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 02/10/2026, 02/11/2026 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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *70* **Waking Staff**: *53*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *02/11/2026*

Inspection Dates and Department Representative

02/10/2026 - On-Site: [redacted]

02/11/2026 - 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**: *24*

Hospice

Current Residents: *4*

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: *27*

Have Physical Disability: *1*

Inspections / Reviews

02/10/2026 Partial

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

03/24/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/10/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/31/2026*

Inspections / Reviews *(continued)*

04/08/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/10/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/10/2026*

04/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/10/2026*

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

According to staff and resident interviews, the home began having heating issues on the 1st and 2nd floors and in resident rooms on [redacted] The common room and some resident room temperatures were as low as 63 degrees. The facility was aware the heat was malfunctioning, but this was not reported to the Department until [redacted], upon request of a Department Representative.

Repeat Violation [redacted] et al

Plan of Correction ***Accept [redacted] - 04/08/2026)***

The Administrator was educated by regional support staff on reporting guidelines to the department. From 2/11/16 a 72 hour 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 3.12.2026. The administrator/designee will complete a daily audit x 2 weeks and then monthly x 3 months to ensure reportable guidelines are being followed.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

17 - Record Confidentiality

2. 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

On [redacted] at approximately 9:49 a.m. there was an empty bottle of [redacted] for resident [redacted] and an empty pill bottle of [redacted] for Resident [redacted] laying on top of the medication cart, unlocked and unattended, allowing anyone access.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 2.11.2026 The nasal spray and empty pill bottle were immediately removed by nursing staff and properly secured to ensure residents' information was protected. The administrator/designee completed a facility audit on 2.11.2026 to ensure medications and personal items are properly secured. An all staff training on Record Confidentiality was completed on 3.12.2026. The Administrator/designee will perform random audits on 3.13.2026 ensuring medications and personal items are properly secured on each residential floor once a week x 4 weeks and monthly x 3 months.

17 Record Confidentiality *(continued)*

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

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

On [redacted] Resident [redacted] stated to this reporter they have asked multiple times and multiple staff to be assisted with shaving. The resident was observed to have facial scruff. The resident is wheelchair bound, and cannot use the mirror in the bathroom, because it is not low enough to see the reflection. Resident [redacted]s Assessment and Support Plan dated [redacted] indicates the resident requires assistance with ADL's surrounding hygiene. This was discussed with the Administrator on [redacted] On [redacted] the resident was again observed with the same facial scruff.

Repeat Violation [redacted] et al

Plan of Correction ***Accept [redacted] - 04/08/2026)***

Resident [redacted] was shaved by day shift Direct Care Staff on 2/12/26. The Administrator/designee will add shaving for both men and women to daily assignment sheets by 4.2.2026. An all staff training on Activities of Daily Living Assistance was completed on 3.12.2026. A daily task sheet will be signed and turned in by Direct Care Staff to be reviewed by Administrator/designee 5x a week for 2 weeks, weekly x 2 weeks and monthly x 2 months

Licensee's Proposed Overall Completion Date: *03/31/2026*

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

42c - Treatment of Residents

4. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 10:30 a.m. Resident [redacted] told this reporter that the 3rd shift worker, identified as Staff person B, was rude. Resident [redacted] stated they asked for assistance due to an issue with a hemorrhoid, and Staff person B stated, "you should have wiped better." The resident indicated they did, and Staff person B stated, "well not good enough." Resident [redacted] was visibly upset explaining the situation, including tears in their eyes. The resident stated to this reporter they do not deserve to be treated like that.

Plan of Correction ***Accept ([redacted] - 04/08/2026)***

On 2.11.2026 Staff Person B was immediately removed from Resident [redacted] and Resident was provided with the requested care. Staff Person B was suspended on 2.11.2026 and terminated on 2.16.2026
An all staff training was on Treatment of Residents completed on 3.12.2026.

Licensee's Proposed Overall Completion Date: *03/31/2026*

42c - Treatment of Residents *(continued)*

Implemented [redacted] - 04/20/2026)

82a - Poisonous Materials

5. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [redacted] at approximately 9:48 a.m. there was a container of Ecolab Antibacterial Soap on the counter next to the open kitchenette area sink in the Secure Dementia Care Unit, unattended by a staff member. The manufacturer label could not be read because it was wet and was pulling apart. The Material Safety Data Sheets were reviewed; they indicated if swallowed contact poison control center or get medical attention right away.

