

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

June 30, 2025

[REDACTED] OWNER/OPERATOR
DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC
[REDACTED]

RE: DELAWARE VALLEY PERSONAL
CARE CENTER
109 RIVERS EDGE DRIVE
MATAMORES, PA, 18336
LICENSE/COC#: 23013

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2025 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: *DELAWARE VALLEY PERSONAL CARE CENTER* License #: *23013* License Expiration: *04/26/2026*
 Address: *109 RIVERS EDGE DRIVE, MATAMORES, PA 18336*
 County: *PIKE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *03/03/2021* Issued By: *Dept. L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/29/2025*

Inspection Dates and Department Representative

05/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *45*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

05/29/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/22/2025*

06/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/28/2025*

Inspections / Reviews *(continued)*

06/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2025

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

On 5/29/25, at 9:00 a.m., a laptop containing the residents' Electronic Medication Administration Records located on the medication cart in the main dining room was left opened, unlocked, unattended, and accessible to unauthorized persons.

On 5/29/25 at 9:44 a.m. Staff Person A was administering medications in "100 hall" and left the Narcotic Administration logbook on top of Med Cart #2 unattended and accessible to unauthorized persons.

Repeat Violation- 5/14/24

Plan of Correction

Accept (█ - 06/17/2025)

- On 5/29/25 verbal education on Reg 17 was immediately provided to Staff Person A by the Administrator regarding record confidentiality.
- Audits will be conducted by the Administrator and Wellness director weekly at random x4 weeks to ensure confidentiality of resident records is maintained to begin the week of 6/1 and completed by 6/28/25.
- All current employees will be educated on reg 17 by 6/20/2025 by Administrator and Wellness Director.
- Moving forward to maintain continued compliance all resident records will be maintained in a secured area and the Administrator/Wellness Director will ensure continued compliance.

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented (█ - 06/30/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/29/25 at 3:15 p.m. Staff Person A was observed counting narcotics from a bottle without wearing gloves.

Plan of Correction

Accept (█ - 06/17/2025)

- On 5/29/25 verbal education provided by Wellness Director to Staff Person A regarding Sanitary Conditions while doing counting of narcotics.
- Audits of Narc count will be conducted by the Administrator and Wellness director a few times weekly at random for 4 weeks to ensure sanitary conditions are maintained to begin the week of 6/1/2025 and completed by 6/28/2025.
- All Medication Technicians will be educated on reg. 85a by Administrator by 6/20/2025.
- Moving forward to maintain continued compliance, narc counts will be monitored and the Administrator/Wellness Director will ensure continued compliance.

85a - Sanitary Conditions (continued)

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented () - 06/30/2025

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 2:30 p.m. resident #1's lamp was approximately 10 feet away from their bed and cannot be turned on or off from the bedside.

Repeat Violation- 5/14/24

Plan of Correction

Accept () - 06/17/2025

- On 5/29/25 Administrator went to room of Resident #1 and reviewed regulation and Resident #1 expressed understanding that the lamp should be at the bedside. Light was moved back to bedside and is now reachable by Resident #1.
- Audit of all Resident Rooms was conducted by the Administrator on 6/2/2025 to ensure all lamps in Resident rooms are reachable at bedside.
- All current employees will be educated on reg. 101j by 6/20/2025 by the Administrator and Wellness Director.
- Moving forward to maintain continued compliance, the Administrator and Wellness Director will continue to monitor lighting at bedside to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented () - 06/30/2025

103e - Left Overs

4. 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.

Description of Violation

At approximately, 10:00 a.m. a green plastic container containing pasta in the 2nd floor kitchenette refrigerator was unlabeled, undated.

Repeat Violation- 5/14/24

Plan of Correction

Accept () - 06/17/2025

103e

- On 5/29/25 an unlabeled green plastic container containing pasta in the 2nd floor kitchenette refrigerator was discarded by the Wellness Director and all staff on duty were verbally educated by the Administrator on the proper labeling of items stored in the Kitchenette refrigerator.
- On 6/2/2025 Administrator and Wellness Director met with residents to remind them if items are stored in the kitchenette refrigerators that they have to be labeled with date and name. Residents also reminded that markers and stickers were attached to the refrigerator to be used as needed.

103e - Left Overs (continued)

- Audit will be conducted a few times weekly at random by Administrator and/or Wellness Director for 4 weeks to ensure proper labeling of left overs to begin the week of 6/1/2025 and completed by 6/28/2025.
- All staff will be educated on regulation 103e by 6-20-25 by the Administrator.
- Moving forward kitchen staff will be responsible to do daily checks when restocking the kitchenette refrigerators to ensure all items are labeled and stored properly as per regulation 103 e. Administrator and Wellness Director will also continue to monitor for continued compliance.

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented (█) - 06/30/2025

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 9:48 a.m. two exterior dryer vents had an approximate 2-inch accumulation of lint clinging to the vent and lint was scattered on the ground.

