

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

July 31, 2025

[REDACTED], OWNER  
KEPPLER PERSONAL CARE NORTHERN CAMBRIA, INC  
[REDACTED]

RE: REBEKAH MANOR WELLNESS  
COMMUNITY  
1912 PHILADELPHIA AVE  
NORTHERN CAMBRIA, PA, 15714  
LICENSE/COC#: 34022

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/02/2025 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: *REBEKAH MANOR WELLNESS COMMUNITY* License #: *34022* License Expiration: *03/17/2026*  
 Address: *1912 PHILADELPHIA AVE, NOTHERN CAMBRIA, PA 15714*  
 County: *CAMBRIA* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *KEPPLE PERSONAL CARE NORTHERN CAMBRIA, INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *25* Waking Staff: *19*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *07/02/2025*

**Inspection Dates and Department Representative**

07/02/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *37* Residents Served: *25*

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

Hospice  
 Current Residents: *2*

Number of Residents Who:  
 Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *22*  
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

07/02/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/27/2025*

07/23/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/31/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2025*

Inspections / Reviews *(continued)*

07/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 5/18/25 at approximately 10:00 PM, an incident occurred in which staff member A and resident #2 were assaulted by resident #1. Police were called to the home, and charges were filed against resident #1. The home failed to immediately report this incident and reported this incident to Area Agency on Aging on 5/21/25.

Plan of Correction

Accept (█) - 07/23/2025)

- 1. The Administrator was re-educated on the importance of timely submission of reportable events and the guidelines and process for submission during survey on 7/2/2025.
- 2. The Administrator reviewed Older Adult Protective Services Act and 6 PA Code on 7/7/2025 and will conduct retraining with all facility staff on 7/29/2025 at a mandatory staff meeting and then will complete education at new hire and annually with all current staff.
- 3. Administrator reviewed the policy for Rebekah Manor related to reportable incidents on 7/7/2025 and will conduct retraining with all facility staff on 7/29/2025 at a mandatory staff meeting and then will complete education at new hire and annually with all current staff.
- 4. Effective immediately, all reportable incidents will be reported to the DHS in the allotted timeframe as per the DHS regulations and will be completed by the administrator.

Licensee's Proposed Overall Completion Date: 07/29/2025

Implemented (█) - 07/31/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 5/18/25 at approximately 10:00 PM, an incident occurred in which staff member A and resident #2 were assaulted by resident #1. Police were called to the home, and charges were filed against resident #1. The home did not immediately report this incident until 5/21/25.

On 6/28/25 at approximately 2:00 PM, an incident occurred in which resident #1 assaulted staff member A and was removed from the home by the Pennsylvania State Police. The home did not report this incident until 7/2/25.

Plan of Correction

Accept (█) - 07/23/2025)

- 1. The Administrator was re-educated on the importance of timely submission of reportable events and the guidelines and process for submission during survey on 7/2/2025.
- 2. The Administrator reviewed Older Adult Protective Services Act and 6 PA Code on 7/7/2025 and will conduct retraining with all facility staff on 7/29/2025 at a mandatory staff meeting and then will complete education at

**16c - Written Incident Report (continued)**

*new hire and annually with all current staff.*

*3. Administrator reviewed the policy for Rebekah Manor related to reportable incidents on 7/7/2025 and will conduct retraining with all facility staff on 7/29/2025 at a mandatory staff meeting and then will complete education at new hire and annually with all current staff.*

*4. Effective immediately, all reportable incidents will be reported to the DHS in the allotted timeframe as per the DHS regulations and will be completed by the administrator.*

**Licensee's Proposed Overall Completion Date: 07/29/2025**

**Implemented (█ - 07/31/2025)**

**187c - Refusal of Medication****3. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

*-On 6/12/25 at bedtime, resident #1 refused to take a scheduled dose of Doxepin HCL Cap 50 MG. The home did not identify on the Medication Administration Record (MAR) that resident #1 refused the medication.*

*-On 6/14/25 and 6/15/25 resident #1 refused to take 2 teaspoon dose of Megastrof AC Sus 40 mg/ml. The home did not identify on the MAR that resident #1 refused the medication.*

*-On 6/7/25 and 6/8/25 at 4:00 PM resident #1 refused to take Novolog Inj. Flexpen Inject 14 units subcutaneously before █ meal. The home did not identify on the MAR that resident #1 refused the medication.*

*-On 7/15/25 and 7/20/25 at 8:00 AM resident #1 refused to take GNP Vit D Tab 1000 units. The home did not identify on the MAR that resident #1 refused the medication.*

*-On 6/24/25 at 8:00 PM, 6/27/25, 6/28/25 at 2 PM and 6/28/25 at 8:00 PM resident #1 refused to take Gabapentin cap 40 MG. The home did not identify on the MAR that resident #1 refused the medication.*

*-On 6/20/25 at 8:00 AM resident #1 refused to take Lantus Solo 100/mc inject 40 units subcutaneously twice daily. The home did not identify on the MAR that resident #1 refused the medication.*

**Plan of Correction**

**Accept (█ - 07/23/2025)**

*1. A policy/procedure was created by the Administrator related to resident refusal of medications and missed and delayed doses of medications on 7/7/2025. A training will be completed with all staff at a mandatory staff meeting on 7/29/2025 and training will then be completed at new hire and annually.*

*2. When medications are refused, staff will provide the resident with informed choice and then will document appropriately on the medication administration record as per policy.*

*3. Staff will notify physicians and/or healthcare providers within 24 hours via telephone or fax of any refusals, delayed or missed doses per policy.*

*4. Report will be given by the Med Aide at the end of each shift to discuss any delayed, missed or refused*

187c - Refusal of Medication (continued)

medications by residents, as well as any outstanding actions.

5. Audits on the medication administration record will be conducted weekly x 3 months then quarterly for the remainder of the year.

6. The Administrator will record missed and delayed doses as resident safety incidents and will report as per regulatory requirements.

Licensee's Proposed Overall Completion Date: 07/29/2025

Implemented (█) - 07/31/2025

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's most recent annual assessment was completed on █. However, on █ the residents' primary care physician documented that resident behaviors were changing, and █ was inevitable. No significant change assessment was completed at this time for noncompliance with prescribed medications and behavioral concerns.

Plan of Correction

Accept (█) - 07/23/2025

1. The Administrator will review and complete service plans for all residents per the regulations. Administrator reviewed the guidance on the RASP form located on the DHS site on 7/7/2025. "A significant change includes the following situations: the resident has been diagnosed with having a previously undiagnosed disease or disorder that changes the resident's care needs".

2. The Administrator will have the service plan approved and signed by the resident or a person responsible for the resident's health care decisions at each assessment.

3. The facility will provide care according to the service plan. The service plan will be updated annually and upon a significant change in condition, based upon an assessment of the resident by the Administrator.

4. The Administrator has developed a spreadsheet for dates (tracking purposes) to monitor all residents. This will be used for new admits to the facility, annual assessments, or for a significant change in resident status. All assessment plans are currently up to date as of 7/21/2025.

5. Staff retraining will be conducted on 7/29/2025 to educate on service plans and the criteria for them and then will complete education at new hire and annually with all current staff.

Licensee's Proposed Overall Completion Date: 07/29/2025

Implemented (█) - 07/31/2025