Repeat Violation [redacted] et al

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 2.11.2026 Antibacterial Soap was immediately removed from the kitchen counter in the secured dementia unit by the staff member on duty. An all staff training on Poisonous Materials was completed on 3.12.2026. Weekly audits will be done starting 3.12.2026 by Administrator/designee on the Memory Care floor to ensure kitchenette sink is free of poisonous materials in the Secure Dementia Care Unit x 4 weeks ending on 4.8.2026. and then monthly thereafter x 3 months.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

83a - Indoor Temperature

6. Requirements

2600.
83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On [redacted] at approximately 9:20 a.m. Resident Room [redacted] had an environmental temperature of 64 degrees. At 1:40 p.m. Resident Room [redacted] had an environmental temperature of 66 degrees.

On [redacted] at approximately 9:30 a.m. the temperature in the Memory Care sitting area used by the residents was 62 degrees. On [redacted] at 9:40 a.m. the temperature in the Memory Care Long Hallway used by the residents was 63 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 2.10.2026 Administrator/designee moved Residents who's rooms were not maintaining a temperature of at least 70 degrees. Residents in room [redacted] were moved to room [redacted], Residents in room [redacted] were moved to room [redacted]. Climatemp was contacted on 2.10.2026 and has been fixed since 2.13.2026. An all staff training on Indoor

83a Indoor Temperature (continued)

Temperature was completed on 3.12.2026. The Administrator or Designee will conduct weekly audits of random room temperatures once a week for a period of 4 weeks starting on 2.16.2026, then once monthly, thereafter for 3 months. f

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

85a - Sanitary Conditions

7. Requirements

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

Description of Violation

On [redacted] at approximately 9:37 a.m. in Room [redacted] shared bathroom in SDCU, there were two toothbrushes in the open medicine cabinet, bristles of the toothbrushes were touching.

Plan of Correction ***Accept ([redacted] 04/08/2026)***

On 2.11.2026 Direct Care Staff disposed of contaminated toothbrushes.
Administrator/designee will add proper storage of hygiene products to the daily assignment sheets by 4.2.2026
An all staff training on Sanitary Conditions was completed on 3.12.2026.
The Administrator/designee will complete random audits beginning 4/3/26 of resident shared bathrooms on the SDCU one a week for 4 weeks and monthly x 3 months to ensure proper storage of hygiene products

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] 04/20/2026)

89a - Water Pressure

8. Requirements

2600.
89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [redacted] at 9:35 a.m. in room [redacted] the water temperature was 93.2 degrees. At 2:00 p.m. Room [redacted] water temperature at the sink was 46.4 degrees.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 2.11.2026 Haller Enterprise was called and reported to the building to ensure water reached an acceptable temperature range.
Daily water temperature checks were initiated on 2.11.2026 and ending on 3.17.2026. On 2.11.2026 Haller ordered a mixing valve and installed in on 3.17.2026. An all staff training on Water Pressure was completed on 3.12.2026.
Administrator/designee will review random temperature logs to ensure water reached an acceptable temperature range starting 3.17.2026 x one week and thereafter x 2 months.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] 04/20/2026)

89b - Hot Water Temperature

9. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at 9:12 a.m. Room [redacted] water temperature at the sink was 137 degrees. At approximately 9:20 a.m. Room [redacted] water temperature at the sink was 132.4 degrees. At approximately 9:30 a.m. Resident room water temperature at the sink was 132.6 degrees. At approximately 9:35 a.m. Resident room [redacted] water temperature at the sink was 132.6 degrees. At 9:36 Resident room [redacted] water temperature at the sink was 150 degrees. At 9:38 a.m. in Resident room [redacted] the water temperature at the sink was 150.2 degrees.

On [redacted] at 9:35 a.m., the hot water temperature in Room [redacted] measured 140 degrees. On [redacted] at 1:30 p.m., the hot water temperature in Room [redacted] measured 132 degrees. On 2/10/2026 at 1:40 p.m., the hot water temperature in Room [redacted] measured 142 degrees. On [redacted] at 1:45 p.m., the hot water temperature in Room [redacted] measured 137 degrees. On [redacted] at 9:13 a.m., the hot water temperature in Room [redacted] measured 130 degrees.

Plan of Correction ***Accept [redacted] 04/08/2026)***

On 2.10.2026 a Technician with Climatetemp was on site and adjusted the hot water temps not to exceed 120 degrees.
Daily water temperature checks were initiated on 2.11.2026 and ending on 3.17.2026. An all staff training on Hot Water Temperature was completed on 3.12.2026. Administrator/designee will review random temperature logs to ensure water temperatures do not exceed 120 degrees daily starting 3.17.2026 x one week and thereafter x 2 months.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

95 - Furniture and Equipment

10. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted] at 9:00 a.m. upon entrance of the building, it was noted the 2nd door leading from the vestibule area into the building remained open approximately 8 inches. It remained open after multiple attempts to shut the door, it continued to re-open. (Day 1)

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 2.13.2026 the 2nd door leading from the vestibule area was fixed. On 2/11/26 the Administrator/ designee checked doors leading to the outside to ensure they were properly closed and latched. An all staff training on Furniture and Equipment properly working was completed on 3.12.2026. Starting 2/18/26 The Administrator/ designee will complete a random weekly audit x 4 weeks and then 3 months of doors leading to the outside to ensure they were properly closed and latched.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

102i - Soap Dispenser

11. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On [redacted] at approximately 12:00 p.m. in the shared bathroom of room [redacted] in the Secure Dementia Care Unit, there was an unlabeled bottle of Old Spice body wash, and an unlabeled bottle of Head and Shoulders shampoo.

