

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

October 15, 2025

[REDACTED] ADMINISTRATOR/OWNER  
RIDGE VIEW PERSONAL CARE HOME INC  
[REDACTED]

RE: RIDGE VIEW PERSONAL CARE  
HOME  
117 SHAFFER LANE  
HOLLIDAYSBURG, PA, 16648  
LICENSE/COC#: 33495

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/03/2025 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: *RIDGE VIEW PERSONAL CARE HOME* License #: 33495 License Expiration: 02/01/2026  
 Address: 117 SHAFFER LANE, HOLLIDAYSBURG, PA 16648  
 County: BLAIR Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: *RIDGE VIEW PERSONAL CARE HOME INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: 01/13/1995 Issued By: *Dept. L & I*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: 09/05/2025

**Inspection Dates and Department Representative**

09/03/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 36 Residents Served: 32  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 29  
 Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

09/03/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 09/27/2025

09/29/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/09/2025  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 10/06/2025

Inspections / Reviews *(continued)*

10/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2025

Reviewer: [REDACTED]

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

10/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

64f - Record of Training

1. Requirements

2600.

64.f. A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

Description of Violation

The home's record of training for staff member A does not include date, source, content, or length for 8 of the 24 hours completed in training year 2024.

Plan of Correction

Directed (█ - 09/30/2025)

The reason for the violation is that there are some continuing education courses that do not provide a certificate of completion. The administrator will speak with trainers in order to retain the proper documentation to meet the states requirements. The administrator will oversee the record of training for all facility staff. Records shall contain all required information such as date of training, length of training, the content/topics covered, and the person and/or organization providing the training in order to meet regulatory compliance.

Proposed Overall Completion Date: 09/29/2025

Directed Completion Date: 09/29/2025

Implemented (█ - 10/14/2025)

82a - Poisonous Materials

2. Requirements

2600.

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

Description of Violation

An unlabeled spray bottle full of an unknown substance was located in a locked cleaning closet.

Plan of Correction

Accept (█ - 10/03/2025)

The Administrator performed an audit of the facility's cleaning and/or hazardous materials on 9/5/2025. All containers were reviewed. If a material was not in its' original packaging it was discarded. Staff was be instructed to maintain a product's original packaging. If there is a need for a material to be divided into a more manageable quantity, the staff will place that material in an approved container with a label describing the contents. Hazardous materials will be stored in the facility's locked areas.

Licensee's Proposed Overall Completion Date: 09/29/2025

Implemented (█ - 10/14/2025)

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

## 187a - Medication Record (continued)

**Description of Violation**

*Resident #1 is prescribed Buspirone 15 MG 1 Tab, 3 times daily. However, resident #1's MAR indicates this medications is administered for "mood", which is not a medical diagnosis.*

*Resident #1 is prescribed Gabapentin 300 MG 1 capsule in morning and 2 capsules at night. However, resident #1's MAR indicates this medications is administered for "mood", which is not a medical diagnosis.*

*Resident #1 is prescribed Invega STSU 156 MG/ML injection once monthly. However, resident #1's MAR indicates this medication is administered for "mental health", which is not a medical diagnosis.*

*Resident #2 is prescribed Quetiapoine 100 MG tab 1 time daily and Quetiapoine 300 MG tab 1 time at bedtime. However, resident #2's MAR indicates this medication is administered for "mental health", which is not a medical diagnosis.*

*Resident #3 is prescribed Invega STSU 234/1.5L injection every 4 weeks. However, resident #3's MAR indicates this medication is administered for "mental health", which is not a medical diagnosis.*

**Plan of Correction**

Accept (█ - 10/03/2025)

*On September 3, 2025 Resident #1's MAR was reviewed by the pharmacist and the facility's medication trainer. The pharmacist consulted with physician and an approved modification was made to the resident's diagnosis. The MAR now contains an accepted diagnosis for the medication prescribed. On September 5, 2025 an audit of all resident's physician orders was completed by the pharmacy and the facility's medication trainer to reflect █ current orders and proper diagnosis. The MAR will be reviewed on a quarterly basis by the facility's Medication Trainer and the pharmacy to maintain compliance. Starting 9/5/2025, all new orders will be reviewed by the facility's Medication Trainer prior to submission to the pharmacy.*

**Licensee's Proposed Overall Completion Date:** 09/29/2025

Implemented (█ - 10/14/2025)