

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

June 26, 2025

[REDACTED], EXECUTIVE DIRECTOR  
PASSAVANT MEMORIAL HOMES  
[REDACTED]

RE: PASSAVANT MEMORIAL HOMES  
KOHLER HALL  
641 RENO STREET  
ROCHESTER, PA, 15074  
LICENSE/COC#: 44977

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/28/2025 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: *PASSAVANT MEMORIAL HOMES KOHLER HALL* License #: *44977* License Expiration: *09/18/2025*  
 Address: *641 RENO STREET, ROCHESTER, PA 15074*  
 County: *BEAVER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *PASSAVANT MEMORIAL HOMES*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *01/18/1996* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *04/28/2025*

**Inspection Dates and Department Representative**

*04/28/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *5*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *4*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**04/28/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2025*

**05/20/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *06/26/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/06/2025*

Inspections / Reviews *(continued)*

06/26/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

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

The licensing inspection summary, dated 10/16/24, located in the foyer of the home contained the privacy coding for multiple residents to include: resident #1 and resident #2

Plan of Correction

Accept ( [redacted] - 05/20/2025)

1) Immediate Action:

The Kohler Personal Care Home ("KPCH") Administrator immediately removed the privacy coding from the license inspection summary, dated 10/16/2024, for Resident #1 and Resident #2 on 4/28/2025. The privacy coding information for Resident #1 and Resident #2 were placed in a locked area to comply with the Chapter 2600.17 regulatory requirement.

2) Corrective Action:

The KPCH Administrator and the KPCH Assistant Administrator will ensure that all protected health information ("PHI") for all residents is kept secure when not in use.

3) Preventative Action:

The KPCH Administrator, KPCH Assistant Administrator, and all direct support professionals will complete re-training by 5/30/2025 to ensure that all PHI is secured when not in use.

4) All supporting documentation for the "plan of correction" is attached within the SansWrite platform.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ( [redacted] - 06/26/2025)

25b - Contract Signatures

2. 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

Resident #2's resident home contract, dated [redacted], is not signed by the resident's [redacted].

Resident #3's resident home contract, dated [redacted] is not signed by the payer.

Resident #4's resident home contract, dated [redacted], is not signed by the payer.

Plan of Correction

Accept ( [redacted] - 05/20/2025)

1) Immediate Action:

25b - Contract Signatures (continued)

All three residents' "resident-home contracts" have been submitted to each resident's [redacted] and/or payer for their review and signature as of 5/7/2025 to comply with the Chapter 2600.25(b) regulatory requirement.

2) Corrective Action:

The Kohler Personal Care Home ("KPCH") Administrator, KPCH Assistant Administrator, and Consumer Eligibility Coordinator will ensure that all residents and all other responsible parties (guardian, power of attorney, or representative payee) will review and sign the "resident-home contract" on an annual basis. Specific to the residents identified in the review, [redacted] for Resident #2 has signed on the incorrect line, and Passavant Memorial Homes ("PMH") is coordinating to obtain the contract again with the signature on the correct line. For Resident #3, PMH is in the process of becoming the representative payee and will sign the contract as payee upon confirmation from the Social Security Administration of PMH's representative payee status. For Resident #4, the representative payee has provided a letter stating that they have been "...advised by their lawyer not to sign any agreements..." but that they "...will pay rent as long as they are the representative payee and the appropriate monies are received..." PMH is further corresponding with Resident #4's representative payee to resolve the contract signature.

3) Preventative Action:

The KPCH Administrator, KPCH Assistant Administrator, and Consumer Eligibility Coordinator will complete a re-training by 5/30/2025 to ensure that all residents and all other responsible parties (guardian, power of attorney, or representative payee) will review and sign the "resident-home contract" on an annual basis.

4) All supporting documentation for the "plan of correction" is attached within the SansWrite platform.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([redacted] - 06/26/2025)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff A, hired [redacted], did not receive training on meeting the needs of the residents through the DME and RASP and medication self-administration during the January 2024 through December 2024 training year.

Direct care staff B, hired [redacted] did not receive training on meeting the needs of the residents through the DME and RASP and medication self-administration during the January 2024 through December 2024 training year.

