

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

July 29, 2025

[REDACTED], ADMINISTRATOR
TWIN OAKS PERSONAL CARE HOME INC
1100 COWLEY ROAD
GRANVILLE SUMMIT, PA, 16926

RE: TWIN OAKS PERSONAL CARE
HOME
1100 COWLEY RD
GRANVILLE SUMMIT, PA, 16926
LICENSE/COC#: 21470

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2025 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: *TWIN OAKS PERSONAL CARE HOME* License #: *21470* License Expiration: *04/20/2023*
 Address: *1100 COWLEY RD, GRANVILLE SUMMIT, PA 16926*
 County: *BRADFORD* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *TWIN OAKS PERSONAL CARE HOME INC*
 Address: *1100 COWLEY ROAD, GRANVILLE SUMMIT, PA, 16926*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/27/1997* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/06/2025*

Inspection Dates and Department Representative

05/06/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *24* Residents Served: *18*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *2*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *18*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/06/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/07/2025*

06/18/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/10/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/25/2025*

Inspections / Reviews *(continued)*

07/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2025

Reviewer: [REDACTED]

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

07/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A began working at the home on [redacted] The staff person's Pennsylvania State Police Criminal Background Check was not requested until [redacted]

Plan of Correction

Accept ([redacted] - 07/08/2025)

Going forward and effective immediately (06-30-2025), criminal background checks will be completed on or before an employee's first day of work. Administrator will ensure ongoing compliance.as [redacted] is responsible for all the hiring. It is not possible to "fix" violation only to ensure it does not reoccur.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ([redacted] - 07/29/2025)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/6/25 at approximately 11:40 a.m. the hot water temperature in room #11 measured 129.2 degrees Fahrenheit.

On 5/6/25 at approximately 11:50 a.m. the hot water temperature in room #5 measured 130.8 degrees Fahrenheit.

Plan of Correction

Accept ([redacted] - 07/08/2025)

Violation was corrected at time of inspection by administrator, Water temperature was lowered to acceptable temperature. Administrator will monitor water temperature monthly beginning June 2025 to ensure the temperature does not exceed 120 degrees.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ([redacted] - 07/29/2025)

185a - Implement Storage Procedures

3. 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

Resident #1 has an order for blood glucose checks 4 times daily at 7:00 a.m., 11:30 a.m., 4:30 p.m., and 7:45 p.m. On 5/6/25 at 12:25 p.m. the residents glucometer was calibrated to 6/4/25 at 3:37 a.m.

Plan of Correction

Accept ([redacted] - 07/08/2025)

Glucometer was correctly calibrated at time of inspection by administrator. Staff was educated on ensuring monitor is correctly calibrated and the importance of doing so. Administrator will monitor glucometers monthly to ensure ongoing compliance.

185a - Implement Storage Procedures *(continued)*

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 07/29/2025

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:

Description of Violation

Resident #2 has a PRN order for Furosemide 20mg tablets. The medication was previously prescribed as a straight order which was discontinued on 4/26/25. The PRN medication is not listed on the resident's May 2025 Medication Administration Record.

Plan of Correction

Accept (█) - 07/08/2025

Violation was corrected at time of inspection by administrator. Administrator will perform monthly checks to ensure all resident meds are correctly listed on MARs. If an error is found, administrator will correct it and educate staff. Administrator will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 07/29/2025