Repeat Violation [redacted]

Plan of Correction ***Accept [redacted] 04/08/2026)***

On 2.11.2026 the unlabeled body wash and shampoo was immediately removed from room [redacted] Resident bathroom and were labeled by Direct Care Staff.
On 2-11-26 all bathrooms in the dementia unit were checked for unlabeled items and corrected as needed. An all staff training on Soap Dispensers was completed on 3.12.2026. Weekly audits will be done starting 2.12.2026 by Administrator/designee on the Memory Care floor of random Resident bathrooms 1 time per week x 4 weeks ending on 3.5.2026. and then monthly thereafter x 3 months.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

127a Portable Space Heaters

12. Requirements

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

Description of Violation

On [redacted] at 9:45 a.m., a portable space heater was in use in the Salon.

Repeat Violation [redacted] et al

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 2.10.2026 The portable space heater was removed immediately from the beauty shop by the Administrator. On 2-10-26 an audit was completed throughout the facility to ensure no additional space heaters were being utilized. No other heaters were found. A training on Portable Space Heaters was completed with the Beautician on 3.12.2026. Administrator/designee will complete weekly audits of the salon x 4 weeks starting on 2.11.2026 and then monthly x 2 months

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

183b Meds and Syringes Locked

13. 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

On [redacted] at approximately 2:05 p.m. on the 1st floor Secure Dementia Care Unit there was an unlocked sharps container sitting on the medication cart. The sharps container was unlocked and unattended.

183b Meds and Syringes Locked (continued)

Plan of Correction ***Accept (- 04/08/2026)***

On 2.11.2026 The med tech immediately placed the sharps container in the locked nursing station room. On 2.26.2026 Administrator contacted the local Pharmacy to come out and measure the locked syringe box on the medication carts and ordered fitted sharps containers that were installed on 2.27.2026. An education was provided to the Med Techs on maintaining the lock on the sharps container. An all staff training on Meds and Syringes Locked was completed on3.12.2026. Administrator/designee will do a weekly audit of the sharps containers to ensure they remain locked starting 2.27.2026 x 4 weeks and then monthly x two months.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented (- 04/20/2026)

201 - Positive Interventions

14. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident does not have or other related diagnosis and does not require the need for a secured dementia care unit. The resident was involved in two incidents and) where the resident was accused of inappropriately touching another resident. On the resident was moved from the Personal Care area on the 2nd floor to the Secure Dementia Care Unit on the 1st floor. The staff did not use positive interventions to modify resident s behaviors after the above noted incidents.

Plan of Correction ***Accept (04/08/2026)***

On 1.27.2026 Administrator at the time made the decision to move Resident to a secured dementia unit. Resident does not have or other related diagnosis. Administrator is no longer employed and Resident was discharged. An all staff training on Positive Interventions was completed on 3.12.2026. On 3.13.2026 Administrator and designee started an audit of medical diagnosis. 3 Resident charts will be reviewed per week identifying incomplete or missing diagnosis, this process will be ongoing for 3 months until all Resident's residing in the building are complete.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented - 04/20/2026)

202 - Prohibitions

15. Requirements

2600.
202. The following procedures are prohibited:
1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

202 - Prohibitions *(continued)*

Description of Violation

Resident [redacted] does not have [redacted] or other [redacted] related diagnosis. The resident does not require the need for a secured dementia care unit. The resident was involved in two incidents [redacted] and [redacted]) where the resident was accused of inappropriately touching another resident. On [redacted] the resident was moved from the Personal Care area on the 2nd floor to the Secure Dementia Care Unit on the 1st floor. The resident was moved to the secured dementia care unit to confine the resident due to the residents' recent behaviors. Resident [redacted] was interviewed and wants to return to the 2nd floor in the Personal Care Home area. The resident indicated they have asked staff several times about returning to the 1st floor but feel like they are being physically restrained because they do not know how to operate the key code for the magnetic locks or the key code for the elevator.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 1.27.2026 Administrator at the time made the decision to move Resident [redacted] to a secured dementia unit. Resident [redacted] does not have [redacted] or other [redacted] related diagnosis. Administrator is no longer employed and Resident was discharged. An all staff training on Prohibitions was completed on 3.12.2026. On 3.13.2026 Administrator and designee started an audit of medical diagnosis. 3 Resident charts will be reviewed per week identifying incomplete or missing diagnosis, this process will be ongoing for 3 months until all Resident's residing in the building are complete.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] 04/20/2026)

