

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

July 17, 2025

[REDACTED] ADMINISTRATOR  
ALBRIGHT CARE SERVICES  
[REDACTED]

RE: RIVERVIEW MANOR  
130 MAGNOLIA DRIVE  
LEWISBURG, PA, 17837  
LICENSE/COC#: 20298

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/10/2025 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: RIVERVIEW MANOR License #: 20298 License Expiration: 05/19/2026  
Address: 130 MAGNOLIA DRIVE, LEWISBURG, PA 17837  
County: UNION Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: ALBRIGHT CARE SERVICES  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 12/12/1975 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 40 Waking Staff: 30

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 06/10/2025

**Inspection Dates and Department Representative**

06/10/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 100 Residents Served: 38

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 2

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 2 Have Physical Disability: 1

**Inspections / Reviews**

**06/10/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/10/2025

**07/17/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 07/11/2025  
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

07/17/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident # 1 left the facility on [REDACTED] The resident passed [REDACTED] The resident's refund check is dated [REDACTED]

Plan of Correction

Accept ([REDACTED] - 07/16/2025)

The PC Administrator educated the Office Manager on 06/10/2025 regarding the regulatory requirement to provide a refund to residents within 30 days. As part of our discharge process, we have instituted an email notification to the Business Office when a resident is officially discharged from their room. In this email, we explicitly state that any refund due to the resident must be dated within 30 days. For monitoring purposes, the PC Administrator will confirm with the Accounts Payable office by the 15th day after each discharge to ensure this communication has occurred & that any refund check is being processed. Additionally, our performance in regard to this regulation will be monitored during our monthly Quality and Performance Improvement (QAPI) meeting to maintain substantial compliance.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented ([REDACTED] - 07/17/2025)

124 - Notice to Fire Department

2. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The facility did not notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency prior to 6/10/25.

Plan of Correction

Accept ([REDACTED] - 07/16/2025)

An updated version from our 6/10/2025 letter was created & sent 7/7/2025 that will ensure we are compliant until any edits or modified versions of this letter are needed in the future. The Personal Care Administrator will monitor the letter annually and resubmit to the local fire department as needed. Additionally, our performance in regard to this regulation will be monitored during our monthly Quality and Performance Improvement (QAPI) meeting to maintain substantial compliance.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented ([REDACTED] - 07/17/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident # 2 has a date of admission [REDACTED]. The resident’s initial medical evaluation was completed on [REDACTED]  
 Resident # 3 has a date of admission [REDACTED]. The resident’s initial medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ( [REDACTED] - 07/16/2025)

Our Director of Nursing educated those involved in the admissions process on 06/10/2025 that the DME box indicating the Date the Resident was seen must be completed 60 days prior to admission or up to 30 days post admission (not the box for the date indicating the date that the DME paperwork was signed). Our Lead Medication Technician now performs a monthly audit of the DMEs to ensure compliance for regulation 141a, as well as any other important regulations pertaining to them. Our initial audit following the survey enabled us to ensure that all other residents are in compliance with this regulation. Additionally, our performance in regard to this regulation will be monitored during our monthly Quality and Performance Improvement (QAPI) meeting to maintain substantial compliance.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented ( [REDACTED] - 07/17/2025)

225c - Additional Assessment

4. Requirements

2600.  
 225.c. The resident shall have additional assessments as follows:
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4 's Annual Assessment and Support plan dated [REDACTED] does not include the resident’s assessment and determination the resident requires special diet of chopped food.

Repeated Violation 6/5/24 et al.

Plan of Correction

Accept ( [REDACTED] - 07/16/2025)

The specific RASP for this resident was corrected immediately on the date of the survey (06/10/2025). Our Director of Nursing educated our nursing staff on the importance this regulation during our staff meeting on 06/18/2025. Our Nurse leaders performed an audit of all resident RASPs to ensure compliance. As an accountability measure, we will review the RASPs with families & residents during our Care Plan meetings. This is in addition to when we review the RASPs with the residents for their signature. Additionally, our performance in regard to this regulation will be

225c - Additional Assessment (continued)

monitored during our monthly Quality and Performance Improvement (QAPI) meeting to maintain substantial compliance.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented (█ - 07/17/2025)