

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

August 11, 2025

[REDACTED]  
LUTHER RIDGE FACILITY OPERATIONS LLC  
[REDACTED]

RE: LUTHER RIDGE AT SEIDERS HILL  
160 RED HORSE ROAD  
POTTSVILLE, PA, 17901  
LICENSE/COC#: 22466

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2025 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: LUTHER RIDGE AT SEIDERS HILL License #: 22466 License Expiration: 07/03/2025  
 Address: 160 RED HORSE ROAD, POTTSVILLE, PA 17901  
 County: SCHUYLKILL Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: LUTHER RIDGE FACILITY OPERATIONS LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/23/1999 Issued By: L&I

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 74 Waking Staff: 56

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Interim Exit Conference Date: 07/01/2025

**Inspection Dates and Department Representative**

07/01/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 135 Residents Served: 65  
 Special Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 3  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 9 Have Physical Disability: 0

**Inspections / Reviews**

07/01/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/04/2025

08/05/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 08/08/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/12/2025

Inspections / Reviews *(continued)*

08/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25a Resident - residence contract

1. Requirements

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident [redacted] admitted [redacted], did not have a dated resident contract. It could not be determined if the resident contract was signed timely by the resident or the home.

Plan of Correction

Accept [redacted] - 07/30/2025)

The home was cited for not having a dated resident contract, making it unclear whether the contract was signed in a timely manner by both the resident and the facility. The contract was subsequently dated by the resident's POA and the Administrator on 7/11/2025.

The Administrator provided education to a designated staff member—who will assume responsibility in the Administrator's absence—on the proper procedures to ensure all resident contracts are both signed and dated. To maintain compliance, a weekly audit will be conducted by the Administrator, Admissions Director, and/or designee to ensure all contracts are accurate and up to date.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [redacted] - 08/11/2025)

60a Staffing/support plan needs

2. Requirements

2800.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

Description of Violation

On [redacted] and [redacted], the homes census was 65 residents, [redacted] residents need an assist of 2 and 41 residents need assist of 1 to evacuate in an emergency. On these dates, the home had 3 staff persons working from 11:00 p.m. to 7:00 a.m. There was not sufficient staff to evacuate all the residents in the event of an emergency.

Repeat Violation: [redacted] et al, [redacted] et al.

Plan of Correction

Accept [redacted] - 08/05/2025)

The home was cited for insufficient staffing during the third shift hours of 11 p.m. to 7 a.m., which could impact the ability to safely evacuate all residents in the event of an emergency. On July 10, 2025, the Administrator and Scheduler updated staffing levels to align with residents' needs as outlined in their assessments and support plans. Going forward, staffing levels will be maintained according to resident acuity by the Scheduler, with oversight from both the Administrator and the Director of Nursing (DON). In the event of overnight call-outs, the standard procedure is to contact off-duty staff to fill the shift. If the home is unable to find a replacement, staff will be mandated to stay.

This procedure was discussed in detail during the most recent mandatory staff meeting on June 30th, 2025, and will continue to be addressed in all future staff meetings.

**60a Staffing/support plan needs (continued)**

See attached.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [REDACTED] - 08/11/2025)

**85e Trash outside****3. Requirements**

2800.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

At 10:45a.m., the lid was open on the dumpster located next to the building. The dumpster had garbage in it.

Repeat Violation: [REDACTED] et al.

**Plan of Correction**

Accept [REDACTED] - 07/30/2025)

The home was cited for having the lid of the dumpster in front of the building open while containing garbage. On 7/14/2025, the Administrator educated the maintenance staff on the importance of keeping the dumpster closed to deter animals from entering the premises.

Going forward, maintenance assistants will check the dumpsters twice daily to ensure they are properly covered with the appropriate lids, and the surrounding area remains clean.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [REDACTED] 08/11/2025)

**95 Furniture & Equipment****4. Requirements**

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

At 9:15a.m., the small lobby elevator was observed to be inoperable and could not be used by the home. Staff and resident interviews confirmed the elevator has had ongoing operational issues since prior to the last renewal inspection on [REDACTED] and has not been repaired successfully.

**Plan of Correction**

Accept [REDACTED] - 07/30/2025)

The small elevator at the facility is currently awaiting parts for repair from OTIS. In the meantime, the Administrator has contacted an alternate elevator company, KONE, to assess and complete the necessary repairs. A repair evaluation/elevator survey has been scheduled for Thursday, July 31, 2025. Moving forward, the Director of Maintenance will ensure that all equipment, including elevators, is kept in good repair and free of hazards.

See attached.

95 Furniture & Equipment (continued)

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [redacted] - 08/11/2025)

184b - Labeling OTC/CAM

5. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At 2:00p.m. a bottle of [redacted] belonging to resident [redacted] and a bottle of preserivision belonging to Resident [redacted] was in the medcart and was not labeled with the resident's names.

Plan of Correction

Accept [redacted] - 07/30/2025)

The home was cited for having over-the-counter (OTC) medication in the cart that was not labeled with the resident's name. On July 10, 2025, clinical staff, under the supervision of the Director of Nursing (DON), immediately corrected the issue and ensured that all medications were properly labeled.

Staff education regarding a facility policy change related to product labeling began on July 11, 2025. Designated clinical staff will conduct daily audits to compare each resident's medical record with the medications in the cart. Additionally, a weekly cart audit will be performed to verify medication supply and ensure timely reordering and verification, in accordance with current regulations.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [redacted] - 08/11/2025)