

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

August 14, 2025

[REDACTED], OWNER
SAINT BENEDICT MANOR INC
600 THEATRE ROAD, BOX 57
ST. BENEDICT, PA, 15773

RE: SAINT BENEDICT MANOR, INC.
600 THEATRE ROAD, BOX 57
ST. BENEDICT, PA, 15773
LICENSE/COC#: 30342

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2025 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: SAINT BENEDICT MANOR, INC. License #: 30342 License Expiration: 11/06/2025
 Address: 600 THEATRE ROAD, BOX 57, ST. BENEDICT, PA 15773
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: SAINT BENEDICT MANOR INC
 Address: 600 THEATRE ROAD, BOX 57, ST. BENEDICT, PA, 15773
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/08/1996 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 46 Waking Staff: 35

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 07/23/2025

Inspection Dates and Department Representative

07/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 44 Residents Served: 23

Secured Dementia Care Unit

In Home: Yes Area: Entire building Capacity: 44 Residents Served: 23

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

07/23/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/11/2025

08/12/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/12/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/19/2025

Inspections / Reviews *(continued)*

08/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/12/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A was employed on [REDACTED] however, a Pennsylvania State Police clearance was not requested until [REDACTED], greater than 30 days after employment.

Plan of Correction

Accept ([REDACTED] - 08/12/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2025 by the administrator to develop a policy whereby background checks are done as part of the interview process, and before a position is offered to a prospective employee, but in no case after the 30th day of employment.

To enhance the currently compliant operations, our onboarding form includes a space to document the date of hire and the date that the background check was completed.

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

Implemented ([REDACTED] - 08/14/2025)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff member A, whose first day of work was [REDACTED], did not receive orientation on the following topics until [REDACTED]

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Plan of Correction

Accept () - 08/12/2025

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2025 by the Administrator conducting a training with staff member "A" to ensure safety and the knowledge from orientation training regarding the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

To enhance the currently compliant operations, on 07/24/2025 the Administrator edited our onboarding training checklist to include the dates that training must be completed by, with a completion day of 07/24/2025. Office Manager will review checklists for completeness.

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

Implemented () - 08/14/2025

81b - Resident Personal Equipment

3. 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

On 7/23/25 resident #3's bed was observed having an enabler bar with an uncovered opening measuring 12 inches by 6 inches, creating a potential entrapment risk.

Plan of Correction

Accept () - 08/12/2025

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2025 by the Administrator to completely cover the uncovered opening at the bottom of the enabler bar, measuring 12 inches by 6 inches to further minimize potential entrapment risk.

To enhance our currently compliant operations, Administrator will verify that all enabler bars have been completely covered.

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

Implemented () - 08/14/2025

227d - Support Plan Medical/Dental

4. Requirements

227d - Support Plan Medical/Dental (continued)

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 was observed having a bed rail currently in use. However, the assessment for resident #1, dated [REDACTED], does not indicate the resident has a need for a bedrail. The resident's support plan dated [REDACTED] does not document how this need will be met.

Resident #2 was observed having an enabler bar currently in use. The assessment for resident #2, dated [REDACTED] does not indicate the resident has a need for an enabler bar. The resident's support plan dated [REDACTED] does not document how this need will be met.

Resident #3 was observed having an enabler bar currently in use. The assessment for resident #3, dated [REDACTED] does not indicate the resident has a need for an enabler bar. The resident's support plan dated [REDACTED] does not document how this need will be met.

Plan of Correction

Accept ([REDACTED]) - 08/12/2025)

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2025 by the Administrator to created an addendum to resident # 1, 2, and 3 support plans reflecting the need and use of either an enabler bar/bedrail. Consultation with POA, resident, and hospice agency, if applicable, to disclose the addendum.

To enhance the currently compliant operations, on 07/24/2025 the Administrator will To enhance the currently compliant operations, on 07/24/2025 the Administrator will review an input any changes in all support plans monthly and as needed, such as but not limited to, bedrails/enabler bars, with a completion date of 01/01/2026.

Effective 07/24/2025 the Administrator will perform monthly reviews through 01/01/2026 to maintain ongoing compliance with documenting in the resident’s support plan the need of bedrail/enabler bar if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these deceives will be monitored for compliance monthly by reviewing all rasp and creating addendums if necessary. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/01/2026

Implemented ([REDACTED]) - 08/14/2025)

231c - Preadmission Screening

5. Requirements

2600.

231c - Preadmission Screening (continued)

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, resident #1's written cognitive preadmission screening is not dated, and the doctor did not provide verification that resident #1 requires admission to an SDCU.

Plan of Correction

Accept ([REDACTED]) - 08/12/2025

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2025 by the Administrator who contacted the hospice agency to inform them of the citation and for a new cognitive screen to be completed by the physician as an addendum to the original.

To enhance the currently compliant operations, on 07/24/2025 the Administrator will update the checklist to include a check box for signatures, dates, and all boxes filled/checked, with a completion date of 07/24/2025.

Effective 07/24/2025 the Office Manager will perform annual audits through 01/01/2026 to maintain ongoing compliance with ensuring a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form is completed for each resident within 72 hours prior to admission to a secured dementia care unit. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/01/2026

Implemented ([REDACTED]) - 08/14/2025

233c - Key-Locking Devices

6. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 7/23/25, the directions for operating the home's locking mechanisms were not conspicuously posted at or near any of the exit doors. The entire home is a Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept ([REDACTED]) - 08/12/2025

In response to the violation on 07/23/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2025 by the Administrator by posting all codes to exit the facility in pictures next to every exit.

To enhance the currently compliant operations, on 07/24/2025 the Administrator informed all staff and family/visitors that the code is now posted in a picture near each exit, with a completion date of 07/24/2025.

233c - Key-Locking Devices (continued)

Effective 07/24/2025 the Administrator will perform weekly checks through 07/24/2025 to maintain ongoing compliance with ensuring that if doors with a maglock system that prevent immediate egress are used to lock and unlock exits, that directions for their operation, such as codes to exit, are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/01/2026

Implemented (█ - 08/14/2025)