

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

September 23, 2025

[REDACTED] ADMINISTRATOR
HERITAGE CAMPUS GREEN HILLS OPCO LLC
400 TRANQUILITY LANE
READING, PA, 19067

RE: THE HERITAGE OF GREEN HILLS
CARE CENTER
400 TRANQUILITY LANE
READING, PA, 19067
LICENSE/COC#: 23113

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2025 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: *THE HERITAGE OF GREEN HILLS CARE CENTER* License #: *23113* License Expiration: *08/18/2025*
 Address: *400 TRANQUILITY LANE, READING, PA 19067*
 County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HERITAGE CAMPUS GREEN HILLS OPCO LLC*
 Address: *400 TRANQUILITY LANE, READING, PA, 19067*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/06/2022* Issued By: *PA Dept L&I*

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *111* Waking Staff: *83*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *08/05/2025*

Inspection Dates and Department Representative

08/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *90* Residents Served: *70*
 Secured Dementia Care Unit
 In Home: *Yes* Area: *1st Floor* Capacity: *23* Residents Served: *20*
 Hospice
 Current Residents: *5*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *40* Have Physical Disability: *1*

Inspections / Reviews

08/05/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2025*

09/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/23/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/08/2025*

Inspections / Reviews *(continued)*

09/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/20/2025

09/23/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/5/25, at 9:53 a.m. a transportation binder containing resident information was observed on the counter of the 3rd floor nurse's station. The nurse's station was unattended, and the binder was accessible to unauthorized persons.

Plan of Correction

Accept () - 09/03/2025

Director of Wellness (DOW) and Personal Care Administrator (PCA) will re-educate all nursing staff, through a read and sign, on the necessity for protecting confidentiality of resident records, specifically the Transportation Log as it contains resident information and that this log is to remain inside of the locked nurses' station, on each floor, at all times. This will be completed and documented by September 30, 2025. Once the education is completed the DOW or PCA will conduct a random weekly audit for two months to assure compliance.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented () - 09/23/2025

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:41 a.m. a bottle of hand sanitizer with a manufacture's label indicating "contact poison control if swallowed" was noted on an Activities Cart unlocked, unattended, and accessible to residents in the Secured Dementia Care Unit. These residents are assessed as incapable to use poison materials safely.

Plan of Correction

Accept () - 09/03/2025

Director of Wellness (DOW) and Personal Care Administrator (PCA) will remove all hand sanitizer from the Memory Care unit and will re-educate all staff, through a read and sign, on the necessity for protecting Memory Care residents from poisonous materials, specifically hand sanitizer and that hand sanitizer is to always remain inside of the lock nurses' station on the Memory Care unit. This will be completed and documented by September 30, 2025. Once the education is completed, the DOW or PCA will conduct a random weekly audit for two months to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented () - 09/23/2025

125a - Combustible Storage

3. Requirements

125a - Combustible Storage (continued)

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately 10:15 a.m., a large amount of accumulated lint was observed on the floor behind the clothes dryer located in Memory Care. Lint was also covering the dryer exhaust hose leading to the exterior of the building.

A fabric recliner was observed stored near the hot water heater in the first-floor mechanical room.

Plan of Correction

Accept () - 09/03/2025

The housekeeping staff was educated on August 10, 2025, that weekly cleaning behind the washer and dryer, on each of the three floors, is to be completed. Each of the 3 housekeepers is assigned a specific floor to accomplish this task. The Environmental Services Manager will conduct a random monthly check to ensure compliance.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented () - 09/10/2025

141a - Medical Evaluation

4. 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.

Description of Violation

The Initial Medical Evaluation for Resident # 3, admitted on [redacted] was completed on [redacted] over 60 days prior to admission

Plan of Correction

Accept () - 09/03/2025

Director of Wellness (DOW) and Personal Care Administrator (PCA) will complete a 100% review of all medical records to assure that all medical evaluations were completed 60 days prior or 30 days after the admission of each resident. This will be completed by October 31, 2025. Once the audit of all of the existing resident records have been completed, the DOW or PCA will review all new admission records for compliance going forward and our Clinical Consultant will do a random quarterly review of new admission records as a double check.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented () - 09/23/2025

181c - Self-administration Assessment

5. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner

181c - Self-administration Assessment (continued)

regarding ability to self-administer and the need for reminders to take medications. A bottle of diclofenac gel and prescription foot cream were observed in the resident's room.

Resident #4 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications. A tube of Bacitracin antibiotic ointment, anti-itch cream and prescription anti itch lotion were observed in the resident's room.

