

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

November 12, 2025

[REDACTED]
SCENIC VIEW PERSONAL CARE LLC
[REDACTED]

RE: SCENIC VIEW PERSONAL CARE
1305 CHURCH DRIVE
PALMERTON, PA, 18071
LICENSE/COC#: 22876

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2025 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: SCENIC VIEW PERSONAL CARE License #: 22876 License Expiration: 07/28/2026
 Address: 1305 CHURCH DRIVE, PALMERTON, PA 18071
 County: CARBON Region: NORTHEAST

Administrator

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

Legal Entity

Name: SCENIC VIEW PERSONAL CARE LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/22/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/27/2025

Inspection Dates and Department Representative

08/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 25 Residents Served: 23
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 23
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 3 Have Physical Disability: 1

Inspections / Reviews

08/27/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/04/2025

10/20/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/10/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/27/2025

Inspections / Reviews (*continued*)

10/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/03/2025

11/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Resident [redacted] fell and fractured their hip. The home did not report this incident to the department until [redacted]

Plan of Correction

Accept [redacted] - 10/20/2025)

The regulation is important so that incidents are not missed and DHS is aware of any major issues with homes and the care of the residents.

The violation occurred because an incident that occurred on May 19, 2025 was not reported until May 21, 2025.

Unfortunately the violation occurred due to an oversight by the administrator due to the quick turn around time and preparations to be made for the resident to return from the hospital.

The administrator will conduct daily reviews of all incident logs to verify compliance with reporting timelines as well as all staff will receive a refresher training on incident reporting.

The administrator will be responsible for reviewing incident logs in the morning and before ending the day to insure that this violation does not reoccur.

Licensee's Proposed Overall Completion Date: 10/08/2025

Implemented [redacted] - 11/12/2025)

20b6 Interest Bearing Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest bearing account in the resident’s name at a local Federally insured financial institution. This does not include security deposits.

Description of Violation

The home held money for resident [redacted] from April 2025 to August 2025 during which time the balance of those funds did not fall below 389.63 The home has not offered assistance in establishing an interest-bearing account.

Plan of Correction

Accept [redacted] - 10/20/2025)

The regulation is important so that residents are aware of the funds available to them and have the opportunity to gain interest if they choose.

The violation occurred because the resident was given the choice of putting it in an account but [redacted] was not required to sign a paper expressing [redacted] wish to keep the funds in the home.

Administrator in the future will handle all residents funds and ensure the resident (or their representative) is offered an interest bearing account for accounts over \$200.00 and document the offer. The administrator will conduct an audit every month and have the appropriate paperwork signed to document the residents wishes.

The administrator will be responsible for monthly audits and ensuring any resident funds are handled appropriately with the residents approval and knowledge.

Licensee's Proposed Overall Completion Date: 10/08/2025

20b6 Interest Bearing Account (continued)

Implemented [redacted] - 11/12/2025)

25b Contract Signatures

3. 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 [redacted] was not signed by the resident or notated that they were given an opportunity to sign.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 10/27/2025)

The regulation is important because it ensures the residents are aware of their contract with the home and all that it entails.

The violation occurred because the resident did not sign the contract, although the residents designated person did. The resident did not sign the contract because signing the contract or at all is difficult for the resident. Administrator will revise admissions procedure to ensure that all resident contracts are signed or marked at the time of admission. Resident signed the contract on 10/10/2025. If a mark is made and a signature not obtained then the administrator will have the contract witnessed by herself and another staff member. The administrator will conduct a review of all resident contracts and ongoing quarterly audits of resident contracts to ensure compliance with the department regulations and new procedures.

The administrator will be responsible for following the new procedures and reviewing the contracts on a quarterly basis.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/12/2025)

41e Signed Statement

4. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [redacted] record did not contain a statement signed by the resident or documentation of efforts made to obtain the Resident signature acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [redacted] - 10/27/2025)

The regulation is important so that residents are aware of their rights and the complaint procedures.

The violation occurred because a separate copy of the resident rights and complaint procedures were not signed by the resident. Though a copy was given to the resident a signature of proof was not obtained. Resident signed and received a copy on 10/10/2025

Administrator will review all current resident files to ensure they have all the required signed statements or documented efforts and obtain them where missing. The administrator will conduct quarterly audits of resident record

41e Signed Statement (continued)

to ensure that these acknowledgments or documentation of efforts are present . The Administrator will review current contract and consider adding these documents to the contract to avoid future violations. The administrator will be solely responsible for this task.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented - 11/12/2025)

65e - 12 Hours Annual Training

5. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A with a date of hire of , did not receive any hours of annual training in the training year 2024.

