

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

June 10, 2025

[REDACTED], ADMINISTRATOR  
LIBERTY LUTHERAN HOUSING DEVELOPMENT CORPORATION  
[REDACTED]  
[REDACTED]

RE: THE VILLAGE AT PENN STATE  
160 LIONS HILL ROAD  
STATE COLLEGE, PA, 16803  
LICENSE/COC#: 22944

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE VILLAGE AT PENN STATE* License #: *22944* License Expiration: *05/30/2026*  
 Address: *160 LIONS HILL ROAD, STATE COLLEGE, PA 16803*  
 County: *CENTRE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *LIBERTY LUTHERAN HOUSING DEVELOPMENT CORPORATION*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *04/01/2016* Issued By: *Centre Region Code*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/13/2025*

**Inspection Dates and Department Representative**

*05/13/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *14* Residents Served: *11*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *11*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**05/13/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/30/2025*

**06/02/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *06/06/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/07/2025*

Inspections / Reviews *(continued)*

06/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

The home did not have documentation that staff persons A and B received training in fire safety conducted by a fire safety during the 2024 training year.

Plan of Correction

Accept ( [redacted] - 06/02/2025)

In response to the violation on 05/13/2025 by the Pennsylvania Bureau of Human Service Licensing, [redacted] RN, BSN, NHA, PCHA audited RELIAS education training modules of Staff members A and B to validate annual Fire Safety training for 2024 and 2025 was completed. Relias is a nationally accredited online educational provider of healthcare education including fire safety, disaster and emergency response. This information was not provided at the time of the survey. Attached is the Fire Safety Curriculum outline with references obtained by the National Fire Protection Agency and OSHA. Attached is Staff member A and B individual Course Completion History supporting Fire Safety education for 2024 and 2025.

To ensure current compliant operations [redacted] RN, BSN, NHA, PCHA audited Personal Care staff member files to ensure completion of annual mandatory Fire Safety training which are attached.

The Personal Care LPN Manager will audit staff members mandatory Relias education course completion records monthly. The Personal Care LPN Manager will report staff compliance of course completions monthly to the Quality Assurance Committee. The Administrator will perform random quarterly audits of 2 staff members Relias mandatory course completion records and report to the Quality Assurance Committee.

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

Implemented ( [redacted] - 06/10/2025)

132b - Safety Inspection/Fire Drill

2. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home did not have a fire drill conducted by a fire safety expert during 2024 or 2025 and therefore is not in compliance with the requirement to have a fire drill conducted by a fire safety expert annually.

Plan of Correction

Accept ( [redacted] - 06/02/2025)

In response to the violation on 05/13/2025 by the Pennsylvania Bureau of Human Service Licensing, the Director of Plant Operations scheduled an on- site fire drill to be conducted by a Fire Safety Expert whom was first available on July 31, 2025. The Director of Plant Operations will schedule annually on- site fire safety inspection and fire drill conducted by a Fire Safety Expert. . The Director of Plant Operations will report site visit findings to the Quality Assurance Committee.

Licensee's Proposed Overall Completion Date: 07/31/2025

132b - Safety Inspection/Fire Drill (*continued*)

Implemented (█) - 06/10/2025)

## 162c - Menus Posted

**3. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*At 9:15 a.m. the home's menu for the week of 5/11/25 to 5/17/25 was posted. However, the menu for 5/18/25 to 5/24/25 was not posted.*

**Plan of Correction**

Accept (█) - 06/02/2025)

*In response to the violation on 05/13/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/13/2025 by █ RN, BSN, NHA, PCHA posted the menu for 5/18/2025 to 5/24/2025.*

*To enhance the currently compliant operations, on 05/13/2025 the Personal Care LPN Manager will ensure that the dietary manger will be responsible for preparing and posting menus one week in advance. A Menu Compliance Log will be maintained and signed weekly by the dietary manger and Personal Care LPN Manager.*

*The Personal Care LPN Manager will perform weekly checks through 07/31/2025 to ensure ongoing compliance of menus posted 1 week in advance in a conspicuous and public place. Any deficiencies will be corrected immediately.*

*The Personal Care LPN Manager will report audit findings monthly to the Quality Assurance Committee.*

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

Implemented (█) - 06/10/2025)

## 184a - Resident's Meds Labeled

**4. 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 has an order for Acetaminophen 500 mg, two tablets every 6 hours as needed. The pharmacy label incorrectly states that the order is for one tablet every 6 hours as needed.*

**Plan of Correction**

Accept (█) - 06/02/2025)

*In response to the violation on 05/13/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/13/2025 by the Personal Care Unit Manager to a physician's order was obtained and order was changed to reflect the pharmacy label.*

*To enhance the currently compliant operations, on 05/13/2025 the Personal Care Unit Manager will instruct and ensure the medication technician will review all new and renewed medication orders and double-check medication against the MAR and the physician's orders before accepting the pharmacy delivery, with a completion date of 05/13/2026.*

**184a - Resident's Meds Labeled (continued)**

Effective 05/13/2025 the Personal Care LPN Manager will perform weekly audits for 4 weeks; then, monthly for 3 months; then, quarterly ensuring the original container for prescription medications will be labeled with a pharmacy label that includes the prescribed dosage and instructions for administration, and matches the physician's order. Any deficiencies will be corrected immediately. The Personal Care LPN Manager will report audit findings monthly to the Quality Assurance Committee.

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

Implemented (█) - 06/10/2025)

**185a - Implement Storage Procedures****5. 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 #2 has an order for Novolog insulin, to be administered before meals on a sliding scale basis. The glucometer used to test resident #2's blood glucose does not retain a history of all blood glucose readings used to determine if sliding scale units of insulin are required.

**Plan of Correction**

Accept (█) - 06/02/2025)

In response to the violation on 05/13/2025 by the Pennsylvania Bureau of Human Service Licensing, following the survey the Personal Care LPN Manager contacted the manufacturer of the Freestyle Libre 3 glucose monitoring device to inquire regarding the ability to view glucose level readings. There is a website that does show every reading the glucose sensor reads (approximately every 3 minutes). It records the date, time and blood glucose reading. The website requires you to log in with the patient's information. The website allows the user to view all the readings as well as convert the results into a Excel spread sheet. Due to volume, a sample of Resident 2 readings are attached. Due to the numerous continuous blood glucose monitoring devices available to diabetic patients which is the preferred method of glucose monitoring over multiple daily finger sticks, The Village at Penn State Personal Care will apply for exemption following the guidelines set forth by DHS. In the interim, the Personal Care LPN Manager will educate med techs how to check device websites for current glucose readings based on physician orders for insulin and/or sliding scale coverage. Glucose readings will be recorded on the resident medication administration record. The Personal Care LPN Manager will audit weekly for four weeks then monthly for three months individual resident medication administration records for recorded glucose levels and compare to the reading available on the individual resident glucose monitoring device website recording to ensure accuracy. Audit finding will be reported to the Quality Assurance Committee.

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

Implemented (█) - 06/10/2025)