



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to CARE HSL HERITAGE HILL OPCO LLC

LEGAL ENTITY

To operate HERITAGE HILL SENIOR COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 800 SIXTH STREET, WEATHERLY, PA 18255

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 143
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 42

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 16, 2026 until March 16, 2027 ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **225121**


ISSUING OFFICER


ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628P – 04/23



Pennsylvania Department of Human Services

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 16, 2026

[REDACTED],
CARE HSL HERITAGE HILL OPCO LLS
[REDACTED]
[REDACTED]

RE: Heritage Hill Senior Community
800 Sixth Street,
Weatherly, PA 18255
License: 225121

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on June 30, 2026, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (LICENSE number 22512) dated April 18, 2026 to April 18, 2027 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on the directed plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from SEPTEMBER 16, 2026 to MARCH 16, 2027.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in dark ink, reading "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

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]

Legal Entity

Name: *CARE HSL HERITAGE HILL OPCO LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *116* Waking Staff: *87*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *06/30/2026*

Inspection Dates and Department Representative

06/30/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *143* Residents Served: *86*

Secured Dementia Care Unit

In Home: *Yes* Area: *unit* Capacity: *42* Residents Served: *37*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *86*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

06/30/2026 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/26/2026*

Inspections / Reviews (*continued*)

07/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/31/2026

08/27/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2026

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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 6/4/26 at 8:15 a.m., Resident 1 had an unwitnessed fall resulting in injury. Resident was sent to the Emergency Room where they were found to have fractured ribs, a collapsed lung, and brain bleed. Resident 1 later passed away, while in the hospital, on resident 1's date of death at 7:45 p.m. The death certificate lists primary cause of death as a brain bleed with secondary listed as an unwitnessed fall. Resident 1 had an extensive fall history with 9 documented falls from 5/16/26 through 6/3/26 but no safety precautions were implemented until 6/3/26 when 15-minute checks were started. Resident 1's RASP, dated 5/13/26, states that resident can self-transfer and ambulates on their own, but has an unsteady gait.

Repeated violation: 5/5/26.

Plan of Correction**Directed [REDACTED] - 08/27/2026)***Immediate Corrective Action:*

Resident 1 was sent to the hospital per protocol. Immediate correction was not possible, due to the resident being transported to the hospital. The Memory Care Director had been working closely with the family, and attempting various interventions to aid in keeping the resident from falling.

Additional Corrective Action:

RCD, MCD, and CCD were in-serviced by ED on 7/22/2026 on fall risk management and the institution of additional interventions.

An audit was completed on 7/25/2026 on all current residents. All support plans were reviewed for fall documentation and the implementation of preventative interventions.

Ongoing Corrective Action

All residents will be assessed and notes reviewed upon admission for a history of falls or unsafe gait patterns. MCD and RCD will engage in family discussions to determine interventions to prevent frequent falls. This will be reviewed again upon each fall and support plan updated appropriately. We will continue to work the physician and send residents to emergency department when need. We will assess for the needed for closer supervision, including but not limited to 15 minute checks by staff and/or 1:1 supervision provided at the expense of the family. Findings and trends will be discussed weekly during clinical meeting with ED (Regional Clinical Lead), RCD, and CCD.

Proposed Overall Completion Date: 07/31/2026

Directed: In addition to the above plan of correction, all residents will be evaluated monthly by the administrator or designee for fall risks and changes made to the support plan will be completed if needed. These assessments will be documented with the resident name, person making assessment, date of assessment, and risks identified if any.

Directed Completion Date: 09/16/2026

225c - Additional Assessment

2. Requirements

2600.

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

Description of Violation

Resident #1's assessment dated [REDACTED]/26 was not updated to include the resident's frequent falls and a plan to address the falls; resident #1 had nine falls between 5/17/26 and 6/4/26. Resident #1's care notes also indicated the resident was frequently disrobing in common areas in the home. The assessment dated [REDACTED]/26 did not include this behavior or a plan to address it.

Repeated Violation: 5/5/26.

Plan of Correction**Directed [REDACTED] - 08/27/2026)****Immediate Corrective Action:**

Upon review of clinical notes, it was noted that Resident 1 had disrobed once. At this time, the family was contacted by the Memory Care Director and alternative clothing options were discussed. As Resident 1 had passed away at the time that the documentation error was discovered, an immediate correction to the support plan was not possible.

Additional Corrective Action:

RCD, MCD, and CCD were in-serviced by ED on 7/22/2026 on proper documentation in regard to the support plan, including interventions.

Ongoing Corrective Action

An audit was completed on 7/25/2026 on all current residents. All assessments and support plans were reviewed for documentation and the implementation of preventative interventions.

All residents will be assessed and notes reviewed upon admission for a history of falls or unsafe gait patterns. MCD and RCD will engage in family discussions to determine interventions to prevent frequent falls. This will be reviewed again upon each fall and support plan updated appropriately. We will continue to work the physician and send residents to emergency department when needed. We will assess for the need for closer supervision, including but not limited to 15 minute checks by staff and/or 1:1 supervision provided at the expense of the family. Findings and trends will be discussed weekly during clinical meeting with ED (Regional Clinical Lead), RCD, and CCD.

Proposed Overall Completion Date: 07/31/2026

Directed: In addition to the above plan of correction, all resident assessment plans will be evaluated monthly by the administrator or designee and checked to ensure all current information is in the plan and updates added as needed. These evaluations will be documented with the resident assessment plan reviewed, person completing check, date of check, and if any updates were needed.

Directed Completion Date: 09/16/2026