

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

July 22, 2025

[REDACTED]  
WOLF RUN VILLAGE LLC  
[REDACTED]

RE: WOLF RUN VILLAGE  
3750 ROUTE 220 HIGHWAY  
HUGHESVILLE, PA, 17737  
LICENSE/COC#: 22149

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/01/2025, 05/13/2025 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WOLF RUN VILLAGE License #: 22149 License Expiration: 03/27/2025
Address: 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA 17737
County: LYCOMING Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: WOLF RUN VILLAGE LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-2 Date: 11/12/2009 Issued By: Dept. L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 05/13/2025

Inspection Dates and Department Representative

05/01/2025 - On-Site: [Redacted]
05/13/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 57

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 1

Inspections / Reviews

05/01/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/12/2025

06/23/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 07/04/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 07/04/2025

Inspections / Reviews *(continued)*

07/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/04/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 58a - Awake Staff 16 or More

## 1. Requirements

2600.

58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

## Description of Violation

Staff interviews determined that direct care staff members, [REDACTED] and [REDACTED] were witnessed sleeping, in the facility living room and sunroom while working within the last month.

## Plan of Correction

Accept [REDACTED] - 06/13/2025)

All three staff members were informed by their next scheduled shift that it is absolutely not acceptable to fall asleep while working and trained on the importance of staying awake. Completed 5/7/25. All other staff received the same training on 5/15/25. A staff member will immediately be transitioned to first or second shift if they are found to have difficulty with not dozing off during the down time on third shift. CCTV has been checked throughout the night every night for 1 week and will continue to be randomly checked weekly for 1 month. To ensure ongoing compliance, the administrator will continue to complete Random checks monthly and document the checks for 6 months.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [REDACTED] - 07/21/2025)

## 141b2 - Medical Evaluation Changes

## 2. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

## Description of Violation

Resident [REDACTED] annual medical evaluation dated [REDACTED] does not include weight, pulse rate, blood pressure, or temperature.

## Plan of Correction

Directed [REDACTED] 06/13/2025)

On 5/2/25, the visit summary was obtained from the PCP and attached to the DME, showing the missing information. The Office Director will audit all DME's before they are filed in the resident record. To ensure ongoing compliance, the Administrator will audit new DMEs monthly.

Proposed Overall Completion Date: 06/12/2025

**(Directed)**

**The home will audit all residents DME's for missing content. Missing content will be added immediately. The home will document the DME's audits for the next three months and maintain the records for three months.**

Directed Completion Date: 07/02/2025

Implemented [REDACTED] 07/21/2025)

## 181c - Self-administration Assessment

3. Requirements

2600.

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 [redacted] self-administers medications to include ASPA [redacted] subcutaneously in the morning and [redacted] subcutaneously in the evening; however, resident [redacted] 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

Directed [redacted] - 06/13/2025)

The Resident had requested that the staff hand [redacted] the filled insulin syringe to inject [redacted] while staff observed. Staff felt this was no different than handing the resident [redacted] pills to put into [redacted] own mouth because they were preparing the medication and observing the injection. Staff were advised on next scheduled shift that the resident could no longer complete this task. The note was also entered in the eMAR system. On 5/21/25, the Administrator and the PCP advised the resident that [redacted] would not be able to continue this practice. Med Tech Staff members were trained on proper medication administration on 5/15/25.

Proposed Overall Completion Date: 06/12/2025

(Directed)

**The home will conduct random medications audits and observed a medication administration pass with medication staff two times a week for the next four months to ensure that medication administration procedures is are being completed correctly. Observation will take place randomly, on all three shifts and twice weekly.**

Directed Completion Date: 07/02/2025

Implemented [redacted] - 07/21/2025)

182c Medication Administration

4. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

Resident [redacted] who requires assistance to take medications indicated that Med-Tech's will leave their medication in the room without watching the resident ingest the medication.

Plan of Correction

Directed [redacted] - 06/13/2025)

Med Tech Staff members were trained on proper medication administration on 5/15/25. Beginning May 15th, an LPN with experience as a medication administration trainer was placed under contract to assist with new med tech cart training after they have completed the medication administration course to help ensure staff members are well trained. The administrator and office director will complete random checks in the residents' rooms to ensure on going compliance.

