

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

August 1, 2025

[REDACTED], BOARD PRESIDENT  
PARTNERS IN SENIOR CARE INC  
ONE ELSTON WAY  
HERMITAGE, PA, 16148

RE: RIDGEWOOD AT SHENANGO  
VALLEY  
ONE ELSTON WAY  
HERMITAGE, PA, 16148  
LICENSE/COC#: 40302

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2025 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: *RIDGEWOOD AT SHENANGO VALLEY* License #: *40302* License Expiration: *07/02/2025*  
 Address: *ONE ELSTON WAY, HERMITAGE, PA 16148*  
 County: *MERCER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *PARTNERS IN SENIOR CARE INC*  
 Address: *ONE ELSTON WAY, HERMITAGE, PA, 16148*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/28/1998* Issued By: *Dept. of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

**Inspection Information**

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

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *52* Residents Served: *27*

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

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

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

**07/23/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *07/31/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/04/2025*

Inspections / Reviews *(continued)*

08/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 103f - Refrigerator/Freezer Temps

## 2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

## Description of Violation

*At 10:30a.m. the temperature in the double door refrigerator in the kitchen was 46 degrees Fahrenheit and at 2:00p.m. it was 56 degrees Fahrenheit.*

## Plan of Correction

Accept (█) - 07/23/2025)

1. All food/beverages were removed from cooler on 6/5/25 due to not holding temperatures at or below 40 degrees Fahrenheit.
2. Maintenance HVAC technician evaluated and corrected the cooling issue on 6/9/25. Cooler is now holding temperature as required and now has food in it.
3. Refrigerator/Freezer temp log was updated to reflect temperature ranges and whom to notify when temperatures are not within guidelines. (see document attached)
4. Dining manager will review temperature logs weekly. (see document attached)
5. All dining staff will be educated on new temperature log and procedure by July 31st.

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

Implemented (█) - 08/01/2025)

## 184a - Resident's Meds Labeled

## 3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

## Description of Violation

*Resident #1's is prescribed Acetaminophen Solution 160/5ml, take 20ml by mouth four times a day for pain. However, the pharmacy label indicates this medication is as needed.*

*Resident #2's is prescribed Humulin INJ U-100, inject subcutaneously per sliding scale four times a day, before meals and at bedtime. Sliding Scale: 70-200=0 units, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, 401-999=6 units and call MD. However, the pharmacy label is missing the information 401-999=6 units and only indicates greater than 400 call MD.*

## Plan of Correction

Accept (█) - 07/23/2025)

1. Change of direction sticker placed on resident #1 pharmacy label & resident #2 pharmacy label on 6/5/25.
2. Upon reorder of Resident #1 Acetaminophen solution, the label was updated to reflect the medication administration record.
3. Pharmacy was contacted for an updated label for Resident #2's Humulin, so upon reorder of this medication, the label will match the medication administration record.
4. The Resident Care Coordinator will review medications and labels with the electronic medication record weekly.

184a - Resident's Meds Labeled (continued)

(see document attached)

5. All medication administration staff will be educated on policy and procedure for medication administration and 15 steps of medication administration by July 31st, 2025.

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

Implemented ( ) - 08/01/2025)

185a - Implement Storage Procedures

4. 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 #3's is prescribed Insulin LISIP INJ 100/ml, inject subcutaneously at bedtime per sliding scale. Sliding Scale: 70-140=0 units, 141-180=1 unit, 181-220=2 units, 221-260=3 units, 261-300=4 units, 301-340=5 units, greater than 340 6 units and call MD. On 6/4/25 at 9:03p.m. the resident's blood glucose measured 178 requiring 1 unit of insulin, however staff documented the reading as 187 and administered 4 units of insulin.

Plan of Correction

Accept ( ) - 07/23/2025)

1. Medication error documented in chart, and physician notified on 6/5/2025.
2. Medication error reported to BHSL per regulation requirements on 6/5/2025.
3. Staff committing medication error educated on policy and procedure along with the 15 steps of medication administration on 6/18/25.
4. RCC will review all glucometer readings weekly with monitor and documentation in electronic medical record starting on July 1, 2025. (See document)
5. All medication administration staff will be educated on policy and procedure and 15 steps of medication administration by July 31st, 2025.

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

Implemented ( ) - 08/01/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Citalopram 20mg, take one tablet by mouth once daily for anxiety. On 5/21/25 and 5/22/25 this medication was not available in the home.

Resident #3's is prescribed Insulin LISIP INJ 100/ml, inject subcutaneously at bedtime per sliding scale. Sliding Scale: 70-140=0 units, 141-180=1 unit, 181-220=2 units, 221-260=3 units, 261-300=4 units, 301-340=5 units, greater than 340 6 units and call MD. On 6/4/25 at 9:03p.m. the resident's blood glucose measured 178 requiring 1 unit of insulin, however staff documented the reading as 187 and administered 4 units of insulin.

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction**

Accept (█ - 07/23/2025)

1. Medication errors documented in the chart and physician notified on 6/5/25.
2. Medication error reported to BHSL per regulatory requirements on 6/5/25.
3. Staff committing medication error educated on policy and procedure along with the 15 steps of medication administration on 6/9/25.
4. RCC will do weekly cart audit to make sure that all medications are ordered in a timely manner. (see attached document)
5. All medication administration staff will be educated on new procedures for re-ordering of medications, along with policy and procedure for medication administration.

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

Implemented (█ - 08/01/2025)