

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

July 9, 2025

[REDACTED]
RIVERSTONE MANOR LLC
[REDACTED]

RE: RIVERSTONE MANOR
ONE MAIN STREET
WALNUTPORT, PA, 18088
LICENSE/COC#: 22394

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2025 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: RIVERSTONE MANOR License #: 22394 License Expiration: 11/09/2025
 Address: ONE MAIN STREET, WALNUTPORT, PA 18088
 County: NORTHAMPTON Region: NORTHEAST

Administrator

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

Legal Entity

Name: RIVERSTONE MANOR LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 03/15/2012 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 64 Waking Staff: 48

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 05/28/2025

Inspection Dates and Department Representative

05/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 72 Residents Served: 63
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 34 Are 60 Years of Age or Older: 34
 Diagnosed with Mental Illness: 46 Diagnosed with Intellectual Disability: 15
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

05/28/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/28/2025

07/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/09/2025
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

07/09/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/09/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted] does not include the resident's need for a mobility assistance device. The resident utilizes a cane to ambulate, the assessment does not note the residents current care needs.

Plan of Correction

Accepted [redacted] - 07/09/2025)

On [redacted] the RASP for Resident [redacted] was updated, and the mobility assistance device was indicated. The new Assessment was included in the resident's file.

In the future the Administrator will document any updated that come as result of any significant change to be included in the annua assessment.

The Administrator is responsible to keep residents' assessment updated.

Licensee's Proposed Overall Completion Date: 06/27/2025

Implemented [redacted] 07/09/2025)