

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

July 18, 2025

[REDACTED]
JEFFCO HEALTH SERVICES INC
[REDACTED]

RE: PENN HIGHLANDS JEFFERSON
MANOR P. C.
417 RT. 28
BROOKVILLE, PA, 15825
LICENSE/COC#: 40624

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/13/2025, 02/18/2025 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: PENN HIGHLANDS JEFFERSON MANOR P. C. **License #:** 40624 **License Expiration:** 11/24/2024
Address: 417 RT. 28, BROOKVILLE, PA 15825
County: JEFFERSON **Region:** WESTERN

Administrator

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

Legal Entity

Name: JEFFCO HEALTH SERVICES INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 02/09/1994 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 40 **Waking Staff:** 30

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Interim **Exit Conference Date:** 02/18/2025

Inspection Dates and Department Representative

02/13/2025 - On-Site: [REDACTED]
 02/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Residents Served:** 32

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:** 32
Diagnosed with Mental Illness: 26 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 8 **Have Physical Disability:** 0

Inspections / Reviews

02/13/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/21/2025

05/09/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/07/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/15/2025

Inspections / Reviews *(continued)*

06/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/10/2025

07/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident [redacted] was not signed by the resident.

The resident-home contract, dated [redacted] for resident [redacted] was not signed by the resident.

Repeat Violation - [redacted]

Plan of Correction

Accept [redacted] - 06/26/2025)

On 2/19/2025 the administrator [redacted] located the original contract for Resident [redacted] 4 that was signed and dated for 12/20/2024. There were multiple contracts for resident [redacted] dated for 12/20/2024, most of which were not signed. The administrator on 2/19/2025 tried to obtain signature from resident [redacted] but was on hospice and unable to sign.

On 2/20/2025 the administrator gave education to the Resident Care Coordinator on the importance of obtaining a signature on the contract the day of admission, that in the event that they could not sign they still needed to be offered to do so or make their mark on it.

Starting on 2/21/25 the administrator will audit the contracts to ensure that they are all signed and will audit these contracts yearly and as a resident admits into the facility.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented [redacted] 07/18/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bedrail in bedroom [redacted] has an opening measuring 18" x 10" that is uncovered posing an entrapment hazard for the resident.

Plan of Correction

Accept [redacted] - 06/26/2025)

On 2/19/2025 Resident Care Coordinator [redacted] used a bath blanket to safely cover the bedrail in room 114. On 3/13/2025 the administrator [redacted] got approval and ordered an actual bed rail cover for room 114.

On 2/20/2025 the administrator [redacted] gave education to the resident care coordinator on the safety of bedrail covers and that they need to have one as soon as admission or order for the bedrail.

Starting on 4/1/2025 the administrator [redacted] will check monthly to ensure that the bedrail cover is still in place and safe. The administrator will also audit any new bedrails to ensure any openings that pose an entrapment hazard, have a protection cover.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented [redacted] - 07/18/2025)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home has no fire drills records from August 2024 through January 2025.

Plan of Correction

Accept [redacted] 05/09/2025)

On 2/20/2025 the administrator [redacted] found paperwork regarding fire drill that took place on 1/13/2025. A fire drill was conducted again on 2/20/2025. Education was given to the [redacted] on fire drills and the regulation that pertains to them.

On 2/21/2025 the administrator [redacted] created a fire drill calendar to keep everyone on the same page of when fire drills need to be taking place.

Starting on 4/1/2025 the administrator [redacted] will audit [redacted] fire drills monthly to ensure that they are being done and being done correctly.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented [redacted] 07/18/2025)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The date and time were incorrect on resident [redacted] glucometer.

Plan of Correction

Accept [redacted] - 06/26/2025)

On 2/21/2025 [redacted] the resident care coordinator changed the time and date on resident [redacted] glucometer.

On 3/13/2025 [redacted] the administrator went through and checked all the glucometers to ensure that the correct date and time was being displayed on them.

Starting 4/1/2025 [redacted] the administrator will audit the glucometers monthly to ensure they are still reading [redacted] correct date and time. The administrator will do yearly trainings with the staff to ensure that they know how to change and correct the date and time on the glucometers starting on 5/21/2025.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented [redacted] 07/18/2025)

191 - Resident Right to Refuse

5. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted] admitted [redacted] has not been educated to the resident's right to refuse medication if the resident

191 - Resident Right to Refuse (continued)

believes that there may be a medication error.