225a - Assessment 15 Days

16. 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] was admitted to the facility on [redacted], the resident was moved on [redacted] to the Secure Dementia Care Unit. Resident [redacted] initial assessment dated [redacted] has not been updated regarding the need to live in a Secure Dementia Care Unit by a medical professional. There was an update that indicates 'due to behaviors the resident moved to the Secure Dementia Care Unit. The behaviors are not noted; there is no plan to manage those behaviors. The resident's current assessment indicates the resident is independent, oriented, and requires no supervision.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

Resident [redacted] was moved back to [redacted] previous room on the second floor on 2/17/26. On 3.13.2026 Administrator and designee started an audit of support plans identifying any additional assessments that may be out of compliance. An all staff training on Assessment 15 Days was completed on 3.12.2026. 3 Resident charts will be reviewed per week identifying incomplete or missing support plans, this process will be ongoing for 3 months until all Resident's residing in the building are complete.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

231b - Medical Evaluation

17. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit on [redacted] from the facilities Personal Care area. The resident's most recent medical evaluation dated [redacted] does not have a diagnosis of dementia or [redacted], or a recommendation from a medical professional for the resident to be admitted to a Secure Dementia Care Unit.

Repeat Violation [redacted] et al

Plan of Correction ***Accept [redacted] - 04/08/2026)***

Residents [redacted] was moved back to [redacted] previous room on the second floor on 2/17/26.On 3.13.2026 Administrator and designee started an audit of medical evaluations identifying any additional medical evaluations that may be out of compliance. An all staff training on Medical Evaluation was completed on 3.12.2026. 3 Resident charts will be reviewed per week identifying incomplete or missing support plans, this process will be ongoing for 3 months until all Resident's residing in the building are complete.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

231c - Preadmission Screening

18. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the facility on [redacted] into personal care. On [redacted] the resident was moved to the Secure Dementia Care Unit. There was no cognitive screening completed to determine the resident needed to be placed in a Secure Dementia Care Unit.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 3.13.2026 Administrator and designee started an audit of preadmission screening, identifying any additional pre admission screenings that may be out of compliance. An all staff training on Preadmission Screening was completed on 3.12.2026. 3 resident charts will be reviewed per week identifying incomplete or missing preadmission screening, this process will be ongoing for 3 months until all Resident's residing in the building are complete.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] 04/20/2026)

231e - No Objection Statement

19. Requirements

231e No Objection Statement *(continued)*

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the facility on [redacted] into personal care, without a diagnosis of [redacted] or [redacted] On [redacted] the resident was moved to the Secure Dementia Care Unit, without their consent. The resident objects to being in the Secure Dementia Care Unit.

Plan of Correction ***Accept [redacted] - 04/08/2026)***

On 1.27.2026 Administrator at the time made the decision to move Resident [redacted] to a secured dementia unit. Resident [redacted] does not have [redacted] or other [redacted] related diagnosis. Administrator is no longer employed and Resident was discharged. An all staff training on No Objection Statement was completed on 3.12.2026. On 3.13.2026 Administrator and designee started an audit of medical diagnosis. 3 Resident charts will be reviewed per week identifying incomplete or missing diagnosis, this process will be ongoing for 3 months until all Resident's residing in the building are complete.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)

231g Non Dementia Admission

20. Requirements

2600.
231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.
3. The individual shall have access to and be able to follow directions for the operation of the key pads or other lock releasing devices to exit the secured dementia care unit.

Description of Violation

Resident [redacted] does not have [redacted] or other [redacted] related diagnosis and does not require the need for a secured dementia care unit. The resident was involved in two incidents ([redacted] and [redacted]) where the resident was accused of inappropriately touching another resident. On [redacted] the resident was moved from the Personal Care area on the 2nd floor to the Secure Dementia Care Unit on the 1st floor. The resident does not have access to and has not been educated on how to follow the directions for the operation of the keypads or other lock-releasing devices to exit the secured dementia care unit.

Plan of Correction ***Accept [redacted] 04/08/2026)***

On 1.27.2026 Administrator at the time made the decision to move Resident [redacted] to a secured dementia unit. Resident [redacted] does not have [redacted] or other [redacted] related diagnosis. Administrator is no longer employed and Resident was discharged. An all staff training on Non-Dementia admission was completed on 3.12.2026. On 3.13.2026 Administrator and designee started an audit of medical diagnosis. 3 Resident charts will be reviewed per week identifying incomplete or missing diagnosis, this process will be ongoing for 3 months until all Resident's residing in the building are complete.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 04/20/2026)