

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

May 11, 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 01/15/2026 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: 67 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/03/2026

Inspection Dates and Department Representative

01/15/2026 - 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: 1st floor Capacity: 30 Residents Served: 21
 Hospice
 Current Residents: 0
 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: 24 Have Physical Disability: 1

Inspections / Reviews

01/15/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2026

04/24/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/08/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/01/2026

Inspections / Reviews *(continued)*

05/01/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/08/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/08/2026

05/11/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/08/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], and [redacted] Resident [redacted] threatened Resident [redacted].
On [redacted] and [redacted] Resident [redacted] threatened to kill other residents.
On [redacted] and [redacted], Resident [redacted] was verbally abusive to numerous other residents in the home. Staff were aware of all of these incidents but none of them were reported to the Area Agency on Aging.

Plan of Correction

Accept [redacted] - 05/01/2026)

Resident [redacted] was discharged from the facility to an appropriate level of care. 1/28/26
Staff education completed by the facility Administrator/designee on the facility's abuse policy, reporting guidelines, and the importance of immediately report all allegations of abuse. This will be completed by 1/20/2026. The administrator received training from Regional support staff on reporting guidelines to the department on 1-16-26. The administrator/designee will complete a daily audit x2 weeks and then monthly x3 months to ensure reportable guidelines are being followed. Audits will be completed by 4/24/26

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] 05/11/2026)

16c - Written Incident Report

2. 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], and [redacted] Resident [redacted] threatened Resident [redacted].
On [redacted], and [redacted] Resident [redacted] threatened to kill other residents.
On [redacted] and [redacted], Resident [redacted] was verbally abusive to numerous other residents in the home.
Staff were aware of all of these incidents but none of them were reported to the Department.

16c Written Incident Report (continued)**Plan of Correction**

Accept [REDACTED] - 05/01/2026)

The Administrator was educated by regional support staff on reporting guidelines to the department on 1/16/26. From 1/15/26 a 72hr lookback will be completed by the administrator/ designee to identify if any other reportable events occurred. Findings will be reported as necessary. An all staff training on Written Incident Reports and reportable guidelines was completed on 4/22/2026. The administrator/designee will complete a daily audit x2 weeks and then monthly x3 months to ensure reportable guidelines are being followed. Audits will be completed by 4/24/26

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [REDACTED] - 05/11/2026)

23a - Activities of Daily Living Assistance**3. Requirements**

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Residents [REDACTED] and [REDACTED] reside in the Secured Dementia Care Unit and require assistance with toileting. Staff verified that incontinence care was not provided to these residents between 11:00p.m. and 7:00a.m. on 1/8/26. Resident [REDACTED] had been on 15 minute checks since they were admitted to the home on [REDACTED] due to aggressive and threatening behaviors. According to staff this supervision has been ineffective in controlling the resident behaviors but no additional measures to protect residents were enacted until [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/01/2026)

Resident [REDACTED] was discharged from the facility to an appropriate level of care. 1/28/26 Residents assessment and support plans for Residents [REDACTED] and [REDACTED] was reviewed to ensure all ADLs are clearly documented and updated as necessary. This will be completed by 1/16/26. The Administrator/designee will educate all direct care staff and review the facility's policy on Regulation 2600.23A regarding Activities of Daily Living Assistance and individualized resident care plans. This will be completed by 1/20/26. Random audits of Residents assessment and support plans will be conducted weekly x 4 weeks, then monthly x 1 to ensure ADLs are documented and updated. Audits will be completed by 4/24/26

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [REDACTED] - 05/11/2026)

42b - Abuse**4. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [REDACTED] received a lower leg laceration requiring stitches and wound care as a result of a fall at the facility on approximately [REDACTED]. A physician's order for wound care was received by the facility on [REDACTED] indicating that

42b - Abuse (continued)

the resident's wound was to be covered with non-stick dressing and the dressing was to be changed every other day. On [redacted] the resident was seen by the primary care physician for follow-up resulting in a physician's order from the same date for wound care. The order states that the facility is to make all attempts not to disturb the packing inside the wound; however, the top later of gauze dressing may be changed. Resident [redacted] stated that for 4 days beginning around [redacted] Staff Person A did not change the bandage resulting in an infection to the wound area. Staff persons interviewed indicated that Staff Person A is the only staff person assigned to provide wound care to residents, and that Staff Person A did not provide the resident with wound care from approximately [redacted] to [redacted] resulting in the resident developing a wound infection.

Plan of Correction

Accept [redacted] - 05/01/2026)

Staff member A is no longer employed by the facility. 2/16/26 Resident [redacted] wound care needs were addressed by PCP and facility's Wound Care responsibilities were contracted to vendor services: Advantage Home Health and Hospice. All direct staff care have been educated regarding this process change in the Wound Care program. This will be completed by 1/20/26. Beginning 1/26/26 the service binder is kept at the front desk. Administrator/designee to review service binder weekly x weeks and monthly x 1 to ensure any resident referral information and clinical follow up is updated by Advantage home Health and Hospice clinical personnel. This will be completed by 4/24/26.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] - 05/11/2026)

42c - Treatment of Residents

5. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted], and [redacted], Resident [redacted] threatened to kill resident [redacted] Resident [redacted] had a plan to drown resident [redacted] in the toilet or smother them with a pillow. These statements were heard by Staff.

On [redacted] resident [redacted] was heard asking 2 different residents to go to bed with them, both said no and Resident [redacted] became nasty and verbally abusive towards them.

On [redacted] and [redacted] resident [redacted] was heard by staff in resident [redacted]'s room, cursing and screaming at them.

On [redacted] resident [redacted] was observed by staff in resident [redacted]'s room, yelling at them.

On [redacted], resident [redacted] was observed by staff cursing at resident [redacted]

On [redacted], and [redacted] resident [redacted] was observed being verbally abusive to residents, specifically resident [redacted] and resident [redacted] On [redacted], threatened to kill resident [redacted]

Plan of Correction

Accept [redacted] - 05/01/2026)

Resident [redacted] was discharged from the facility to an appropriate level of care. 1/28/26. Staff education to be completed by the facility Administrator/designee on the facility's abuse policy, reporting guidelines, and the importance of immediately report all allegations of abuse. This will be completed by 1/20/26. Residents educated by NHA/designee on residents rights, facility leadership personnel and Ombudsman. This will be completed by 1/20/26 NHA/designee will meet with residents weekly x 2 weeks, then monthly x3 to ensure residents feel they are being treated with dignity and respect. This will be completed by 4/24/26

42c Treatment of Residents (continued)

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] - 05/11/2026)

225c - Additional Assessment

6. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted]'s assessment dated [redacted] does not include wound care or the resident needing to keep leg elevated to reduce swelling as ordered by the resident's physician on [redacted] and [redacted]

Plan of Correction

Accept [redacted] - 05/01/2026)

Administrator/designee updated resident [redacted]'s support plan to include wound care and leg elevation. This was completed on 1/15/26. An all staff education was completed on 1/20/2026 by the administrator/designee on Assessments 15 Days. Resident charts will be reviewed weekly x3 months (or until all residents residing in the facility are completed) to identify incomplete or missing support plans. This will be completed by 4/24/26

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented [redacted] 05/11/2026)