Plan of Correction

Directed - 10/27/2025)

The regulation is important because it ensures that residents are being cared for by properly trained staff members. The violation occurred because the training for this particular staff member was misplaced and therefore we were unable to prove the trainings occurred.

The Administrator will have Staff person A complete their required annual training with in a few weeks to bring them into compliance.

The administrator will implement a tracking system to monitor all staff training requirements and deadlines ensuring training is scheduled and complete before the end of the training year. Additionally, the administrator will keep copies of staff trainings digitally as well as paper.

The administrator will be responsible for conducting quarterly reviews of the training records to ensure all staff are on track to complete their hours. original paper work has been found and was signed on 11/18 / 2023

Proposed Overall Completion Date: 10/27/2025

Directed: in addition to the above plan of correction, Staff person A will receive 12 hours of training by 11/3/2025 that will be applied to the 2024 training year. These trainings will be in addition to any required trainings for the 2025 training year. Documentation of trainings will be provided to the department by 11/4/2025.

Directed Completion Date: 11/03/2025

Implemented - 11/12/2025)

65f - Training Topics

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.

65f - Training Topics (*continued*)

4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in Medication Self Administration, instruction on meeting the needs (DME/RASP), caring for a resident with dementia, infection control, personal care service needs of the resident, safe management techniques, and care for residents with mental illness during training year 2024.

Plan of Correction**Directed** [REDACTED] - 10/27/2025)

The regulation is important because it ensures that residents are being cared for by properly trained staff members.

The violation occurred because the training for this particular staff member was misplaced and therefore we were unable to prove the trainings occurred.

The Administrator will have Staff person A complete their required annual training within a few weeks to bring them into compliance.

The administrator will implement a tracking system to monitor all staff training requirements and deadlines ensuring training is scheduled and complete before the end of the training year. Additionally, the administrator will keep copies of staff trainings digitally as well as paper.

The administrator will be responsible for conducting quarterly reviews of the training records to ensure all staff are on track to complete their hours. Original paper work has been found and was signed on 11/18 / 2023

Proposed Overall Completion Date: 10/27/2025

Directed: in addition to the above plan of correction, Staff person A will receive training by 11/3/2025 in all the topics required by this regulation. These will be applied to the 2024 training year and will be in addition to any required trainings for the 2025 training year. Documentation of trainings will be provided to the department by 11/4/2025.

Directed Completion Date: 11/03/2025

Implemented [REDACTED] - 11/12/2025)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

65g - Annual Training Content (continued)

Description of Violation

Staff person A did not receive training in fire safety, emergency preparedness, resident rights, OAPSA, during training year 2024.

Plan of Correction

Directed (redacted) - 10/27/2025)

The regulation is important because it ensures that residents are being cared for by properly trained staff members.

The violation occurred because the training for this particular staff member was misplaced and therefore we were unable to prove the trainings occurred.

The Administrator will have Staff person A complete their required annual training with in a few weeks to bring them into compliance.

The administrator will implement a tracking system to monitor all staff training requirements and deadlines ensuring training is scheduled and complete before the end of the training year. Additionally, the administrator will keep copies of staff trainings digitally as well as paper.

The administrator will be responsible for conducting quarterly reviews of the training records to ensure all staff are on track to complete their hours. Original paper work has been found date 11/18/2023

Proposed Overall Completion Date: 10/27/2025

Directed: in addition to the above plan of correction, Staff person A will receive training by 11/3/2025 in all the topics required by this regulation. These will be applied to the 2024 training year and will be in addition to any required trainings for the 2025 training year. Documentation of trainings will be provided to the department by 11/4/2025.

Directed Completion Date: 11/03/2025

Implemented (redacted) - 11/12/2025)

82a - Poisonous Materials

8. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

According to Staff person B the clear spray bottle located in the laundry room at 9:50a.m. contained a cleaning solution. The bottle was unlabeled.

Plan of Correction

Accept (redacted) - 10/27/2025)

The regulation is important to keep the residents safe from harm.

The violation occurred because a spray bottle chemical was unlabeled.

