are available. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

187c - Refusal of Medication

13. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [redacted] has a physician's order requesting that the facility notify the primary care physician after 10 medication refusals. Resident [redacted] refused medication from [redacted] to [redacted]. The facility did not notify the resident's primary care physician of these medication refusals until [redacted]

Repeat Violation [redacted] et al

Plan of Correction ***Accept [redacted] - 04/06/2026)***

Resident #10's physician was notified on 1/6/26 of the medication refusals. On 1/7/26, the resident's physician updated the refusal order to weekly updates. The Administrator and Director of Wellness were educated on the importance of informing the resident's physician of medication refusals based on current physician orders. The Administrator/designee will complete weekly audits once a week x 6 weeks starting on 2/1/26 and ending on 3/6/26 ensuring resident's physicians are notified of medication refusals. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

187d - Follow Prescriber's Orders

14. Requirements

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

Description of Violation

Resident [redacted] is prescribed blood sugar checks at 8:00 a.m., 12:00 p.m., 5:00 p.m., and 8:00 p.m. On [redacted] the resident did not receive the checks at 12:00 p.m. 5:00 p.m. and 8:00 p.m. On [redacted] the resident did not receive the checks at 8:00 a.m.12:00 p.m. and 5:00 p.m.

187d Follow Prescriber's Orders (continued)

Resident [redacted] has an order for [redacted], take 20mg by mouth twice a day at 8:00a.m. and 8:00p.m. On [redacted] at 8:00p.m. the facility ran out of the medication, and the resident did not receive the required dosage on [redacted] at 8:00 p.m., [redacted] at 8:00 a.m. or 8:00 p.m., or on [redacted] at 8:00 a.m.

Resident [redacted] has an order for [redacted], take 2 by mouth daily at 8:00 p.m., The medication has been unavailable in the facility since [redacted]. The resident did not receive this medication on [redacted] or [redacted]

Resident [redacted] has an order for [redacted], take 1 tablet by mouth 2 times a day. The medication the facility has been administering is [redacted], take 1 by mouth 2 times a day.

Repeat Violation [redacted] et al

Plan of Correction ***Accept [redacted] - 04/06/2026)***

The physician was notified of missed medications and blood sugar checks for residents #8, #1, and # 2 on 1/7/26. Resident #7's order was updated to reflect the correct medication on 1/7/26. The Nursing staff was educated on the importance of ensuring medications are available for residents and that orders are followed that are listed on their Medication Record on 1/20/26. The Administrator/designee will complete a weekly audit starting on 1/7/26 and ending on 2/11/26, ensuring all prescriber's orders are being followed and medications are readily available. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented [redacted] - 04/20/2026)

188b - Medication Error Reporting

15. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted] take 20 mg by mouth twice a day at 8:00 a.m. and 8:00 p.m. The resident did not receive the required dose on [redacted] at 8:00 p.m., [redacted] at 8:00 a.m. or 8:00p.m. The medication errors were not reported to the resident, the resident's POA, and the prescriber.

Resident [redacted] has an order for [redacted], take 2 by mouth daily at 8:00 p.m. The resident did not receive this medication on [redacted]. The medication errors were not reported to the resident, the resident's POA and the prescriber.

Plan of Correction ***Accept [redacted] - 04/06/2026)***

Resident #1 and #2's physicians and POA's were notified of the medication errors on 1/7/26. The Nursing staff were educated on 1/20/26 on the importance of informing the physician of medication errors timely. The Administrator/designee will complete a weekly audit starting on 1/7/26 and ending on 2/11/26 ensuring all

188b - Medication Error Reporting (continued)

medication errors are reported to the physician timely. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented (04/20/2026)

234a - Admission Support Plan

16. 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 #11 and Resident #12 were admitted to the Secure Dementia Care Unit on . However, the residents' initial support plans were not completed.

Plan of Correction ***Accept - 04/06/2026)***

Resident #11 and #12's support plans were completed on 1/7/26. The Administrator/designee was educated on the completion of support plans within 72 hours of admission and 72 hours of being admitted to the secured dementia unit on 1/20/26. The Administrator/designee will complete a monthly audit starting on 2/7/26 and ending on 3/6/26 of new admissions to the facility and the secured dementia to ensure support plans are completed within 72 hours. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented - 04/20/2026)

234d - Support Plan Revision

17. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident support plan dated indicates the need for extensive supervision with 15-minute checks to ensure safety. 15-minute safety checks were only completed on

Plan of Correction ***Accept - 04/06/2026)***

Resident #4's support plan was updated to reflect current changes on 1/6/26. Resident 34 was discharged from the facility on 1/26/26. The Administrator/designee was educated on 1/20/26 on the importance of the support plan being revised at least annually, and as the resident's condition changes.
The Administrator/designee will complete a weekly audit starting on 1/7/26 and ending on 1/28/26 ensure support plans are being updated annually and as the resident's condition changes. The Administrator will be responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented (04/20/2026)