

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

June 17, 2025

[REDACTED]
EMBASSY DARLINGTON LLC
[REDACTED]

RE: LAKEVIEW PERSONAL CARE
498 LISBON ROAD
DARLINGTON, PA, 16115
LICENSE/COC#: 45161

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2025, 04/04/2025 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: LAKEVIEW PERSONAL CARE

License #: 45161

License Expiration: 05/26/2025

Address: 498 LISBON ROAD, DARLINGTON, PA 16115

County: BEAVER

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: EMBASSY DARLINGTON LLC

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 71

Waking Staff: 53

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 04/11/2025

Inspection Dates and Department Representative

04/04/2025 - On-Site: [REDACTED]

04/04/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92

Residents Served: 63

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 63

Diagnosed with Mental Illness: 32

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 8

Have Physical Disability: 0

Inspections / Reviews

04/04/2025 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/11/2025

05/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/10/2025

Inspections / Reviews *(continued)*

06/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [redacted] assessment, dated [redacted] did not include the diagnosis of [redacted], requiring weekly weight to be done.

Plan of Correction

Accept [redacted] - 05/27/2025)

Resident [redacted] has since discharged to a higher level of care

All other residents will be reviewed by Wellness Director or designee by 5/29/25, to determine if attending doctor wants to add any other diagnosis related to [redacted].

Wellness Director and Executive Director were educated by Senior Administrator by 5/29/25 on ensuring annual assessments are accurate with correct diagnosis.

Beginning 5/12/25, audit will be done weekly for three weeks by Wellness Director or designee on any resident requiring weekly weights to ensure proper diagnosis is in place per what doctor feels is appropriate, on resident RASP.

Licensee's Proposed Overall Completion Date: 05/29/2025

Implemented ([redacted] - 06/17/2025)