Plan of Correction

Accept ([redacted] - 05/20/2025)

1) Immediate Action:

The Kohler Personal Care Home ("KPCH") Administrator, KPCH Assistant Administrator, and direct support professionals ("DSPs") have started trainings regarding the Resident Assessment-Support Plan ("RASP") and the Documentation of Medical Evaluation ("DME") on 5/5/2025 to comply with the Chapter 2600.65(f) regulatory requirement.

2) Corrective Action:

65f - Training Topics (continued)

The KPCH Administrator, KPCH Assistant Administrator, and DSPs, including Direct Care Staff A and Direct Care Staff B, have completed the RASP and DME training as of 5/11/2025.

3) Preventative Action:

The Staff Development and Training Department has created and added the RASP and DME training to the annual list of training courses for the KPCH.

4) All supporting documentation for the "plan of correction" is attached within the SansWrite platform.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented (████) - 06/26/2025)

91 - Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the kitchen.

Plan of Correction

Accept (████) - 05/20/2025)

1) Immediate Action:

The Kohler Personal Care Home ("KPCH") Administrator immediately placed emergency numbers that included the nearest hospital and fire department by the kitchen telephone on 4/28/2025 to comply with the Chapter 2600.91 regulatory requirement.

2) Corrective Action:

The KPCH Administrator and KPCH Assistant Administrator will ensure that emergency numbers that include the nearest hospital and fire department are placed on or by all telephones in the KPCH program.

3) Preventative Action:

The KPCH Administrator, KPCH Assistant Administrator, and direct support professionals will be re-trained by 5/30/2025 to ensure that emergency numbers that include the nearest hospital and fire department are placed on or by all telephones in the KPCH program and will be documented weekly for a period of three (3) months.

4) All supporting documentation for the "plan of correction" is attached within the SansWrite platform.

Licensee's Proposed Overall Completion Date: 08/17/2025

Implemented (████) - 06/26/2025)

103e - Left Overs

5. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

103e - Left Overs (continued)

Description of Violation

There were 3 plastic cereal containers containing cereal in the home's pantry cabinet, however they were not labeled or dated.

Plan of Correction

Accept ( [redacted] ) - 05/20/2025

1) Immediate Action:

The ("Kohler Personal Care Home") KPCH Administrator immediately dated and labeled all three (3) plastic cereal containers on 4/28/2025 to comply with the Chapter 2600.103(e) regulatory requirement.

2) Corrective Action:

The KPCH Administrator, KPCH Assistant Administrator, and direct support professionals ("DSPs") will ensure that all stored food items are dated and labeled.

3) Preventative Action:

The KPCH Administrator, KPCH Assistant Administrator, and DSPs will be re-trained by 5/30/2025 to ensure that all stored food items are dated and labeled and will be documented weekly for a period of three (3) months.

4) All supporting documentation for the "plan of correction" is attached within the SansWrite platform.

Licensee's Proposed Overall Completion Date: 08/17/2025

Implemented ( [redacted] ) - 06/26/2025

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent annual medical evaluation was conducted on [redacted]

Resident #2's most recent annual medical evaluation was conducted on [redacted]

Resident #3's most recent annual medical evaluation was conducted on [redacted]. However, the previous evaluation was conducted on [redacted]

Resident #4's annual medical evaluation is not dated and cannot be determined if completed timely.

Plan of Correction

Accept ( [redacted] ) - 05/20/2025

1) Immediate Action:

Resident #1's annual medical evaluation was completed on [redacted] however, it was documented on the incorrect form. The Kohler Personal Care Home ("KPCH") Administrator is working with Resident #1's physician to transfer the documentation from the appointment onto the Documented Medical Evaluation ("DME") form. Resident #2's annual medical evaluation was completed on [redacted]; however, it was documented on the incorrect form. The physician completed the annual medical evaluation on the DME form for the [redacted] evaluation for Resident #2. Resident #3's next annual medical evaluation is scheduled for [redacted], which is within the annual requirements. Resident #4's annual medical evaluation was updated according to the date of completion, after confirming the completion

141b1 - Annual Medical Evaluation (continued)

date with Resident #4's physician.

