

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

July 2, 2025

[REDACTED] ADMINISTRATOR/OWNER  
TIM DIGITAL LLC D/B/A STONE BROOK MANOR  
[REDACTED]

RE: STONE BROOK MANOR  
507 ROWE ROAD  
HARRISON CITY, PA, 15636  
LICENSE/COC#: 45623

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2025 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: *STONE BROOK MANOR* License #: *45623* License Expiration: *12/20/2025*  
 Address: *507 ROWE ROAD, HARRISON CITY, PA 15636*  
 County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *TIM DIGITAL LLC D/B/A STONE BROOK MANOR*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *06/21/2024* Issued By: *Manor Twp.*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *2* Waking Staff: *2*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/24/2025*

**Inspection Dates and Department Representative**

*03/24/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *37* Residents Served: *2*

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

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *2*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**03/24/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2025*

**04/22/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/23/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2025*

Inspections / Reviews *(continued)*

05/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/23/2025

07/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The windows in the common room were operable; however, there were no screens in the windows.

Plan of Correction

Accept ( [redacted] ) - 05/02/2025

The identified windows are in a climate controlled room and are not required, needed, or used for egress or ventilation purposes. Therefore, Administrator permanently closed them via mechanical fixtures on 03/25/2025 and no more windows were found to be deficient. On 04/22/2025, window and screen checks have been added to the monthly preventive maintenance checks and services checklist to assure all facility windows, including windows in doors, are in good repair and securely screened when doors or windows are open. Administrator to follow up on monthly checks and services after they are done each month. Dates and initials of person conducting monthly checks will be confirmed by Administrator and followed by Administrators initials and date. Monthly preventive maintenance checks and services to be conducted every month by person(s) as assigned by Administrator with no end date currently planned.

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented ( [redacted] ) - 07/02/2025

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1 was prescribed [redacted] This medication was opened on 11/6/24; however, according to the manufacturer's instructions, it expires 90 days after opening.

Plan of Correction

Accept ( [redacted] ) - 05/02/2025

On 03/25/2025, after discovery of manufacturer's 90 day expiration on [redacted], Administrator marked out Resident #1's Personal Information with permanent marker and destroyed it in a safe manner according to applicable Federal and State statutes and regulations. Resident #1 was [redacted] admitted to facility. Admission processes and forms did not contain a checks and measures procedure to assure the medication is current. Medication and Med Cart Audit Form and Process added to the admission procedure by the Administrator on 04/17/2025. Also on 04/17/2025, Administrator added columns requiring calculation / discovery and documentation of expiration date on Medication and Med Cart Audit Form and are required to be completed on all new admissions going forward and on all future Medication and Med Cart Audits. Administrator reviewed all medications on 03/25/202. Conducted Med Cart Audit on 04/17/2025. And will conduct monthly audits for next six (6) months, with random audits thereafter.

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented ( [redacted] ) - 07/02/2025

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 was prescribed [REDACTED] however, the label indicated the resident was prescribed [REDACTED]

twice daily.

Plan of Correction

Accept ( [REDACTED] - 05/02/2025)

Pharmacy and Nursing was consulted concerning dosage amounts by the Administrator. Clarification has been made in written orders. On or before 04/24/2025, Administrator updated Medication administration policy labeling of Medications has been updated to include "Dosage must be described in discrete, objective, and measurable amounts." On 03/25/2025, after discovery of manufacturer's 90 day expiration on [REDACTED] Administrator marked out Resident #1's Personal Information with permanent marker and destroyed it in a safe manner according to applicable Federal and State statutes and regulations. On 03/24/2025 a new medication was ordered. Administrator reviewed all medications on 03/25/2025. Conducted Med Cart Audit on 04/17/2025. And will conduct monthly audits for next six (6) months, with random audits thereafter.

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented ( [REDACTED] - 07/02/2025)

187a - Medication Record

4. Requirements

2600.

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

- 1. Resident's name.
- 2. Drug allergies.
- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 was prescribed [REDACTED] however, resident #1's March 2025 medication administration record (MAR) indicated the resident was prescribed [REDACTED] Then apply [REDACTED] twice daily.

187a - Medication Record (continued)

Resident #1 was prescribed [REDACTED] This medication was not included on resident #1's March 2025 MAR.

**Plan of Correction**

**Accept ( [REDACTED] - 05/02/2025)**

Resident #1 was [REDACTED] admitted to facility. Medication was stored securely in the med cart awaiting their application if needed. At the time of inspection, facility was using paper medication records. The above mentioned medications weren't yet needed or administered and were therefore not yet written on the paper medication record. Since April 01, 2025 the facility has been using an electronic medication records that synchronizes with pharmacy per deliveries and orders. This will greatly assist in keeping medication records in compliance with 2600.187.a and will appear on MAR even if PRN medication is not yet administered.

The Mar was corrected on or before 04/01/2025.

Administrator reviewed all medications on 03/25/202. Conducted Med Cart Audit on 04/17/2025. And will conduct monthly audits for next six (6) months, with random audits thereafter.

**Licensee's Proposed Overall Completion Date: 04/24/2025**

**Implemented ( [REDACTED] - 07/02/2025)**