The unlabeled spray bottle was immediately removed and properly labeled and placed behind a locked door.

All staff will receive training on proper storage and labeling on all cleaning / poisonous materials. The home will implement daily checks of all cleaning materials that they are in there original labeled containers. Review of poisonous materials with staff was complete on 10/15/2025.

82a - Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/12/2025)

82c - Locking Poisonous Materials

9. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 10:05 a.m. SIMONIZ disinfectant cleaner with a manufacturer's label indicating " Call Poison Control if Swallowed " was observed in the unlocked, unattended laundry room and accessible to residents in the home. Not all the residents of the home, including resident [redacted] have been assessed capable of recognizing and using poisons safely. At approximately 2:35 p.m. [redacted] and [redacted] with a manufacture's label indicating " Call Poison Control if Swallowed or Ingested ", was unlocked, unattended, and accessible in the bathroom of Resident [redacted] who has been assessed not capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 10/27/2025)

The regulation is important for the safety of the residents.

The violation occurred because there were chemicals left were the resident could access them.

The toothpaste and monistat 7 was removed from resident [redacted] bathroom and stored in a locked area immediately. Staff will be trained on safe storage of items labeled as poisonous or harmful if swallowed, especially of rooms of residents who cannot recognize poison safety . Administrator will conduct weekly checks in residents rooms for poisonous materials.

Resident [redacted] DME has been updated and there are no other residents in the home that CANNOT recognize poison safety. [redacted] screener and DME states on 08/04/25 that the resident can safely use and avoid poisonous materials . Review of poisonous materials with staff was complete on 10/15/2025.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/12/2025)

102k - No Common Towel

10. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

At approximately 2:35 p.m. there was an unlabeled towel in the shared bathroom of Resident rooms [redacted] and [redacted]

Plan of Correction

Accept [redacted] 10/20/2025)

The regulation is important to provide safety from the spread of germs.

The violation occurred because an unlabeled towels were left in the bathroom. The unlabeled towel was removed immediately and discarded to the laundry room to prevent any use.

Names have been placed in the bathroom to determine each residents towels. All staff will be trained on the prohibition of common towels and the importance of providing and labeling personal towels for each resident. Administrator will conduct checks of resident rooms to ensure all common towels are present and labeled.

Licensee's Proposed Overall Completion Date: 10/08/2025

102k No Common Towel (continued)

Implemented [redacted] - 11/12/2025)

103i Outdated Food

11. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 10:02a.m., there was a [redacted] can of white potatoes had a dent in the can and was located on the dry storage shelf.

Plan of Correction

Accept [redacted] - 10/27/2025)

The regulation is important to prevent contamination of food.
The violation occurred because a dented can was left on the shelf with usable food.
The dented can of white potato's was immediately removed and discarded to ensure food safety.
All kitchen staff will receive training on proper food storage including the requirement to inspect for and immediately discard any dented or damaged cans.
Kitchen staff will ensure all can goods are in good condition and free of dents when stocking shelves . Review of kitchen violation/ dented cans, with staff was complete on 10/15/2025.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/12/2025)

125a Combustible Storage

12. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:45a.m., a hand towel was found behind the dryer in the laundry room of the home in close proximity to the exhaust vent.

Plan of Correction

Accept [redacted] - 10/20/2025)

The regulation is important because it prevents fire and possible injury to the residents.
The violation occurred because a towel had fallen behind the dryer.
The hand towel was immediately removed from behind the dryer to eliminate a fire hazard. All staff will be trained on the prohibition of combustible or flammable materials near heat sources .
Administrator will implement that staff will check behind the washer and dryer between each load as a matter of protocol when they empty the lint trap. Administrator will implement weekly inspections of laundry room and areas around heat sources to ensure no combustible items are present. The administrator will conduct monthly audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/08/2025

Implemented [redacted] - 11/12/2025)

132c Fire Drill Records

13. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted in [redacted] through [redacted] do not include the year the fire drill was held. Staff indicated that the drills were conducted in 2025.

Plan of Correction

Accept [redacted] - 10/20/2025)

The regulation is important because it insures that proper drills are conducted for the safety of the residents and staff.

The violation occurred because the year was missing from the date of the drill paper.

The fire drill record was updated immediately to include the year .

Administrator will review all fire drill records monthly to ensure they are fully documented with the full day, month and year.

