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

July 17, 2026

[redacted]
HERITAGE GROVE AT INDIANA LLC
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2026 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**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *61* **Waking Staff**: *46*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *05/19/2026*

Inspection Dates and Department Representative

05/19/2026 - 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**: *SDCU* **Capacity**: *40* **Residents Served**: *19*

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: *12*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *23*

Have Physical Disability: *0*

Inspections / Reviews

05/19/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/20/2026*

07/02/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/16/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/09/2026*

Inspections / Reviews *(continued)*

07/13/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/31/2026*

07/17/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

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

On [redacted], Protective Services notified the home of an allegation of financial exploitation involving resident [redacted] however, the home did not report this allegation to the Department.

Repeated Violation [redacted]

Plan of Correction ***Accept [redacted] - 07/13/2026)***

ED sent a late report for Reportable for the allegation of financial exploitation.
Administrator/designee will re-educate staff regarding the requirement that all reportable incidents and conditions must be reported to the Department within 24 hours and will also monitor monthly for 3 months.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented [redacted] - 07/17/2026)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.
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 [redacted] initial medical evaluation, dated [redacted] does not indicate if the resident has allergies, the resident's ability to self-administer medication, the resident's need for assistance with body position/movement, health status and cognitive functioning. These sections of the form are blank.

Plan of Correction ***Directed [redacted] - 07/13/2026)***

All information on DME will be completed and documented prior to resident moving into community within 15 days of move. ED/designee will utilize tracker that was put into place to ensure compliance. ED/designee will audit all move ins within 15 days of move in for compliance.

Proposed Overall Completion Date: 07/07/2026

141a 1 10 Medical Evaluation Information (continued)

Directed:

By 7/27/26, the administrator will ensure resident [redacted] DME is updated to indicate if the resident has allergies, the resident's ability to self administer medication, the resident's need for assistance with body position/movement, health status and cognitive functioning.

[redacted] 7/13/26

Directed Completion Date: *07/27/2026*

Implemented [redacted] 07/17/2026)

227a - Support Plan 30 Days

3. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] initial assessment, dated [redacted], indicates the resident needs total physical assistance with transferring in/out of bed/chair, ambulating, managing health care, securing health care, doing laundry, shopping, and securing and using transportation. However, the resident's initial support plan, dated [redacted], does not indicate plans to meet these needs.

Resident [redacted] initial assessment, dated [redacted] indicates the resident needs some physical assistance with toileting and personal hygiene. However, the resident's initial support plan, dated [redacted] does not indicate plans to meet these needs.

Plan of Correction ***Accept ([redacted] 07/13/2026)***

Resident's RASP was updated by RCC on 5/20/2026 to include all information required. ED/designee will audit all RASP's within 15 days of move in and with any significant changes and annually utilizing the tracker that has been put into place. ED/designee will utilize tracker upon move in and ongoing.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented [redacted] 07/17/2026)