

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

March 25, 2026

[REDACTED]  
VALLEY MEDICAL FACILITIES INC  
[REDACTED]  
[REDACTED]

RE: HERITAGE VALLEY SENIOR LIVING  
COMMUNITY  
30 HECKEL ROAD  
MCKEES ROCKS, PA, 15136  
LICENSE/COC#: 45191

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** HERITAGE VALLEY SENIOR LIVING COMMUNITY      **License #:** 45191      **License Expiration:** 07/01/2026  
**Address:** 30 HECKEL ROAD, MCKEES ROCKS, PA 15136  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** VALLEY MEDICAL FACILITIES INC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 09/26/1997      **Issued By:** Labor and Industry  
**Type:** Other      **Date:** 04/30/2021      **Issued By:** ACHD

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 98      **Waking Staff:** 74

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 02/12/2026

**Inspection Dates and Department Representative**

02/12/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
<b>License Capacity:</b> 107	<b>Residents Served:</b> 62		
<b>Secured Dementia Care Unit</b>			
<b>In Home:</b> Yes	<b>Area:</b> 1st Floor	<b>Capacity:</b> 17	<b>Residents Served:</b> 16
<b>Hospice</b>			
<b>Current Residents:</b> 4			
<b>Number of Residents Who:</b>			
<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 61		
<b>Diagnosed with Mental Illness:</b> 1	<b>Diagnosed with Intellectual Disability:</b> 1		
<b>Have Mobility Need:</b> 36	<b>Have Physical Disability:</b> 0		

**Inspections / Reviews**

02/12/2026 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/27/2026

03/02/2026 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 03/23/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/09/2026

Inspections / Reviews *(continued)*

03/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/23/2026

03/25/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

225c Additional Assessment

1. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [REDACTED] most recent assessment is dated as completed on [REDACTED]; however, is also dated by the assessor as being completed on [REDACTED]. Also, resident [REDACTED] most recent assessment does not include the diagnosis of [REDACTED] as indicated on resident [REDACTED] most recent medical evaluation, dated [REDACTED]

Plan of Correction

Accept ([REDACTED] 03/10/2026)

-Resident [REDACTED] assessment will be redone by the Director of Wellness on 3/13/2026 so dates match up with being completed by the assessor. This assessment will include all diagnosis as indicated on resident [REDACTED]s most recent medical evaluation which included a diagnosis of Depression.

-In addition, the Director of Wellness and Executive Director will review all current assessments of all PC residents to ensure dates are accurate/match and that all diagnosis on recent medical evaluations are included. Any discrepancies found will be fixed immediately if possible or within 24 hours. This will be completed by 3/23/2026.

-Lastly, all resident assessments completed will be approved and finalized by either the Director of Wellness or Executive Director to insure dates, information and diagnosis are accurate and complete. This has started for all new incoming residents effective 3/2/2026.

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented [REDACTED] - 03/25/2026)

227d Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] is currently receiving hospice services; however, resident [REDACTED] most recent support plan, dated [REDACTED] does not include the frequency of services or description of services resident [REDACTED] is receiving from hospice.

Plan of Correction

Accept ([REDACTED] - 03/10/2026)

-Resident [REDACTED] recent support plan will be updated by the Director of Wellness on 3/13/2026 to include hospice services being received. This will include a description and frequency of all services provided to resident [REDACTED] by hospice.

-In addition, the Director of Wellness and Executive Director will review the support plans of all PC residents on hospice to ensure a description and frequency of all services by the hospice provider is capture on the support plan. If it is not present on the support plans an addendum will be added capturing these services frequency and descriptions. This will be completed for all residents by 3/23/2026.

227d Support Plan Medical/Dental (continued)

Lastly, when a resident goes on hospice, the Director of Wellness will pull the current support plan and add an addendum to include the description and frequency of the hospice services being provided. This has started on 3/2/2026.

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented (redacted) 03/25/2026)

227g -Support Plan Signatures

3. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident (redacted) most recent support plan, dated (redacted) is not signed by the assessor.

Resident (redacted) most recent support plan, which is dated as completed on (redacted) as well as dated by the assessor as being completed on (redacted), is not signed by the assessor.

Plan of Correction

Accept (redacted) - 03/10/2026)

Resident (redacted) and resident (redacted) most recent support plans will be reviewed and signed by the assessors that completed them on 3/13/23.

The Director of Wellness and Executive Director will be reviewing all support plans to ensure they are 100% complete with information, dates and signatures by 3/23/26. Any support plan found to be lacking in these areas will be fixed immediately when possible or within 24 hours.

Moving forward all support plans will be approved and finalized by either the Director of Wellness or Executive Director. Their signature will be included to signify they have reviewed these support plans for completeness. This has begun on 3/9/23.

Licensee's Proposed Overall Completion Date: 03/23/2026

Implemented (redacted) 03/25/2026)

227h - Support Plan Refuse Sign

4. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident (redacted)'s most recent support plan, which is dated as completed on (redacted), as well as dated by the assessor as being completed on (redacted), is not signed by resident (redacted) and does not indicate if resident #2 was unable to participate, declined to participate, refused to sign or was unable to sign.

REPEAT VIOLATION: (redacted), et. al.

**227h - Support Plan Refuse Sign (continued)****Plan of Correction****Accept (█ - 03/10/2026)**

*-Resident █'s support plan will be updated to include the resident's signature or the designated person's signature. In the event they are unable to sign, refuse to sign or decline to sign, the assessor will make a notation capturing this inability or refusal to sign but also that an attempt was made to get it. This will be completed on 3/13/26.*

*-As the Director of Wellness and Executive Director are reviewing support plans for all PC residents for completeness, if they come across one that is not signed and the situation is that the resident or designated person was unable or refused to sign, they will make the proper notation to this affect. This will be completed by 3/23/26.*

**Licensee's Proposed Overall Completion Date: 03/23/2026**

**Implemented (█ 03/25/2026)**