

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

August 29, 2025

[REDACTED], ADMINISTRATOR
COMMUNITY HEALTHCARE PC OPERATOR, INC.
277 HOFFMAN AVENUE
WINDBER, PA, 15963

RE: WINDBER WOODS SENIOR LIVING
& REHABILITATION CENTER
277 HOFFMAN AVENUE
2ND & 3RD FLOORS
WINDBER, PA, 15963
LICENSE/COC#: 33388

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2025 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: WINDBER WOODS SENIOR LIVING & REHABILITATION CENTER License #: 33388 License Expiration: 08/23/2025
 Address: 277 HOFFMAN AVENUE, 2ND & 3RD FLOORS, WINDBER, PA 15963
 County: SOMERSET Region: CENTRAL

Administrator

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

Legal Entity

Name: COMMUNITY HEALTHCARE PC OPERATOR, INC.
 Address: 277 HOFFMAN AVENUE, WINDBER, PA, 15963
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP	Date: 07/15/1986	Issued By: L&I
Type: C-2 LP	Date: 01/13/1999	Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 07/22/2025

Inspection Dates and Department Representative

07/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 Residents Served: 20

Secured Dementia 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: 20
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 1

Inspections / Reviews

07/22/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/14/2025

Inspections / Reviews (*continued*)

08/06/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/13/2025

08/07/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/02/2025

08/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/28/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident's POA, who is the payor.

Plan of Correction

Accept ([REDACTED] - 08/07/2025)

Resident #1's contract will be signed by [REDACTED], who is the payor by 8-13-25, the Nurse manager will complete this step. [REDACTED] was informed on 7-23-25 of this regulation by the Nurse manager and is agreeable.

All resident's have the potential to be affected by the practice

In order to prevent the deficient practice from reoccurring the Nurse Manager, Director of Admissions, and Business office manager will be educated by the Administrator by 8-13-25 that the contract shall be signed by the administrator or a designee, the resident and the payor, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Audits of all current contracts will be completed by the Nurse Manager or designee weekly x 2, then monthly or until 100% compliance is achieved. This initial audit will be completed by 8-13-25

Audits will be completed with all new admissions by the Nurse manager or designee within 72 hours of admission x 2 months, this audit will be initiated by 8-6-25

Results of the audits will be discussed at the Quality Assurance Performance Improvement Meeting. Any audits found to be non-compliant will be addressed accordingly by the Personal Care Administrator or Nurse Manager.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented ([REDACTED] - 08/29/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed of resident #2 was equipped with two partial bedrails. The bedrails were loose, leaning away from the bed, creating an entrapment risk.

Plan of Correction

Accept ([REDACTED] - 08/07/2025)

Resident # 2's siderail was immediately secured tightly to the bedframe by the Director of Maintenance.

No other residents were affected by the deficient practice.

Initial audits of all other residents who have a side rail was be completed by 7-23-25 by the Nurse manager and revealed no other deficient practice

The Administrator or Personal Care Manager will educate the MedTech's and Nursing assistants that all bedrails must be properly secured to the bed frame by 8-30-25.

In order to prevent the deficient practice from reoccurring the Nurse Manager or designee will complete weekly

81b - Resident Personal Equipment (continued)

audits x 2 and then monthly x2 or until 100% compliance achieved starting 8/6/2025.

Results of the audits will be discussed at the Quality Assurance Performance Improvement Meeting. Any audits found to be non-compliant will be addressed accordingly by the Personal Care Administrator or Nurse Manager.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented (█) - 08/29/2025)

183e - Storing Medications**3. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The medication Super Zinc Picolinate for resident #3, which was stored in the medication cart, had an expiration date of 3/20/25.

Plan of Correction

Accept (█) - 08/07/2025)

Resident # 3's Super Zinc Picolinate was immediately removed from the medication cart by the Nurse Manager.

All resident's have the potential to be affected by the deficient practice. No other Over the Counter medications were outdated.

The Nurse Manager will re-educate all MedTechs by 8-30-25 that during the administration process the expiration date must be checked and any medication that is out of date must be removed immediately. The personal care administrator or nurse manager will immediately replace the over-the-counter medication as needed.

Audits of Over-the-counter medications for expiration date will be completed by the MedTechs or designee weekly x4, monthly x2 or until 100% compliance is achieved. These audits will be initiated by 8-6-25

Results of the audits will be discussed at the Quality Assurance Performance Improvement Meeting. Any audits found to be non-compliant will be addressed accordingly by the Personal Care Administrator or Nurse Manager.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented (█) - 08/29/2025)

184a - Resident's Meds Labeled**4. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The medication administration record for resident #4's prescribed Certrazine HCL 5mg tablet indicates to give 1 tablet one time a day. However, the pharmacy label for the Certrazine HCL shows the dosage as 10mg.

Plan of Correction

Accept (█) - 08/07/2025)

Resident # 4's Physician was notified by the Nurse Manager and the order was changed to Loratadine 10 mg po daily.

184a - Resident's Meds Labeled (continued)

All resident's have the potential to be affected by the deficient practice.

The Nurse manager will educate the MedTechs by 8-30-25 that the Medication label must match the dose ordered. Audits will be initiated by 8-6-25 and completed by the Nurse manager or designee weekly x 2, monthly x 2 or until 100% compliance is achieved

Results of the audits will be discussed at the Quality Assurance Performance Improvement Meeting. Any audits found to be non-compliant will be addressed accordingly by the Personal Care Administrator or Nurse Manager.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented (█) - 08/29/2025)

252 - Record Content**5. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The records of residents #1, #3 and #5 did not include eye color, hair color and identifying marks.

Plan of Correction

Accept (█) - 08/07/2025)

Resident #1, #3, and #5's record was corrected by the Nurse Manager to include eye color, hair color, and identifying marks.

All residents have the potential to be affected by the deficient practice.

The MedTechs will be educated by 8-30-25 by the Nurse Manager that all new admissions must have documentation in the chart that includes Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. A form was devised to include this information along with a picture of the resident.

Starting 8-6-25 Audits will be completed of all current residents by the Nurse manager or designee to ensure the chart includes Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Audits will be completed weekly x 2, then monthly x 1 or until 100% compliance is achieved.

Results of the audits will be discussed at the Quality Assurance Performance Improvement Meeting. Any audits found to be non-compliant will be addressed accordingly by the Personal Care Administrator or Nurse Manager.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented (█) - 08/29/2025)