Plan of Correction

Accept (█) - 06/17/2025

- On 5/29/2025 verbal education was provided to the Maintenance Director to monitor the exterior dryers weekly instead of monthly by the Administrator. The Maintenance Director also cleaned lint on the vent and ground.
- Audit will be conducted weekly x4 weeks by Administrator to begin the week of 6/1/2025 and completed by 6/28/2025 to ensure vent/duct vents are properly cleaned.
- All staff will be educated by the Administrator on reg. 105g by 6/20/25.
- Moving forward, the Administrator will closely monitor Maintenance duties to ensure continued compliance with lint removal and duct cleaning.

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented (█) - 06/30/2025

144c1 - Smoking Area Guidelines

6. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 9:40 a.m. cigarette butts were on the ground by the dumpster and at approximately 11 a.m. cigarette butts were on the ground by stairwell A's exit door.

144c1 - Smoking Area Guidelines (continued)

Plan of Correction

Accept () - 06/17/2025

- On 5/29/25 verbal education was provided to all staff on duty that facility does not permit smoking on premise by the Administrator and Wellness Director. Administrator and Wellness Director also walked property to ensure no other cigarette butts were on premise.
- Audit will be conducted weekly x4 weeks by Administrator and Wellness Director to begin the week of 6/1/25 and be completed by 6/28/25 to ensure property is free of cigarette butts.
- All staff will be educated by the Administrator on reg. 144c1 by 6/20/25.
- Moving forward, the Administrator and Wellness Director will continue to monitor premises to be free of cigarette butts to ensure compliance is maintained and to also continue to express that the facility is non-smoking.

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented () - 06/30/2025

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

At 9:38 a.m. the car used to transport residents did not have a first aid kit.

Repeat Violation- 5/14/24

Plan of Correction

Accept () - 06/17/2025

- First aid kit assembled and placed in the transport car by the Administrator on 5/29/25.
- An audit will be conducted by Wellness Director and Administrator to ensure first aid kit is in car weekly x4 weeks to begin 6/1/25 and to be completed by 6/28/25
- All Direct Care staff will be educated on regulation 171b5 by 6-20-25.
- Moving forward the Administrator and Wellness Director will monitor designated First Aide kits to ensure compliance with regulation 171b5.

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented () - 06/30/2025

181c - Self-administration Assessment

8. 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.

181c - Self-administration Assessment (continued)

Description of Violation

Resident #2's Medical Evaluation dated [redacted] indicates they cannot self-administer medications. At approximately 1:20 p.m. a tube of Aspercream was on a table in their room and a bottle of Advil gel capsules was on their bathroom countertop.

Repeat Violation- 5/14/24

Plan of Correction

Accept ([redacted]) - 06/17/2025

- Wellness Director met with Resident #2 regarding medication observed in the room on 5/29/2025. The Wellness Director asked the Resident if [redacted] wanted to have an assessment done to self administer medication by [redacted] and physician. Resident #2 declined assessment and preferred for staff to administer medication. The resident gave the Wellness Director the medication and expressed understanding of not having medication stored in the room ans=d if there was a desire to self administer it could be assessed.
- An audit will be conducted of all residents rooms by Administrator and Wellness Director weekly x4 weeks to begin the week of 6/1/2025 and be completed by 6/28/25 to ensure medications are not in rooms of residents that can not self administer.
- All Medication Technicians and DCS will be educated by Administrator/Wellness Director on Reg. 181c by 6/20/25
- Moving forward Administrator and Wellness Director will remind residents at monthly meetings on the importance of Self Administration of medication and that if it is desired to express an assessment will be conducted.

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented ([redacted]) - 06/30/2025

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

On 5/29/25, at 9:00 a.m., Staff Person A left the medication cart in the main dining room unlocked, unattended, and accessible to unauthorized persons.

Plan of Correction

Accept ([redacted]) - 06/17/2025

- On 5/29/25 Staff member A was verbally educated by Wellness director on the importance of locking the medication cart if unattended to ensure it isn't accessible to unauthorized persons.
- An audit will be conducted by Administrator and/or Wellness Director at random a few days a week x 4 weeks to begin on 6/1/2025 and completed on 6/28/25 to ensure continued compliance with medications being locked in cart when unattended.
- All Medication Technicians will be educated by Wellness Director and Administrator on reg. 183b
- Moving forward Administrator and Wellness Director will continue to monitor Medication Technicians daily to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented ([redacted]) - 06/30/2025

187a - Medication Record

10. 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 #3 is prescribed Tapazole 5mg. twice daily. However, the resident's medication administration record does not indicate a diagnosis.

Repeat Violation- 5/14/24

Plan of Correction

Accept ([REDACTED] - 06/17/2025)

- *On 5/29/25 Wellness Director added the proper diagnosis to Resident #3 medication Tapazole 5mg.*
- *An audit was conducted by the Administrator and then the Wellness Director of all Resident MARs to ensure all diagnoses' are documented on 6/2/2025.*
- *Medication Technicians will be educated by Administrator/Wellness Director on reg 187a by 6/20/25.*
- *Moving forward Administrator and Wellness Director will ensure that all new orders entered will have diagnoses documented to ensure compliance.*

Licensee's Proposed Overall Completion Date: 06/28/2025

Implemented ([REDACTED] - 06/30/2025)