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

July 28, 2026

[redacted] OWNER
HERITAGE GROVE AT INDIANA LLC
[redacted]

RE: HERITAGE GROVE AT INDIANA
1703 WARREN ROAD
INDIANA, PA, 15701
LICENSE/COC#: 45516

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2026 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 GROVE AT INDIANA* **License #**: *45516* **License Expiration**: *02/13/2027*

Address: *1703 WARREN ROAD, INDIANA, PA 15701*

County: *INDIANA* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *HERITAGE GROVE AT INDIANA LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *01/24/1994* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *60* **Waking Staff**: *45*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *04/22/2026*

Inspection Dates and Department Representative

04/22/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *38*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *first floor* **Capacity**: *40* **Residents Served**: *16*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *38*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *22*

Have Physical Disability: *1*

Inspections / Reviews

04/22/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/23/2026*

06/08/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/21/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/12/2026*

Inspections / Reviews *(continued)*

07/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/21/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, indicates if a home has a boiler it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected and if they pass inspection, they will be issued a new certificate.
The home's boiler certificate expired 12/26/25.

Repeat violation on 5/16/25, et all

Plan of Correction ***Accept ([redacted] - 06/08/2026)***

Boiler is scheduled for repair on 5/28/2026 and then it will be inspected and recertified, upon receipt of new certificate it will be sent into DHS. ED/ designee will monitor certificate for expiration date biannually.

Licensee's Proposed Overall Completion Date: *05/21/2026*

Implemented ([redacted] - 07/28/2026)

51 - Criminal Background Check

2. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired [redacted], did not have a Pennsylvania criminal background check requested until [redacted]

Staff person B, hired [redacted], had no documentation that a Pennsylvania background check was completed.

Repeat violation on 12/12/25, et al

Plan of Correction ***Accept ([redacted] - 06/08/2026)***

A background check was completed on 4/22/2026 and shown to [redacted] prior to exit. ED/designee has done a complete audit of all current staff for compliance and will audit all personnel files upon hire and monthly for 6 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented ([redacted] - 07/28/2026)

66b - Training Plan Content

3. Requirements

2600.

66b - Training Plan Content *(continued)*

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

Description of Violation

The home's 2026 staff training plan did not include:

** The name, position and duties of each direct care staff person.*

** The required training courses for each staff person.*

** The dates, times and locations of the scheduled training for each staff person for the upcoming year.*

Plan of Correction ***Accept (- 06/08/2026)***

Community has implemented a training plan for 2026 and an employee training tracker to ensure compliance of all information being documented. ED/ designee will audit monthly training documentation monthly for 6 months for compliance.

(See attached)

Licensee's Proposed Overall Completion Date: *05/21/2026*

Implemented (- 07/28/2026)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/20/26, there was an unlabeled terry cloth towel and wash cloth in the shared bathroom between bedroom #215 and bedroom #216.

Plan of Correction ***Accept (- 06/08/2026)***

All shared rooms will have labeled towel bar for each individual. ED/designee will monitor area to ensure labels are on each individual's area. ED/designee will monitor weekly fo a month then monthly for 6 months.

Licensee's Proposed Overall Completion Date: *05/22/2026*

Implemented (- 07/28/2026)

91 - Telephone Numbers

5. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom #219.

91 Telephone Numbers (continued)

Plan of Correction ***Accept (- 06/08/2026)***

An audit was conducted and the required phone numbers have been placed near all phones. ED/ designee will monitor weekly for a month then monthly for 6 months.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented (- 07/28/2026)

132g - Fire Drills Days/Times

7. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home staffing schedule indicates the home routinely schedules 3 staff persons on the 11:00 pm. through 7:00 am. shift. However, the home has not conducted a sleeping time drill with the minimum number of staff as evidenced by the following drills:

** 5/21/25 at 11:20 pm. 4 staff participated*

** 9/29/25 at 5:15 am. 4 staff participated*

Plan of Correction ***Accept (- 06/08/2026)***

Fire drills for shift with least number of staff will be held every 6 months. ED/designee will monitor Fire drills for being held on 10pm 6am shift with least number of staff monthly for six months.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented (- 07/28/2026)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141a 1 10 Medical Evaluation Information *(continued)*

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated [redacted], indicated the medication regimen was attached; however, it was not attached. provided.

