

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

July 3, 2025

[REDACTED], OWNER/ADMINISTRATOR  
OUR ORANGEVILLE MANOR INC  
PO BOX 157, 210 MILL STREET  
ORANGEVILLE, PA, 17859

RE: OUR ORANGEVILLE MANOR  
PERSONAL CARE HOME  
210 MILL STREET, PO BOX 157  
ORANGEVILLE, PA, 17859  
LICENSE/COC#: 22393

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2025 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: *OUR ORANGEVILLE MANOR PERSONAL CARE HOME* License #: 22393 License Expiration: 06/14/2026  
 Address: 210 MILL STREET, PO BOX 157, ORANGEVILLE, PA 17859  
 County: COLUMBIA Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: *OUR ORANGEVILLE MANOR INC*  
 Address: *PO BOX 157, 210 MILL STREET, ORANGEVILLE, PA, 17859*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/30/1982* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

**Inspection Information**

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

**Inspection Dates and Department Representative**

06/04/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *36* Residents Served: *27*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *23*  
 Diagnosed with Mental Illness: *27* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

06/04/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/05/2025*

06/30/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/01/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/07/2025*

Inspections / Reviews *(continued)*

07/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/08/2025

07/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

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

Description of Violation

At approximately 2:30 p.m. the water temperature for the sink located in resident room #3 measured 125 degrees Fahrenheit.

Plan of Correction

Accept (█ - 07/01/2025)

The Home understands the importance of this regulation is to protect the residents from accidental scalding.

The home's maintenance staff had set the hot water regulator to 120 degrees. █ turned it down to 115 degrees, and the water temperature is reading 118 degrees.

This was corrected at the time of inspection.

The maintenance staff started a daily water temperature log to ensure that our water temperature remains below 120 degrees. The administrator will monitor and sign off on the log daily to help prevent the water temperature from exceeding 120 degrees.

A temperature log will be provided.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented (█ - 07/03/2025)

102k - No Common Towel

2. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

An unlabeled used washcloth was hanging on the exit door handle/bar in room #8 which is shared by two residents.

Plan of Correction

Accept (█ - 07/01/2025)

The home understands the importance of this regulation is to prevent the spread of disease. A reminder sign was posted in the room on June 4, 2025, stating that residents cannot hang their washcloths on the emergency exit door handle or bar. Staff provided a label on the hand towel bar provided with the resident's name on it.

The administrator and staff will monitor this violation and give the resident daily reminders. Photos of the reminder sign and the hand towel bar with the name will be provided.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented (█ - 07/03/2025)

183e - Storing Medications

3. 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.

183e - Storing Medications (continued)

Description of Violation

At 1:37p.m., Resident #1's Novolog pen was opened and not dated. The Novolog pen was being stored in the refrigerator. According to the manufacturer's instructions Novolog is not to be refrigerated after it is opened and to be stored at room temperature.

Segoe UI  
Plan of Correction

11pt



Accept (█) - 06/30/2025)

The home understands the importance of this regulation to ensure that medications are being stored in a manner that prevents damage or loss.

The lead medication technician and co-administrator completed a staff training on June 12, 2025, with medication technicians, explaining the violation and the plan to correct this, and the process of Novolog pens and putting the date on them. Upon opening, they are stored at room temperature in the insulin drawer in the medication cart. The lead medication or co-administrator will complete weekly monitoring and document that all pens are dated and are being stored at room temperature in the med cart.

Staff training document and the lead medication technician or co-administrator's weekly monitoring document will be provided.

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

Implemented (█) - 07/03/2025)

187d - Follow Prescriber's Orders

4. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is on a sliding scale indicating Blood Glucose less than 200 = 5 units. On 6/2/25 at 4:00p.m., the residents Blood glucose level was 78 and on 6/3/25 at 8:00p.m. it was 71. On both dates the insulin was held and the resident did not receive 5 units of insulin.

Repeat Violation: 7/11/24

Plan of Correction

Accept (█) - 07/01/2025)

The home understands the importance of this regulation to ensure that residents receive medications and treatments as ordered by their physician. The lead medication technician and co-administrator held a meeting on June 12, 2025, with the medication technicians and explained that we are required to follow the doctor's orders (even if it does not make logical sense). The administrator and co-administrator have left several voicemail messages for the doctor to go over the BS numbers and the order. Calls were made on 6/4/2024, 6/9/2025, 6/12/2025, and 6/30/2025. We have not received a call back. We will continue to contact the doctor. Medication techs will follow the doctor's orders. Co-administrator will monitor the daily BS readings for this resident to ensure █ is receiving the correct units as ordered by the doctor.

The staff training document and the co-administrator's daily monitoring log will be provided.

Licensee's Proposed Overall Completion Date: 07/01/2025

187d - Follow Prescriber's Orders (continued)

Implemented ( ) - 07/03/2025

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan dated ( ) for resident # 2 was not signed by the resident and there was no indication that the resident was unable to or refused to sign the support plan.

Plan of Correction

Accept ( ) - 07/01/2025

The home understands the importance of this regulation and that it allows the individual to participate in the development of the support plan.

This violation was corrected at the time of inspection.

The administrator and co-administrator will monitor all support plans by reviewing them upon completion to ensure they are signed by the resident.

A copy of the signed support plan will be provided.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented ( ) - 07/03/2025

251b - Record Entries Legible

6. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the medical evaluation form dated ( ) for resident #3; both the date the form was completed and the date the form was signed by the doctor were written over the correction fluid.

Plan of Correction

Accept ( ) - 07/01/2025

The home understands the importance of this regulation and that it helps to ensure that information stored in the resident record is detailed, accurate, and unaltered.

On June 11, 2025, the administrator provided the altered DME to our VA social worker to have the primary care physician correct where ( ) used correction fluid on the DME. ( ) was informed that using correction fluid on the forms is violating the state regulations.

The administrator and co-administrator will monitor all DME when they are completed by the PCP for the use of correction fluid on forms. Moving forward, all DMEs that are returned to the facility altered will be sent to the social worker for ( ) to have it corrected.

Corrected DME provided by the PCP will be provided.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented ( ) - 07/03/2025