

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

May 30, 2024

[REDACTED]  
EMMANUEL HOME  
[REDACTED]

RE: EMMANUEL HOME  
800 PRIESTLY AVENUE  
NORTHUMBERLAND, PA, 17857  
LICENSE/COC#: 20053

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/24/2024 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: *EMMANUEL HOME* License #: *20053* License Expiration: *05/25/2025*  
 Address: *800 PRIESTLY AVENUE, NORTHUMBERLAND, PA 17857*  
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *EMMANUEL HOME*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *04/24/2024*

**Inspection Dates and Department Representative**

04/24/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *38* Residents Served: *21*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *21*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**04/24/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/24/2024*

**05/30/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/30/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

05/30/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. 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

Resident [REDACTED] has a Resident Assessment and Support Plan dated [REDACTED] that is incomplete. The Behavioral & Cognitive Section is blank.

Plan of Correction

Accept [REDACTED] 05/30/2024)

The Director of Nursing (DON), [REDACTED] is responsible to fix problem and ensure that future Resident Assessment and Support Plans (RASP) are completed thoroughly with no sections left blank. The (DON) Director of Nursing, [REDACTED] was notified on 04/24/2024 via telephone of incomplete Resident Assessment and Support Plan (RASP) dated 08/2/2023 with the Behavioral & Cognitive Section left blank. The Director of Nursing (DON) has corrected this by completing the Resident Assessment and Support Plan (RASP) in question. The Resident Assessment and Support Plan (RASP) has now been completed thoroughly. Check boxes in the Behavioral & Cognitive section have been properly marked and resolved as well all sections have been completed on 04/25/2024 and resolved on 04/25/2024. Moving forward, the Director of Nursing (DON) [REDACTED] will review all Resident Assessment and Support Plans (RASP) more thoroughly to ensure that all Resident Assessment and Support Plans (RASP) are completed with proper documentation and that no sections are left blank. The Administrator, [REDACTED] will also make a periodic review of all Resident Assessment and Support Plans moving forward.

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented [REDACTED] - 05/30/2024)