

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

December 5, 2025

[REDACTED]
TITUSVILLE OPS LLC

[REDACTED]
SUITE #610
[REDACTED]

RE: SOUTHWOODS AL
322 SOUTH MARTIN STREET
TITUSVILLE, PA, 16354
LICENSE/COC#: 45406

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2025, 07/25/2025, 08/18/2025 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: *SOUTHWOODS AL* License #: *45406* License Expiration: *10/31/2025*
 Address: *322 SOUTH MARTIN STREET, TITUSVILLE, PA 16354*
 County: *CRAWFORD* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *TITUSVILLE OPS LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/24/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/18/2025*

Inspection Dates and Department Representative

07/15/2025 - On-Site: [REDACTED]
 07/25/2025 - Off-Site: [REDACTED]
 08/18/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *52* Residents Served: *43*

Special Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *1*

Inspections / Reviews

07/15/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2025*

Inspections / Reviews (*continued*)

09/25/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/02/2025

10/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/20/2025

12/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse/Neglect

1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] was admitted on [redacted]. The resident's assessment and support plan, dated [redacted] indicated the resident was independent with transfers in/out of bed/chair, required minimal assistance with ambulation in common areas, and was independent with eating and drinking.

During the overnight hours on [redacted] resident [redacted] had an unwitnessed fall, and staff indicated around breakfast the resident was very weak, requiring two staff persons to assist the resident to the bathroom, and the resident needed assistance being transported in wheelchair to breakfast and lunch. On [redacted] the resident's condition continued to decline, and the resident needed assistance being transported in wheelchair to breakfast, needed fed at lunch, and spilled water and coffee on [redacted]. Staff indicated on [redacted] during the second shift, the resident was very lethargic, pale, in bed all shift, had a bump on [redacted] left hip, was complaining of pain, and required multiple staff to transfer. On [redacted] at approximately 2:00 a.m., the resident had another unwitnessed fall and was transferred to the hospital due to slurred speech, where the resident was diagnosed with a large [redacted] and was placed in the intensive care unit.

Resident [redacted] ceased to breathe on resident [redacted]'s date of death. Resident [redacted] death certificate listed the cause of death as:

a. [redacted]

The death certificate indicated the manner of death as an accident occurring at the residence, with the description of injury as an unattended fall.

Resident [redacted] was admitted on [redacted]. The resident's assessment and support plan, dated [redacted], indicated the resident required assistance with toileting by two staff persons, required assistance ambulating by one staff person, required assistance with transfer using a two-person gait belt, required assistance with repositioning in bed/chair, and required assistance with fall mitigation.

From [redacted] to [redacted] resident [redacted] experienced 13 unwitnessed falls in the residence. Of those, the fall occurring on [redacted] resulted in laceration of the head, and a [redacted] of [redacted] requiring [redacted]. In addition, the [redacted] occurring on [redacted] resulted in an [redacted]

Plan of Correction

Accept [redacted] - 10/06/2025)

The Executive Director provided education to the Health and Wellness Director and all caregiving staff on the Changes in Condition, Accidents, Incidents, and Unusual Occurrences, and Fall Management and Mitigation policies and procedures on 7-24-25, 7-25-25, 8-18-25 & 8-19-25. Team members were re-educated on the requirement to

42b Abuse/Neglect (continued)

promptly notify a licensed nurse of any observed change in condition on 7 24 25, 7 25 25, 8 18 25 and 8 19 25.

The Health and Wellness Director will complete a review of 10 to 12 resident support plans per week to identify and update fall mitigation interventions are addressed through the support plan. This will be completed by 10/17/25.

All fall incidents will be reviewed by the Health and Wellness Director during clinical stand up. Interventions will be developed and documented, and post fall evaluations will be completed timely.

Staff and / or Health and Wellness Director will seek immediate medical treatment from Resident's PCP or Emergency Room when a resident has a decline in health status.

All fall incidents will also be reviewed in the monthly Quality Assurance meeting to identify and address trends. The next Quality Assurance meeting will occur no later than 10/8/25 and documentation will be kept.

Proposed Overall Completion Date: 10/17/2025

Directed:

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 12/05/2025)

142d Consent for treatment

2. Requirements

2800.

142.d. If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident's designated person.

Description of Violation

On [REDACTED] during overnight, resident [REDACTED] had an unwitnessed fall in the residence resulting in the resident to deviate from [REDACTED] baseline as independent with transfers in/out of bed/chair, minimal assistance with ambulation in common areas, and independent with eating and drinking, the following two days. Resident [REDACTED] had become very weak, requiring two staff persons to assist resident to the bathroom, requiring assistance being transported in wheelchair to breakfast and lunch, requiring assistance being transported in wheelchair to breakfast, requiring the resident to be fed at lunch, was spilling water and coffee on [REDACTED] was very lethargic, pale, in bed all shift, having a bump on [REDACTED] left hip, complaining of pain, and requiring multiple staff to transfer. However, the residence did not make efforts to obtain consent for treatment from the resident or the resident's designated person until [REDACTED] at approximately 2:00 a.m., when the resident had another unwitnessed fall and had slurred speech and was transported to the hospital. At the hospital, resident [REDACTED] was diagnosed with a large [REDACTED] and was placed in the ICU unit.

Plan of Correction

Accept [REDACTED] - 10/06/2025)

On 5/4/25, when Resident [REDACTED] experienced another fall and presented with slurred speech, emergency services were immediately contacted. The resident was transported to the hospital, and the resident's designated representative was notified.

All residents were reviewed by the Health and Wellness Director to ensure designated representatives are documented in the resident records and easily accessible to staff for timely contact in the event of a serious medical

142d Consent for treatment (continued)

condition.

All staff were re educated on the Changes in Condition and Accidents, Incidents, and Unusual Occurrences policies and procedures, and the requirement to make reasonable efforts to obtain consent from the resident or the designated representative immediately upon identification of a serious medical condition.

A Notice of Change Alert form has been implemented and requires documentation of notification to the resident or the resident's designated representative, as well as physician contact.

The Executive Director and Area Director of Clinical Services provided education to all caregivers and licensed staff on 8/19/25 regarding timely recognition of changes in condition and the obligation to seek consent for treatment without delay.

The Health and Wellness Director will audit all incident and change of condition reports weekly for 60 days to verify timely notification of the resident or designated representative and physician.

Findings will be reviewed in the monthly Quality Assurance meeting to identify trends and support ongoing compliance. The next QA meeting will occur no later than 10/8/25.

Staff and / or Health and Wellness Director will seek immediate medical treatment from Resident's PCP or Emergency Room when a resident has a decline in health status.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented [REDACTED] - 12/05/2025)