Licensee's Proposed Overall Completion Date: 10/08/2025

Implemented [redacted] - 11/12/2025)

183e - Storing Medications

15. 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

At 1:30p.m., Resident [redacted] was opened and in the medication cart. The pen was not dated when the pen was opened. According to the manufacturer's instructions the medication will expire 56 days from the time it is opened.

Repeat Violation [redacted]

Plan of Correction

Accept [redacted] - 10/27/2025)

The regulation is important because it ensures that the residents are given proper medication and that manufacturers guidelines are followed.

The violation occurred because an insulin pen was undated.

The open insulin pen was discarded and replaced immediately after inspection .

All med techs will receive training on the importance of dating the medication upon opening and proper storage guidelines.

Administrator / Asst Admin will implement regular weekly audits of the medication cart to ensure all medications are properly labeled and stored properly. Med Administration Review was done on 10/15/2025

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/12/2025)

184a - Resident's Meds Labeled

16. Requirements

184a - Resident's Meds Labeled (continued)

2600.

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

- 1. The resident's name.
- 3. The date the prescription was issued.
- 5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident [redacted] atorvastatin does not include The residents name, the date the prescription was issued, the instructions for administration, and the name and title of the prescriber.

Plan of Correction

Accept ([redacted] - 10/27/2025)

The regulation is important because it maintains proper medication administration.

The violation occurred because a label was partially torn off a bottle of medication from the VA.

Pharmacy label for Resident #6 was updated immediately . All MedTech's will receive training on the requirements for the complete and accurate medication labeling for regulation 184B.

We will review the medication policy to ensure that every prescription label includes name ,date of issue, administration instructions and prescribers details .Admin assistant will conduct monthly audits of the medication labels that they are clear and readable. Med Administration Review was done on 10/15/2025.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented ([redacted] - 11/12/2025)

184b - Labeling OTC/CAM

17. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At 1:40p.m., a tube of [redacted] belonging to resident [redacted] was in the medication cart and was not labeled with the resident's name. At 1:45p.m. the following medications were in the PRN cart and did not have residents' names on them. Staff C was unaware who the medications belonged to. The medications were:

- [redacted]

Plan of Correction

Accept ([redacted] 10/27/2025)

The regulation is important because it makes sure that proper medication administration is followed.

The violation occurred because there were compounds in the med cart that were leftover and unlabeled.

All bottles were removed from med cart immediately after inspection. All MedTech's will receive training on the requirements for the complete and accurate medication labeling for regulation 184B. We will review the medication policy to ensure that every prescription label includes name ,date of issue, administration instructions and prescribers details

184b - Labeling OTC/CAM (continued)

.Admin assistant will conduct monthly audits of the medication labels that they are clear and readable. Med Administration Review was done on 10/15/2025

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] 11/12/2025)

185a - Implement Storage Procedures

18. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # [redacted] is prescribed Bisocodyl as needed. At 2:10p.m. medication(s) were not available in the home.

Plan of Correction

Accept [redacted] 10/27/2025)

The regulation is important because it insures that the residents have their needs met.

The violation occurred because a medication was missing from the med cart.

The Resident was [redacted] not [redacted] Medication was D/Cd by PCP immediately after inspection. All MedTech's will receive medication training on the requirements for the importance of ensuring that all prescribed medications including as needed medications are available and accessible at all times under regulation 185a. Assistant Administrator assistant will conduct weekly audits that all medication ordered are in the cart at all times . Med Administration Review was done on 10/15/2025

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/12/2025)

227c - Support Plan Revision

20. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] current support plan dated [redacted] was not updated showing when the pureed diet was ordered on [redacted]

Plan of Correction

Accept [redacted] - 10/20/2025)

The regulation is important because it allows all members of the care team to have the same and consistent information. It also ensures that residents get appropriate care.

The violation occurred because the RASP was not updated in 3 days.

The current support plan was reviewed and updating immediately to reflect the date when the pureed diet was prescribed, and also updated again to show the pureed diet was discontinued three days later, ensuring that all information is accurate and current.

Administrator and Asst. Admin will implement a monthly audit of support plans for the next 3 months to ensure that all dietary updates are documented accurately and promptly. The Administer will conduct regular checks and update any support plans as needed.

227c Support Plan Revision (*continued*)

Licensee's Proposed Overall Completion Date: 10/08/2025

Implemented [REDACTED] - 11/12/2025)