

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

May 29, 2026

[REDACTED]
HERITAGE MILLS PERSONAL CARE CENTER LLC

[REDACTED]
C/O ISLE HEALTHCARE
[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 03/25/2026, 04/16/2026 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:** 09/04/2026
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:** 66 **Waking Staff:** 50

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 04/16/2026

Inspection Dates and Department Representative

03/25/2026 - On-Site: [REDACTED]
04/16/2026 - 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:** Floor **Capacity:** 30 **Residents Served:** 23

Hospice

Current Residents: 3

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: 23 **Have Physical Disability:** 0

Inspections / Reviews

03/25/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/16/2026

05/18/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/29/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/29/2026

Inspections / Reviews *(continued)*

05/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2026

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

From [redacted] through [redacted], Resident [redacted] missed their prescribed daily dose of [redacted]. The home did not report this incident of missed medications to the department until [redacted].

Plan of Correction

Accept [redacted] - 05/18/2026)

The facility failed to notify DHS within the required timeframe regarding a missed medication dose.

1. The facility is not able to retroactively correct the medications that were not available to be administered to resident #3 on 4/1/26-4/7/26 and 4/9/26.
2. The Administrator reviewed the incident involving the missed medication doses for resident #3 4/1-4/7/26. The prescribing physician and POA were notified.
3. DHS notification was submitted 4/8/26.
4. The Administrator reviewed current medication incident reporting procedures with all medication administration staff. Staff will be re-educated on DHS notification requirements, including timelines for medication errors and missed medications. This will be completed by 5/29/26.
5. A standard incident reporting checklist will be implemented to ensure timely notifications occur consistently. This will begin on 5/18/26
6. The Administrator will perform a weekly audit of medication incident reports for 2 months to ensure department notifications are completed within required timelines. This will begin on 5/18/26
7. Medication administration and incident reporting procedures will be reviewed during monthly staff meetings.
8. The Administrator will monitor compliance and record of audits will be available for review when requested by the department.

Licensee's Proposed Overall Completion Date: 05/16/2026

Implemented [redacted] - 05/29/2026)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [redacted] at 10:00am, Staff Person A said that Resident [redacted] told them that they asked Staff Person C to warm their coffee. Resident [redacted] reported that [redacted] overheard Staff Person D tell Staff Person C, "I should make it hot enough to burn their lips." Staff Person C stated that they were asked to warm up the resident's coffee and that Staff Person D said, "I hope they don't burn their lips." Staff Person D also stated that they said, "I hope they don't burn their lips". After a full investigation, the home terminated Staff Person D on [redacted].

Plan of Correction

Accept [redacted] - 05/18/2026)

Staff person D was terminated post full investigation on 3/26/26.

The following corrective actions have been implemented as of 5/12/26.

1. The Administrator will implement more frequent supervisory rounds.

42c - Treatment of Residents (continued)

2. Resident observations will be increased to monitor staff interactions.
3. The Administrator will conduct weekly audits of staff-resident interactions for 4 weeks, then monthly for 3 months.
4. Resident interviews will be completed routinely.
5. Any concerns identified will result in immediate corrective action and if applicable will be reported to the department within the 24 hour required timeframe.
6. Re-education to emphasize resident dignity and zero-tolerance policies will be completed by all current staff by 5/29/26.

This documentation will be provided upon request after proposed completion date.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [REDACTED] - 05/29/2026)

105b - Laundry Service - Non SSI**3. Requirements**

2600.

105.b. Laundry service for bed linens, towels and personal clothing for the residents who are not recipients of SSI shall be provided by the home unless otherwise indicated in the resident-home contract.

Description of Violation

Resident interviews indicated that laundry is taken from their rooms but is not returned to them for multiple days. At 2:00p.m., 10 bins of resident dirty laundry were observed in the first-floor laundry room.

Plan of Correction

Accept [REDACTED] - 05/18/2026)

See attached.

The facility acknowledges the concern regarding resident laundry not being returned promptly. To address this issue and prevent future occurrence, the following corrective actions have been implemented.

1. The Administrator reviewed the laundry process and identified areas contributing to delays in returning residents laundry.
2. All caregiving staff will receive re-education regarding facility expectations for timely laundering and prompt return of personal laundry. This will be completed by 5/29/26.
3. A laundry tracking log was implemented to document the collection and return times of resident's laundry to ensure accountability and timely completion.
4. The Administrator will conduct weekly audits of the laundry tracking log for 4 weeks, then monthly to monitor for ongoing compliance and to address any concerns immediately.
5. The audits will be available upon request.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented [REDACTED] 05/29/2026)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] is prescribed Simvastatin 40mg to be administered daily at 8:00p.m. This medication was not administered to the resident on [REDACTED] and [REDACTED] because the medication was not

187d - Follow Prescriber's Orders (continued)

available in the home.

Resident [REDACTED] is prescribed [REDACTED] to be administered daily at 8:00p.m. This medication was not administered to resident on [REDACTED] because the medication was not available in the home.

Plan of Correction**Accept [REDACTED] - 05/18/2026)**

1. The facility is not able to retroactively correct the medications that were not available to be administered to resident [REDACTED] on 4/1/26-4/7/26 and 4/9/26.
 2. The med-techs are completing a full audit of the medication carts on the 1st and 2nd floor at each change of shift to ensure that all medications are available for correct administration times. This is in place as a part of a previous POC.
 3. The Administrator will audit the daily medication cart shift change audits to ensure that all physician orders are followed and medications are available for correct administration times.
 4. The Administrator will report any incorrect/missed medication doses to the physician and the department within 24 hours as required.
 5. The Administrator will provide education to the nursing staff on the importance of monitoring medication availability and the importance of notifying the physician and the department when a medication is not available.
 6. The Administrator will complete an audit of the daily full medication cart audits 3 times weekly for 1 month, then 3 times weekly for 3 months. Any errors will be corrected and reported immediately. The weekly audits will begin on 5/18/26 and will be available for the departments review upon request.
- The Administrator is responsible and will monitor all corrective actions in place to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/16/2026

Implemented [REDACTED] 05/29/2026)