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

June 8, 2026

[redacted]
CARE HSL HERITAGE HILL OPCO LLC
[redacted]
HERITAGE SENIOR LIVING
[redacted]

RE: HERITAGE HILL SENIOR COMMUNITY
800 SIXTH STREET
WEATHERLY, PA, 18255
LICENSE/COC#: 22512

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/05/2026 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 HILL SENIOR COMMUNITY* **License #**: *22512* **License Expiration**: *04/18/2026*

Address: *800 SIXTH STREET, WEATHERLY, PA 18255*

County: *CARBON* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *CARE HSL HERITAGE HILL OPCO LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *12/05/2000* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *89* **Waking Staff**: *67*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *05/05/2026*

Inspection Dates and Department Representative

05/05/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *143* **Residents Served**: *58*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *42* **Residents Served**: *26*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *94*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *31* **Have Physical Disability**: *1*

Inspections / Reviews

05/05/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/06/2026*

Inspections / Reviews *(continued)*

06/04/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/08/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *06/11/2026*

06/08/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/08/2026*

Reviewer: [redacted] **Follow Up Type:** *Bypass Document Submission*

06/08/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *06/08/2026*

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

42b - Abuse

1. 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

On [redacted] at approximately 3:36 a.m., Resident [redacted] was observed sitting on a couch in memory care with their hand down Resident [redacted] pants making skin to skin contact. Using their other hand, Resident [redacted] was forcing Resident [redacted] hand down the waistband of Resident [redacted] s pants. Resident [redacted] was redirected by Staff to a chair in the lobby to watch TV and drink coffee. At 3:55 a.m., a staff member saw Resident [redacted] masturbating in the lobby. Resident [redacted] has had previous history of sexual behaviors toward staff members in the home which was not addressed in the Resident's assessment and support plan dated [redacted] Resident [redacted] s assessment and support plan dated [redacted] indicates the resident has a [redacted] diagnosis and is confused and only able to make basic decisions.

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

Immediate Corrective Action:
Residents were immediately separated, and an aide was placed with Resident [redacted] for closer 1:1 supervision. The incident was reported to Executive Director and Memory Care Director. The Carbon County Area Agency on Aging and local law enforcement was contacted. The families of both residents were notified. The PCP of both residents were notified. A full body assessment was completed on Resident [redacted] by Memory Care Director. Resident [redacted] was sent to the Emergency Department due to change of mental status. An incident report and state reportable was completed, notifying DHS.

Additional Corrective Action:
Resident [redacted] s Primary Care Physician voiced concerns upon notification of incident and Emergency Department visit. PCP for Resident [redacted] spoke with hospital physician, informing the hospital that [redacted] did not feel it was appropriate for Resident [redacted] to return to facility until psychiatric care was received, or without 1:1 supervision.
Facility ownership determined that a sister-community located in Milford, PA was equipped to provide Resident [redacted] access to more extensive psychiatric care and 1:1 intensive supervision. Resident [redacted] s POA and PCP were agreeable to this transfer that occurred 4/30/26.

On 5/15/2026, an All-Staff Inservice was conducted on the need to report sexually inappropriate behaviors.

Any resident who exhibits sexually inappropriate behavior will be assessed, and an update to their assessment plan will be made.

Ongoing Corrective Action:
Staff will continue to monitor the behavior of residents and concerns will be discussed daily as part of the daily Stand Up management meeting. The PCP and POA of any resident exhibiting sexual behavior will be notified. Suspected abuse will be reported to the Carbon County Area Agency on Aging. Trends will be monitored as part of regular QA meetings.

Proposed Overall Completion Date: 06/03/2026

Licensee's Proposed Overall Completion Date: *06/08/2026*

42b Abuse *(continued)*

Implemented [redacted] 06/08/2026)

225c Additional Assessment

2. 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

Staff indicated that Resident [redacted] had history of making inappropriate sexual comments and touching of staff members while in the home. The Resident's assessment dated [redacted] does not include an assessment of these behaviors.

Plan of Correction ***Accept [redacted] - 06/04/2026)***

Immediate Corrective Action: It is noted in the Resident [redacted]s chart that Resident [redacted] was easily redirected during an instance of sexual comments being made to staff. As a result of the resident being transferred from the community on 4/30/2026, an immediate correction to the Resident's assessment could not be completed.

Additional Corrective Action:
An all-staff in-service was held on 5/15/2026 on the reporting of resident behaviors. LPN was in-serviced on 5/15/2026 on completing additional assessments upon the report of resident behaviors and updating Resident assessment plans accordingly.

Ongoing Corrective Action:
Staff will continue to monitor the behavior of residents and concerns will be discussed daily as part of the daily Stand Up management meeting. Clinical staff will complete an assessment update the Resident Assessment of any resident exhibiting behaviors. Trends will be monitored as part of regular QA meetings.
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Licensee's Proposed Overall Completion Date: *06/03/2026*

Implemented [redacted] - 06/08/2026)