Resident #2's medical evaluation, dated [redacted] did not indicate the following:
** The resident's ability to self administer medications*
** Body positioning and movement stimulation for residents, if appropriate*
** Medical provider's order for the use of bedrails*

Plan of Correction ***Accept ([redacted] - 06/08/2026)***

Attached is resident #1's annual medical evaluation which is date [redacted] which includes medications. Resident moved into community in [redacted] and has not had any significant changes requiring an updated medical evaluation.

The DME and Support Plan have been updated and the order for bed rails was also obtained from physician. ED/ designee will audit all initial paperwork as well as for significant change for 6 months and will continue utilizing the attached tracker form as well.

Licensee's Proposed Overall Completion Date: *05/22/2026*

Implemented ([redacted] - 07/28/2026)

187d - Follow Prescriber's Orders

9. Requirements

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

Description of Violation

Resident #1 was prescribed, Lorazepam 0.5 mg., take one tablet twice daily as needed for anxiety. On 4/20/26, this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 06/08/2026)***

The Lorazepam was reordered and received on 4/22/2026.ED/designee will audit MARs to ensure all prescribed medications are available for administration per physician orders monthly for 6 months.

Licensee's Proposed Overall Completion Date: *05/22/2026*

187d Follow Prescriber's Orders *(continued)*

Implemented (- 07/28/2026)

191 Resident Right to Refuse

10. Requirements

2600.
191. Resident Education The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted and resident #2, admitted were not educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept (- 06/08/2026)***

Resident #1 was educated regarding the right to refuse a medication if believes there was a medication error on 5/18/2026 and refused to sign.
Resident #2 signed upon admission and a copy is attached. ED/designee will audit for signature obtained with Residents Rights education at time of move in upon move in for 6 months.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented (- 07/28/2026)

227d Support Plan Medical/Dental

11. 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

The assessment for resident #2, dated , indicates the resident has a need for assistance with multiple activities of daily living (ADL), to include toileting, transferring in/out bed/chair, and ambulating. The resident's support plan, dated does not document how these needs will be met.

Resident #2's support plan, dated , was not updated to address the resident's use of bedrails and safety needs associated with the use of bedrails and how this need would be met:
** The intended use and any risks associated with the use*
** The resident's ability to use the device safely for the purpose it was intended*
** Identification of the specific device to be used and whether a cover is required to meet FDA guideline*

Plan of Correction ***Accept (- 06/08/2026)***

Resident 2's support plan has been updated to include all required information. ED/designee will audit all required paperwork upon move in, significant changes and as needed monthly for 6 months.

Licensee's Proposed Overall Completion Date: *05/22/2026*

Implemented (- 07/28/2026)

234a - Admission Support Plan

12. 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 #3 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's initial support plan has not been completed.

Repeat violation on 12/12/25, et all

Plan of Correction ***Accept ([redacted] - 06/08/2026)***

Resident #3's support Plan was updated to include all required information. ED/ designee will monitor all paperwork for new moves monthly for 6 months for compliance.

Licensee's Proposed Overall Completion Date: *05/22/2026*

Implemented ([redacted] - 07/28/2026)

234b - Support Plan Needs Elements

13. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The initial undated support plan for resident #4 did not address any of the resident's behavioral and cognitive needs or how the home will meet these needs.

Plan of Correction ***Accept ([redacted] - 06/08/2026)***

See attached initial support plan. ED/designee will audit all paperwork at move in, with significant changes and annually

Licensee's Proposed Overall Completion Date: *05/22/2026*

Implemented ([redacted] - 07/28/2026)

251c - Standardized Forms

14. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #1's medical evaluation, dated [redacted] and resident #2's medical evaluation, dated [redacted], were not completed on the Department's current standardized form.

Plan of Correction ***Accept ([redacted] - 06/08/2026)***

New version of DME has been put into place and utilized with all recent move-ins along with significant change updates going forward. ED/designee will audit all new move ins and significant changes monthly for 6 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *05/20/2026*

Implemented ([redacted] - 07/28/2026)

251c - Standardized Forms *(continued)*