2) Corrective Action:

The KPCH Administrator and the KPCH Assistant Administrator will ensure that all residents' annual medical evaluations are current, completed within the annual requirements, dated with the date that the annual medical evaluation was completed, and on the correct form.

3) Preventative Action:

The KPCH Administrator and the KPCH Assistant Administrator will be re-trained by 5/30/2025 to ensure that all residents' annual medical evaluations are current, completed within the annual requirements, dated with the date that the annual medical evaluation was completed, and on the correct form.

4) All supporting documentation for the "plan of correction" is attached within the SansWrite platform.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/26/2025

171b5 - First Aid Kit

7. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's van did not contain eye protection or breathing shield.

Plan of Correction

Accept (█) - 05/20/2025

1) Immediate Action:

The Kohler Personal Care Home ("KPCH") Administrator placed eye protection and a breathing shield with the first aid kit in the home's van on 4/28/2025 to comply with the Chapter 2600.171(b)(5) regulatory requirement.

2) Corrective Action:

The KPCH Administrator and the KPCH Assistant Administrator will ensure that eye protection and a breathing shield are with the first aid kit in the home's van. The first aid kit includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings, and tweezers.

3) Preventative Action:

The KPCH Administrator, KPCH Assistant Administrator, and direct support professionals will be re-trained by 5/30/2025 to ensure that eye protection and a breathing shield are with the first aid kit in the home's van and will be documented weekly for a period of three (3) months.

4) All supporting documentation for the "plan of correction" is attached within the SansWrite platform.

Licensee's Proposed Overall Completion Date: 08/17/2025

Implemented (█) - 06/26/2025

181c - Self-administration Assessment

8. Requirements

2600.

181c - Self-administration Assessment (continued)

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 #1 self administers [redacted]. These medications were in the resident's bedroom. However, resident #1 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.

Plan of Correction

Accept ( [redacted] - 05/20/2025)

1) Immediate Action:

The Kohler Personal Care Home ("KPCH") Administrator removed Resident #1's [redacted] [redacted] locked them with Resident #1's other prescriptions on 4/28/2025 to comply with the Chapter 2600.181(c) regulatory requirement.

2) Corrective Action:

The KPCH Administrator, KPCH Assistant Administrator, and direct support professionals ("DSPs") will ensure that all residents who are not assessed by a physician, physician's assistant, or certified registered nurse practitioner to be able to safely self-administer and the need for reminders to take medications will have their medications administered by a DSP that has completed the Department of Human Service' approved Medication Administration training.

3) Preventative Action:

The KPCH Administrator, KPCH Assistant Administrator, and DSPs will be re-trained by 5/30/2025 to ensure that all residents who are not assessed by a physician, physician's assistant, or certified, registered nurse practitioner to be able to safely self-administer and the need for reminders to take medications will have their medications administered by a DSP that has completed the Department of Human Services' approved Medication Administration training.

4) All supporting documentation for the "plan of correction" is attached within the SansWrite platform.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ( [redacted] - 06/26/2025)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

There was an orange plastic bottle of [redacted] on resident #1's bedside table, unsecured, unattended and accessible.

Plan of Correction

Accept ( [redacted] - 05/20/2025)

1) Immediate Action:

The Kohler Personal Care Home ("KPCH") Administrator removed Resident #1's [redacted] [redacted] locked them with Resident #1's other medications on 4/28/2025 to comply with the Chapter 2600.183(b) regulatory requirement.

**183b - Meds and Syringes Locked (continued)****2) Corrective Action:**

*The KPCH Administrator, KPCH Assistant Administrator, and direct support professionals ("DSPs") will ensure that all residents' prescriptions and over-the-counter ("OTC") medications are properly stored and locked.*

**3) Preventative Action:**

*The KPCH Administrator, KPCH Assistant Administrator, and DSPs will be re-trained by 5/30/2025 to ensure that all residents' prescriptions and OTC medications are properly stored and locked.*

*4) All supporting documentation for the "plan of correction" is attached within the SansWrite platform.*

**Licensee's Proposed Overall Completion Date: 05/30/2025**

**Implemented (█ - 06/26/2025)**