

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

October 2, 2025

[REDACTED], ADMINISTRATOR
VALLEY VIEW HAVEN
4702 EAST MAIN STREET
BELLEVILLE, PA, 17004

RE: VALLEY VIEW HAVEN
4702 EAST MAIN ST.-THE TERRACE
BELLEVILLE, PA, 17004
LICENSE/COC#: 33552

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/04/2025, 09/05/2025 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: VALLEY VIEW HAVEN License #: 33552 License Expiration: 03/21/2026
 Address: 4702 EAST MAIN ST.-THE TERRACE, BELLEVILLE, PA 17004
 County: MIFFLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: VALLEY VIEW HAVEN
 Address: 4702 EAST MAIN STREET, BELLEVILLE, PA, 17004
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/08/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 79 Waking Staff: 59

Inspection Information

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

Inspection Dates and Department Representative

09/04/2025 - On-Site: [REDACTED]
 09/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 95 Residents Served: 79

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 79
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

09/04/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2025

09/19/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/25/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/26/2025

Inspections / Reviews *(continued)*

09/23/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/06/2025

10/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183e - Storing Medications

1. 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

Amoxicillin 500 mg prescribed for resident #1 had an expiration date of 12/4/24.

Benzonatate 100 mg prescribed for resident #2 had an expiration date of 11/30/24.

Plan of Correction

Accept (█) - 09/23/2025)

Resident #1 expired medication removed and disposed of by Care Coordinator/LPN on 9/5/25.

Resident #2 expired medication removed and disposed of by Assistant Director/LPN on 9/5/25.

Education completed by the Administrator with the Team Leaders (med techs and LPN's) responsible for medication administration. These team members have been educated on the requirement to ensure medications are not expired and stored in an organized manner under proper conditions of sanitation, temperature, moisture and light in accordance with the manufacturer's instructions. See attached education and documentation of review and completion of education for some team members. See initial signed education completed on 9/16/25 by Assistant Director. All remaining team members will be educated by 9/30/25.

Medication cart audits will be conducted at three separate times each month. Two of these audits will be completed by the team leaders (LPN's or medication technicians) and one of these audits will be completed by the pharmacy by a █ pharmacy representative during their cycle-fill monthly visits. The Assistant Director/LPN will be monitoring to ensure audits are completed as scheduled. See attached calendar for schedule and documentation of monitoring will be completed on the medication room/cart audit form attached here. See attached information regarding initial medication cart audit conducted by █ pharmacy during cycle-fill visit on 9/12/25. Ongoing med cart audits will start on 9/29/25.

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

Implemented (█) - 09/25/2025)

185a - Implement Storage Procedures

2. 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 #3 is prescribed Chlorhexidine Gluconate Mouth/Throat Solution 0.12%, as needed. However, on 9/5/25, this medication was not available in the home.

Plan of Correction

Accept (█) - 09/23/2025)

LPN Care Coordinator contacted resident's PCP on 9/9/25 and PCP discontinued the resident's medication on 9/11/25.

185a - Implement Storage Procedures (continued)

Education completed by the Administrator with the Team Leaders (med techs and LPN's) responsible for medication administration. These team members have been educated on the requirement to ensure safe storage, access, security, distribution and use of medications and medical equipment. Team members have also been educated that if a resident no longer requires medication due to an acute spell of illness that has ended, proper communication is required so that the medication can be discontinued by the physician. The medication will then be properly disposed of according to policy. Education sample attached to prior item above. See initial signed education completed on 9/16/25 by Assistant Director. All remaining team members will be educated by 9/30/25.

Medication cart audits will be conducted three separate times each month. Two of these audits will be completed by the team leaders (LPN's and medication technicians) and one of these audits will be completed by the pharmacy by a [REDACTED] pharmacy representative during their cycle-fill monthly visits. See attached calendar for schedule and documentation of monitoring will be completed on the medication room/cart audit form attached with POC #1. Ongoing med cart audits will start on 9/29/25.

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

Implemented ([REDACTED] - 09/25/2025)

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:

6. Dose.

Description of Violation

Resident #4 is prescribed Cyanocobalamin Oral Tablet 1000 mcg with orders to take one tablet per day. The resident's September 2025 medication administration record had the dosage incorrectly listed as 100 mcg.

Plan of Correction

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

Resident #4's order clarified and entered into the MAR on 9/5/25 by LPN Care Coordinator.

Education completed by the Administrator with the Team Leaders (med techs and LPN's) responsible for medication administration. These team members have been educated on the requirement for the medication record to be kept which includes the proper dosage of medication(s) for each resident. Education also completed ensuring that team members responsible for administering medications are required to compare the eMAR and the medication label every time they are administering a medication to ensure the proper dosage is being administered. Education attached with POC #1. See initial signed education completed on 9/16/25 by Assistant Director. All remaining team members will be educated by 9/30/25.

Additional follow up communication and education with [REDACTED] Pharmacy and the Assistant Director also took place on 9/16/25 in order to clarify their procedures to ensure dosage is accurate. See attached procedure and education from [REDACTED] Pharmacy.

Audits of the eMAR comparing the physician's order, medication label and eMAR will be conducted by the team leader(s) with each new admission and monthly with a sample of five residents. See attached chart for documentation. Start date for on-going eMAR audits was 9/5/25 by LPN Care Coordinator and will be completed monthly on an ongoing basis.

187a - Medication Record *(continued)*

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

Implemented ([REDACTED] - 09/25/2025)