

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

October 21, 2025

[REDACTED], ADMINISTRATOR  
SHENANDOAH OPCO LLC  
101 E. WASHINGTON STREET  
SHENANDOAH, PA, 17976

RE: SHENANDOAH SENIOR LIVING  
COMMUNITY  
101 E. WASHINGTON STREET  
SHENANDOAH, PA, 17976  
LICENSE/COC#: 23140

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/07/2025 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: *SHENANDOAH SENIOR LIVING COMMUNITY* License #: *23140* License Expiration: *07/01/2026*  
 Address: *101 E. WASHINGTON STREET, SHENANDOAH, PA 17976*  
 County: *SCHUYLKILL* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *SHENANDOAH OPCO LLC*  
 Address: *101 E. WASHINGTON STREET, SHENANDOAH, PA, 17976*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/06/1995* Issued By: *Dept Labor & Industry*

**Staffing Hours**

Resident Support Staff: *18* Total Daily Staff: *36* Waking Staff: *27*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/07/2025*

**Inspection Dates and Department Representative**

08/07/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *23* Residents Served: *17*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *17*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**08/07/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/13/2025*

**09/23/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *10/21/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/30/2025*

Inspections / Reviews *(continued)*

10/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/14/2025

10/21/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:15 a.m., the Licensing Inspection Summary dated 2/23/25 posted on the bulletin board in the main entrance of the home contained the Privacy Coding.

Plan of Correction

Accept ( [redacted] - 09/23/2025)

PC administrator audited the bulletin board on 9/3/2025. No privacy coding were hung on the bulletin board. PC administrator will ensure and audit that no further privacy coding is hung.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented ( [redacted] - 10/21/2025)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted], the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until [redacted]

Direct care staff person B, hired on [redacted] the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until [redacted]

Direct care staff person C, hired on [redacted] the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until [redacted]

Plan of Correction

Accept ( [redacted] - 09/23/2025)

See attached.

Administrator was educated on DCS competency in April 2025 at PALA. PC administrator will ensure all new hires will take the 6 hour online course. It is on the new hire check list for training of all new hires.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented ( [redacted] - 10/21/2025)

85a - Sanitary Conditions

3. Requirements

85a - Sanitary Conditions (continued)

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

The ceiling air vent in the activity room was fully covered with black dust.

Plan of Correction

Accept (█) - 09/23/2025)

See attached.

On 8/7/2025 PC administrator cleaned the air vent in the activity room and then in all rooms in the facility and cleaned the vents. On 9/3/2025 a housekeeper was hired for our personal care unit. The new housekeeper was trained by the PC administrator and including in the training was cleaning the air vents daily when scheduled. Housekeeper is hired to work Monday - Thursday 9:30am to 2:30pm. The attached picture was taken on 9/10/2025. PC administrator will audit all rooms weekly on a Friday to ensure all air vents are clean.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented (█) - 10/21/2025)

103e - Left Overs

4. Requirements

2600.  
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 10:30 a.m., a partially used 5-gallon container of Rita's Italian Ice observed in the kitchenette freezer was not dated to indicate when it was opened.

At 10:30 a.m. slices of cheese wrapped in aluminum foil observed in the kitchenette refrigerator was not labeled or dated.

At 2:30 p.m., a small box of frozen breakfast sausages observed in the laundry room refrigerator/freezer was not dated to indicate when it was opened.

Plan of Correction

Accept (█) - 10/10/2025)

See attached.

Daily audits will be completed by DCS on 3rd shift.

Upon finding out that these food items were not probably labeled these food items were thrown away by the administrator, due to the fact that the administrator did not know the date they were put in the refrigerator.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█) - 10/21/2025)

107d - Procedure Emergency Management Agency Submission

5. Requirements

107d - Procedure Emergency Management Agency Submission (continued)

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency.

Plan of Correction

Accept (█) - 10/10/2025

See attached.

Written emergency procedures have been submitted to the local emergency agency. The PC will be submitting the written procedures annually to the local emergency agency.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█) - 10/21/2025

125a - Combustible Storage

6. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Two used dryer sheets were observed on the floor next to and behind the electric clothes dryer in the home's laundry room.

Plan of Correction

Accept (█) - 10/10/2025

See attached.

Daily audits will be completed by DCS on all shifts. When housekeeper is scheduled they will check for loose dryer sheets. Upon finding out there were loose dryer sheets on the floor, the administrator immediately picked them up and disposed them in the garbage can.

Licensee's Proposed Overall Completion Date: 09/23/2025

Implemented (█) - 10/21/2025

144c1 - Smoking Area Guidelines

7. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

One extinguished cigarette butt was noted in the mulch to the right of the bench located in the home's smoking area.

Plan of Correction

Accept (█) - 10/10/2025

See attached.

Daily audits will be completed by housekeeping or DCS when housekeeping is not scheduled. Upon learning of the extinguished cigarette butt, the administrator put on a glove and disposed of the butt in the cigarette receptacle.

Licensee's Proposed Overall Completion Date: 09/24/2025

144c1 - Smoking Area Guidelines (continued)

Implemented ( ) - 10/21/2025

181c - Self-administration Assessment

8. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

At 3:15 p.m. a tube of Zinc Oxide ointment and tube of Clotrimazole antifungal cream were observed on Resident #1's bedside table. Resident #1 is not assessed to self-administer medications.

Plan of Correction

Accept ( ) - 09/23/2025

See attached.

Zinc oxide and Clotrimazole immediately removed from residents room. Resident stated ( ) does not use these items but had in ( ) room for a "just in case situation". These items were given back to family. Daily audits will be completed by DCS on 1st and 2nd shift

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented ( ) - 10/21/2025

190a - Completion Medication Course

9. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A has not completed the Department-approved annual practicum for 2025. Staff A did not complete the second medication record review and the second medication administration observation and has administered medications to residents from 8/1/25-8/6/25.

Staff person D has not completed the Department-approved annual practicum dated 4/11/25. Staff D did not complete the second medication record review and the second medication administration observation and has administered medications to residents from 8/1/25-8/6/25.

Plan of Correction

Accept ( ) - 09/23/2025

See attached.

PC Administrator re-educated ( ) on the train the trainer medication administration. PC administrator re-read the material. Review of staff A and D done by the PC administrator and staff are now in compliance.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented ( ) - 10/21/2025