

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

November 12, 2025

[REDACTED], CEO
THE VILLAGE AT MORRISONS COVE
[REDACTED]

RE: THE VILLAGE AT MORRISONS COVE
425 SOUTH MARKET STREET
MARTINSBURG, PA, 16662
LICENSE/COC#: 30389

Dear [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: *THE VILLAGE AT MORRISONS COVE* License #: 30389 License Expiration: 05/18/2026
 Address: 425 SOUTH MARKET STREET, MARTINSBURG, PA 16662
 County: BLAIR Region: CENTRAL

Administrator

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

Legal Entity

Name: *THE VILLAGE AT MORRISONS COVE*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/23/1993 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 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: 40 Residents Served: 29
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 6
 Number of Residents Who:
 Receive Supplemental Security Income: 19 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 6
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/27/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/18/2025

09/19/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/31/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/26/2025

Inspections / Reviews *(continued)*

09/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/01/2025

11/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 8/27/25, the home's most recent renewal violation report, dated 8/6/24, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 09/26/2025)

- Licensed staff and Residential Coordinator will be educated by 10/31/2025 by Assistant Administrator about regulations to have renewal violation report in a conspicuous and public area. Administrator designee will be responsible to ensure renewal violation report is posted in a conspicuous and public place immediately upon arrival of report.
- Monthly audit will be performed by Residential Coordinator to ensure renewal violation report, and other pertinent signage be hung in conspicuous and public place by 09/30/2026 continuing for 6 months.
- Recent renewal violation report was obtained on 08/27/2025 during inspection and posted in a conspicuous and public place. Audit will be reviewed at monthly QA meeting starting October 13th and continuing monthly.

Proposed Overall Completion Date: 02/27/2026

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█ - 11/12/2025)

17 - Record Confidentiality

2. 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

On 8/27/25, at 10:42 AM, the controlled drug and count record containing resident information was unlocked, unattended, and accessible on the second-floor medication cart.

Plan of Correction

Accept (█ - 09/26/2025)

- Personal Care Assistants were immediately instructed by Assistant Administrator to lock narcotic count books in narcotic locked box to prevent unauthorized access, as recommended by Licensing representative to prevent access of medical information.
- Current medication trained personnel will be educated by Assistant Administrator on regulation 17, resident records shall be confidential, education be completed by 10/31/2025.
- Ongoing monitor by license staff will take place for weekly starting 09/01/2025 for one month and then once monthly for 3 months to ensure confidential of resident's health information. Assistant Administrator or designee will perform spot checks of staff members while they are on the floor performing medication pass to ensure records

17 - Record Confidentiality (continued)

remain confidential. Audits will be reviewed at monthly QA on 10/13/2025.

Proposed Overall Completion Date: 11/24/2025

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented () - 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 (), for resident #1 was not signed by the administrator/designee or the resident.

Plan of Correction

Accept () - 09/26/2025

- Education of all employee responsible for admission paperwork that they need to ensure all applicable signatures are obtained when admission paperwork is completed by 10/31/2025,
- Resident's signature and Administrator designee signature where obtained on 08/28/2025 completing home contract.
- Assistant Administrator will audit all new admission paperwork by 09/30/2025 to ensure all signatures are present, then audit 10% of admissions for 3 months by 11/28/2025. Audit report will be reviewed at monthly QA beginning 10/13/2025.
- Initial Audit of all current residents' contracts to ensure all signatures are completed, will be performed by Assistant Administrator by 09/30/2025..

Proposed Overall Completion Date: 11/28/2025

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented () - 11/12/2025

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 8/27/25, there was not a thermometer in the kitchenette freezer located on second floor, and there was no thermometer in the small refrigerator located in the dining room.

Plan of Correction

Accept () - 09/26/2025

- Assistant Administrator conducted on audit on 08/28/2025 of all refrigerator and freezers in attempts to determine number of thermometers needed.

103f - Refrigerator/Freezer Temps (continued)

- Thermometers were placed in refrigerator and freezers by Assistant Administrator on 08/29/2025 as indicated during audit.
- Current staff will be educated regarding the food safety appropriate temperature readings by 10/31/2025.
- Staff will perform audits starting 09/26/2025 of all refrigerators and freezers then on 10% of refrigerator/freezers thermometers for next 3 months, and spot check for six months. Audit report will be reviewed at monthly QA meeting 10/13/2025.

Proposed Overall Completion Date: 02/27/2026

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 11/12/2025)

132d - Evacuation

5. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has a maximum safe evacuation time of 8 minutes. However, the fire drill conducted on 3/25/25, at 5:03 AM, had an evacuation time of 8 minutes and 20 seconds, and the fire drill conducted on 4/23/25, at 8:48 AM, had an evacuation time of 8 minutes and 6 seconds.

Plan of Correction

Accept (█) - 09/26/2025)

- All staff will be re-educated on evacuation of personal care resident to designated fire safe areas by 10/31/2025 focusing on procedure to ensure residents are evacuated and accounted for in the allotted time, including designated roles and responsibilities during an evacuation and that all personal care residents' must participate in monthly fire drills.
- Unannounced monthly fire drills will be performed as per regulations by fire safety personnel; Fire drill records will be kept by Fire safety personal.
- Fire safety records will be reviewed 10/13/2025 monthly in QA meeting.
- Residents and family will be educated in regard to regulation and home's rules that all residents must participate in monthly fire drills by evacuating by 10/31/2025.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 11/03/2025)

183e - Storing Medications

6. 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.

183e - Storing Medications (continued)

Description of Violation

On 8/27/25, at approximately 1:35 PM, there was a loose in each of the home's two medication carts.

Plan of Correction

Accept (█ - 09/26/2025)

- Loose pills were immediately removed from both medication carts and disposed of by med tech on 08/27/2025 while Licensing Inspector was onsite.
- Medication audit was performed by license staff on 08/28/2025 ensure that no loose medication were in medication carts.
- Current medication trained staff will receive education on checking the carts to ensure that medication carts are kept clean well organized, free from any loose medication. Training will be completed by 10/31/2025.
- Daily task will be performed by 3rd shift medication trained personnel to ensure medications are organized, medication carts are cleaned and free from loose medication, expiration dates are assessed and medications ordered in a timely manner beginning 09/10/2025.
- Audits will be reviewed during monthly QA meeting 10/13/2025. Assistant Administrator or designee will complete a weekly medication audit starting 09/15/2025 for one month then once a month for three months.

Proposed Overall Completion Date: 12/01/2025

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█ - 11/12/2025)