Resident #4 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications. A prescription bottle of refresh tears along with additional boxes were observed in the resident's room.

Plan of Correction

Accept (█ - 09/03/2025)

Director of Wellness (DOW) and Personal Care Administrator (PCA) have completed a search of all 50 Personal Care apartments to identify items that could be self-administered. In each case that an item was identified, the resident was assessed regarding their ability to self-administer, and physician orders were put into place for all residents appropriate. The DOW or PCA will conduct random monthly apartment audits to assure compliance going forward and our Clinical Consultant will do a random quarterly apartment search as a double check.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█ - 09/23/2025)

187a - Medication Record**6. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The medication administration record for Resident #1 indicates they are prescribed Acetaminophen 500 mg., take 2 tablets twice daily as needed. However, the label on the medication packaging has the instructions to administer 1 tablet twice daily.

Plan of Correction

Accept (█ - 09/03/2025)

On August 22, 2025, the Director of Wellness (DOW) and Personal Care Administrator (PCA) completed an audit of all medication carts and compared each medication package to the MAR to assure that all orders are congruent. The DOW or PCA will conduct random monthly medication cart vs. MAR audits to ensure compliance going forward and our Clinical Consultant will do a random quarterly review as a double check.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█ - 09/23/2025)

187d - Follow Prescriber's Orders**7. Requirements**

2600.

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

Description of Violation

Resident #2 is prescribed ICY HOT pain relief cream apply 3 times daily as needed. However, the medication was not available in the home.

Resident #2 is prescribed ICY HOT MAX lidocaine cream, apply 3 times daily as needed. However, the medication was

187d - Follow Prescriber's Orders (continued)

not available in the home.

Resident #2 is prescribed Medikoff throat lozenges 7.6 mg. as needed. However, the medication was not available in the home.

Resident #2 is prescribed Pyridostigmine 60 mg. 4 times daily. However, the medication was not administered to the resident on 8/5/25 at 8:00 a.m. because it was not available in the home.

Plan of Correction

Accept (█) - 09/03/2025

On August 22,2025, the Director of Wellness (DOW) and Personal Care Administrator (PCA) completed an audit of all medication carts to assure that all prescription orders were available for all residents. The DOW or PCA will conduct random monthly medication cart audits to ensure compliance going forward and our Clinical Consultant will do a random quarterly review as a double check.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█) - 09/23/2025

225c - Additional Assessment

8. Requirements

2600.

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

- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The Resident Assessment and Support Plan for resident #4, dated █, indicates a minimal need for mobility. However, Resident #4's Medical Evaluation dated █ indicates a moderate need for mobility.

Plan of Correction

Accept (█) - 09/03/2025

Director of Wellness (DOW) and Personal Care Administrator (PCA) will complete a 100% review of all medical records to assure that both the medical evaluations and RASPs identify the same and accurate level of mobility for each resident. This will be completed by October 31, 2025. Once the audit of all of the existing resident records have been completed, the DOW or PCA will review all new admission records for compliance going forward and our Clinical Consultant will do a random quarterly review of new admission records as a double check.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 09/23/2025

231c - Preadmission Screening

9. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #7 was admitted to the Secure Dementia Care Unit (SDCU) on █. However, resident #7's written

231c - Preadmission Screening (continued)

cognitive preadmission screening was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/03/2025)

Director of Wellness (DOW) and Personal Care Administrator (PCA) will complete a 100% review of all Memory Care medical records to ensure that a cognitive preadmission screening of each resident was completed 72 hours prior to admission. This will be completed by October 31, 2025. Once the audit of all of the existing Memory Care resident records has been completed, the DOW or PCA will review all new admission records for compliance going forward and our Clinical Consultant will do a random quarterly review of new admission records as a double check.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ([REDACTED] - 09/10/2025)

231f - Assessed Annually**10. Requirements**

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident #6 was admitted to the facility on [REDACTED]. The Resident Assessment and Support Plan for Resident #6 dated [REDACTED] does not indicate the need for SDU services.

Plan of Correction

Accept ([REDACTED] - 09/03/2025)

The Director of Wellness (DOW) and Personal Care Administrator (PCA) completed a 100% review of Memory Care medical records to ensure that the current RASP of each resident identified the need for continued admission to the SDU. This was completed on August 21, 2025. Going forward, each Memory Care resident record will be reviewed each time a new RASP is required, the DOW will complete the RASP, and the PCA will review the RASPs for compliance before they go into the medical charts. Going forward, our Clinical Consultant will do a random quarterly review of resident records as a double check.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented ([REDACTED] - 09/23/2025)