Resident [REDACTED] admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [REDACTED] - 05/09/2025)

On 2/21/2025 [REDACTED] the administrator ensured that the right to refuse medication is on the Resident's Rights that is given to the residents upon admission. The administrator went over the residents rights and the right to refuse medication with Residents [REDACTED] and [REDACTED]

On 2/21/2025 [REDACTED] the administrator had them sign a paper showing that they were given education on resident rights, medication refusal, and the complaint procedures.

Starting on 4/1/2025 [REDACTED] will do an initial audit on these papers to ensure that all residents are given the education on resident rights, medication refusal, and the complaint procedures, then again yearly and upon admission.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented [REDACTED] - 07/18/2025)

227d - Support Plan Medical/Dental

6. 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] was admitted on [REDACTED] however, the resident's initial support plan, dated [REDACTED], did not address the use of a bedrail including safety precautions, risks and education.

Repeat Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/26/2025)

On 3/4/2025 [REDACTED] the resident care coordinator did a new support plan to show the use of the bedrail.

On 3/4/2025 the administrator [REDACTED] did education with the resident care coordinator [REDACTED] on when a rasp is to be done and when an update is supposed to be done.

Starting on 4/1/2025 the administrator [REDACTED] will audit the RASPs quarterly and upon new admission to ensure they completed in entirety and done correctly.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented [REDACTED] 07/18/2025)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign

227g Support Plan Signatures (continued)

the support plan.

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accepted [redacted] - 05/09/2025)

On 3/4/2025 [redacted] the resident care coordinator went over the support plan with residents [redacted] and [redacted]. Resident #8 signed [redacted] support plan but resident [redacted] refused to, this was documented on the support plan.

On 3/4/2025 the administrator [redacted] did education with the resident care coordinator [redacted] on when a rasp is to be done and when an update is supposed to be done.

Starting on 4/1/2025 the administrator [redacted] will audit the RASPs to ensure they completed in entirety and done correctly quarterly and when a new admission comes in.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented [redacted] - 07/18/2025)

231b - Medical Evaluation

8. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] however, the resident's medical evaluation was completed on [redacted]

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] however, the resident's medical evaluation was completed on [redacted]

Plan of Correction

Accepted [redacted] 05/09/2025)

On 2/20/2025 the administrator [redacted] gave education to [redacted] the resident care coordinator on when medical evaluations were to be done and how to do them.

On 2/24/2025 the administrator [redacted] did an audit on the SDCU medical evaluations to ensure they were all completed.

Starting 4/1/2025 the administrator will audit the SDCU medical evaluations quarterly to ensure completion and when a new resident is admitted.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented [redacted] 07/18/2025)

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 [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident [redacted]

231c - Preadmission Screening (continued)

written cognitive preadmission screening was not completed as of [redacted]. Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident [redacted] written cognitive preadmission screening was not completed as of [redacted].

Plan of Correction

Accept [redacted] - 05/09/2025)

On 2/20/2025 the administrator [redacted] gave education to the resident care coordinator [redacted] on when a prescreen is to be done for the SDCU.

On 2/24/2025 the administrator [redacted] did an audit on the prescreens for the SDCU to ensure that they were all there and completed.

Starting on 4/1/2025 [redacted] the administrator will audit the prescreens yearly to ensure that they are still there and done and when a new resident is looking to be admitted into the SDCU.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented [redacted] 07/18/2025)

231e - No Objection Statement

10. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept [redacted] - 06/26/2025)

On 2/24/2025 the administrator [redacted] reached out to the family of resident [redacted] to have them sign a no objection statement. The resident was asked and unable to sign and it was documented on the form.

On 2/24/2025 the administrator [redacted] did an audit on the no objection statements to ensure that all residents on the SDCU had them and that they were signed.

Starting on 4/1/2025 [redacted] will audit the no objection statements quarterly and upon admission to ensure that they are there and signed.

Licensee's Proposed Overall Completion Date: 05/12/2025

Implemented [redacted] - 07/18/2025)

234a - Admission Support Plan

11. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted].

Plan of Correction

Accept [redacted] - 05/09/2025)

On 3/4/2025 the administrator [redacted] did education with the resident care coordinator [redacted] on

234a - Admission Support Plan (continued)

when a rasp is to be done and when an update is supposed to be done.

On 3/4/2025 the administrator [REDACTED] did an audit on the support plans to ensure that they were done. Starting on 4/1/2025 the administrator [REDACTED] will audit the RASPs to ensure they completed in entirety and done correctly quarterly and when a new admission comes in.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented ([REDACTED] - 07/18/2025)