

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

August 25, 2025

[REDACTED], OWNER
AROTINS HUMMINGBIRD ESTATE INC
400 PARK AVENUE
PATTON, PA, 16668

RE: AROTIN'S HUMMINGBIRD ESTATE
400 PARK AVENUE
PATTON, PA, 16668
LICENSE/COC#: 33307

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2025 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: AROTIN'S HUMMINGBIRD ESTATE License #: 33307 License Expiration: 01/26/2026
 Address: 400 PARK AVENUE, PATTON, PA 16668
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: AROTINS HUMMINGBIRD ESTATE INC
 Address: 400 PARK AVENUE, PATTON, PA, 16668
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: R-4 Date: 01/03/2017 Issued By: Cambria Somerset Council

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 07/09/2025

Inspection Dates and Department Representative

07/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15 Residents Served: 10

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

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

Inspections / Reviews

07/09/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/25/2025

07/28/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/21/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/04/2025

Inspections / Reviews *(continued)*

08/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/21/2025

08/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The most recent licensing inspection summary posted in a public and conspicuous place was dated 5/23/23.

Plan of Correction

Directed () - 08/14/2025

- 1. Complete redesign of public display board.
- 2. Monitor all documents, license renewals, as well as all updated material.
- 3. Re-educate employees on the importance of accountability and transparency when operating legitimately and responsibly.
- 4. Staff mandatory Inservice scheduled.

Proposed Overall Completion Date: 08/08/2025

(Directed)

- The home's Administrator will be responsible for completing all steps of the above plan of correction by 8/8/25

Directed Completion Date: 08/08/2025

Implemented () - 08/25/2025

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 6/22/24, 6/25/24, 6/27/25, 6/28/25, 7/8/25, 7/9/25, 7/11/25, and 7/12/25 from 11:00 PM to 7:00 AM, 10 residents were present in the home. During this time, there were no staff persons present in the home who were certified in first aid and CPR.

Repeat violation: 7/9/24

Plan of Correction

Directed () - 08/14/2025

- 1. Schedule staff E to CPR/FIRST AID certification.
 - 1A. Staff E certified 7/14/25
- 2. Create on-boarding check list for all new hires.
- 3. Proof of CPR/First Aid certification prior to start date.

Proposed Overall Completion Date: 08/04/2025

(Directed)

-The home's administrator will be responsible for completing and implementing all steps of the above plan of correction by 8/4/25.

63a - First Aid/CPR Training (continued)

Directed Completion Date: 08/04/2025

Implemented () - 08/25/2025

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 6/30/25 at 11:35 PM, the home's evacuation time was 3 minutes and 42 seconds. The home has a maximum safe evacuation time of 3 minutes and 30 seconds specified in writing within the past year by a fire safety expert.

Plan of Correction

Directed () - 08/14/2025

1. Inservice for all staff on the importance of effective evacuation and time management.
2. update staff with protocol of fire drill procedures.
3. Conduct fire drill.

Proposed Overall Completion Date: 08/08/2025

(Directed)

-In addition to the above plan of correction, the administrator will be responsible for reviewing all fire drills on a monthly basis beginning in September 2025. If any fire drill has an evacuation time exceeding 3 minutes and 30 seconds, the administrator will be responsible for determining the cause of this and also conducting another fire drill in that same month to ensure that all residents are able to evacuate the home in 3 minutes and 30 seconds.

Directed Completion Date: 08/08/2025

Implemented () - 08/25/2025

141a - Medical Evaluation

4. Requirements

2600.

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.

Description of Violation

The medical evaluation was not complete within 30 days after admission of resident #1.

Plan of Correction

Directed () - 08/14/2025

1. Design protocol deadline and management strategies, trouble shoot solutions.
2. Request to be on the bump list when appointments fall after the 30-day time frame.
3. Collect resident information needed to schedule PCP appointment prior to admission.

141a - Medical Evaluation (continued)

Proposed Overall Completion Date: 08/04/2025

(Directed)

-In addition to the above plan of correction, beginning 9/1/25, the Administrator will be responsible for reviewing and auditing all new admissions to the home to ensure that the medical evaluation is scheduled/completed within the 30 day timeline.

Directed Completion Date: 08/04/2025

Implemented () - 08/25/2025)

162c - Menus Posted**5. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the current week of July was posted. However, next week's menu was not posted.

Plan of Correction

Directed () - 08/14/2025)

1. Schedule a recurring weekly reminder in calendar to ensure prompt timeline that menus are posted in advance.
2. Reminders scheduled for every Wednesday.

Proposed Overall Completion Date: 08/04/2025

(Directed)

- The home's Administrator will be responsible for completing all steps of the above plan of correction by 8/4/25

Directed Completion Date: 08/04/2025

Implemented () - 08/25/2025)

187a - Medication Record**6. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed [REDACTED]. This medication was administered on 7/8/25 at 4:00 PM and 8:00 PM; however, the staff member did not initial the resident's medication administration record.

Resident #2 is prescribed [REDACTED]. This medication was administered on 7/8/25 at 8:00 PM; however, the staff member did not initial the resident's medication administration record.

Resident #2 is prescribed [REDACTED]. This medication was administered on 7/8/25 at 8:00 PM;

187a - Medication Record (continued)

however, the staff member did not initial the resident's medication administration record.

Resident #2 is prescribed [REDACTED]. This medication was administered on 7/8/25 at 8:00 PM; however, the staff member did not initial the resident's medication administration record.

Plan of Correction**Directed ([REDACTED] - 08/14/2025)**

1. Re-educate staff member A by reviewing lesson 5.
2. Re-educate staff member A by reviewing lesson 7 and 8 as well as two medication administration observations.
3. Re-educated staff member A on 7/16/25 & 7/18/25

Proposed Overall Completion Date: 08/04/2025

(Directed)

- In addition to the above plan of correction, the home's administrator will conduct random weekly MAR audits to ensure that staff are initialing the MAR when they are administering a medication. This process will begin no later than 9/1/25, any issues found during the audit will be documented and corrected.

Directed Completion Date: 09/01/2025

Implemented ([REDACTED] - 08/25/2025)**251b - Record Entries Legible****7. 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 resident #1's prescreen dated [REDACTED]. Correction fluid was also used on this resident's assessment dated [REDACTED].

Plan of Correction**Directed ([REDACTED] - 08/14/2025)**

1. Will conduct a series of audits, including both quarterly and random audits on all documents that have been completed since last quarter.
2. Audits on all documents dated back to January 1, 2025.
3. Staff member immediately documented the MARs upon notification by surveyor {7-15-25}.

Proposed Overall Completion Date: 08/18/2025

(Directed)

- The home's Administrator will be responsible for completing all steps of the above plan of correction by 8/18/25

Directed Completion Date: 08/18/2025

Implemented ([REDACTED] - 08/25/2025)