182c Medication Administration (continued)

Proposed Overall Completion Date: 06/12/2025

**(Directed)**

**The home will conduct random medications audits and observed a medication administration pass with medication staff two times a week for the next four months to ensure that medication administration procedures is are being completed correctly. Observation will take place randomly, on all three shifts and twice weekly.**

Directed Completion Date: 07/02/2025

Implemented [REDACTED] - 07/21/2025)

183d - Prescription Current

5. 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**

*The following medications were found in a closet in the administrator's office that belonged to resident's that were no longer residing in the home.*

[REDACTED]

**Plan of Correction**

Directed ( [REDACTED] - 06/13/2025)

*All medications were locked in a closet that only the administrator can access. The meds along with the physicians orders were placed in the secure closet within 2 hours of each resident death to be disposed of when 2 staff were available to witness. All meds were disposed of at the time of the inspection. Administrator has made disposal a priority. A note will be placed on the closet door when any medication needing disposal is placed in the closet. The administrator has set aside a time every week to confirm all disposals have been completed to ensure ongoing compliance.*

Proposed Overall Completion Date: 06/12/2025

**(Directed)**

**The administrator will create a medication disposal policy which will include an ongoing log of resident names, date of discharge and medications destroyed. The medication disposal policy will also require two**

**183d - Prescription Current (continued)**

**staff persons to sign their name when medications are destroyed. The administrator will monitor this policy weekly for the next six months.**

Directed Completion Date: 07/02/2025

Implemented (████) 07/21/2025)

**183e - Storing Medications**

**6. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

████ prescribed for Resident # █████ that expired on █████ and █████ prescribed for Resident # █████ that expired on █████ were found in the Administrator's office.

**Plan of Correction**

Directed (████) - 06/13/2025)

All medications were locked in a closet that only the administrator can access. The meds were placed in the secure closet to be disposed of when 2 staff were available to witness. All meds were disposed of at the time of the inspection. Administrator has made disposal a priority. A note will be placed on the closet door when any medication needing disposal is placed in the closet. The administrator has set aside a time every week to confirm all disposals have been completed to ensure ongoing compliance.

Proposed Overall Completion Date: 06/12/2025

**(Directed)**

**The home will retrain all med techs on expired medications and maintain the training documents. The home will complete weekly audits of the medication carts for expired medications for the next six months and maintain the documentation.**

Directed Completion Date: 07/02/2025

Implemented (████) - 07/21/2025)

**187b - Date/Time of Medication Admin.**

**7. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident █████ is prescribed █████ at bedtime. However, resident █████ medication administration record is not initialed by staff to indicate it was administered on █████ at 7:00 p.m. as directed.

187b Date/Time of Medication Admin. (continued)

Plan of Correction

Directed [redacted] - 06/13/2025

When reviewing the eMAR, the administration on 3/23 25 was completed and time stamped 19:06:10.

Beginning May 15th, an LPN with experience as a medication administration trainer was placed under contract to assist with new med tech cart training after they have completed the medication administration course to help ensure staff members are well trained. Med Passes will be monitored daily by the administrator to ensure ongoing compliance.

Proposed Overall Completion Date: 06/12/2025

(Directed)

The home will train all med techs on documenting Medication Administration Records (MAR) and maintain the training record. The administrator or designee will audit the MARs weekly to ensure that they are current and completed correctly. Audit will continue weekly for the next 5 months.

Directed Completion Date: 07/02/2025

Implemented [redacted] - 07/21/2025

187d - Follow Prescriber's Orders

8. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted], resident [redacted] was not administered [redacted] at 2:00p.m. as prescribed. Staff person A administered it at 3:15p.m., Resident [redacted] was not administered [redacted] and [redacted] at 2:00p.m. as prescribed. Staff person A administered it at 3:10p.m., Resident [redacted] was not administered [redacted] at 1:30p.m. as prescribed. Staff person A administered it at 3:15p.m.

Plan of Correction

Directed [redacted] - 06/13/2025

Staff person A relieved the first shift med tech around 2:15pm and brought it to the administrator's attention that the 2pm meds had not been passed. The administrator checked the time and instructed staff person A to pass the medications as it was still within the hour of administration. Staff person A is no longer employed at Wolf Run Village. The first shift med tech was on day 2 of passing medication. How to look ahead in the eMAR system was reviewed with the first shift med tech to ensure med passes are complete around shift changes. Beginning May 15th, an LPN with experience as a medication administration trainer was placed under contract to assist with new med tech cart training after they have completed the medication administration course to help ensure staff members are well trained. Med passes will be monitored daily by the Administrator to ensure ongoing compliance.

Proposed Overall Completion Date: 06/12/2025

(Directed)

The home will retrain med techs on following prescriber's orders and maintain the training record. The administrator will complete a weekly audit of the MARs to indicate resident's medications were administrated timely for the next four months and maintain documentation of the weekly audits.

187d - Follow Prescriber's Orders (*continued*)

Directed Completion Date: 07/02/2025

Implemented [REDACTED] - 07/21/2025)