

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

September 29, 2025

[REDACTED], ADMINISTRATOR  
PRESBYTERIAN HOMES INC  
210 BIG SPRING ROAD  
NEWVILLE, PA, 17241

RE: CARRIAGE COURTS  
210 BIG SPRING ROAD  
NEWVILLE, PA, 17241  
LICENSE/COC#: 31022

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2025 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: *CARRIAGE COURTS* License #: *31022* License Expiration: *03/22/2026*  
 Address: *210 BIG SPRING ROAD, NEWVILLE, PA 17241*  
 County: *CUMBERLAND* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *PRESBYTERIAN HOMES INC*  
 Address: *210 BIG SPRING ROAD, NEWVILLE, PA, 17241*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *09/10/2024* Issued By: *Labor and Industry*

**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: *09/09/2025*

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *64* Residents Served: *33*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**09/09/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/22/2025*

**09/17/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/23/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/13/2025*

Inspections / Reviews *(continued)*

09/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 183b - Meds and Syringes Locked

**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

On 9/9/25 at 9:30 AM, a bottle of Atropine 1% eye drops and a bottle of Lorazepam Oral Concentrate 2 MG / ML, were unlocked, unattended, and accessible on the top of the computer on wheels in the hallway outside of bedroom 324.

**Plan of Correction**

Accept (█ - 09/17/2025)

1. On September 9, 2025, medications were immediately removed from the computer-on-wheels and secured in the Personal Care Aide's pocket for return to the designated storage area immediately following administration. This corrective action was completed by the Personal Care Aide and verified/witnessed by the Personal Care Home Administrator.
2. During the first shift on September 9, 2025, the Personal Care Home Administrator and the Personal Care Aide reviewed the circumstances leading to the identified concern. Although the resident required urgent assistance, the Personal Care Aide recognized the error immediately and acknowledged that the medication should have been secured in █ pocket rather than placed on the computer-on-wheels. Reviewed the expected action: If the medication is stored outside of the resident's cabinet in their room, place it securely in your pocket and keep it with you at all times while traveling to and from the appropriate storage area immediately before and immediately following administration.
3. All Personal Care staff, including Licensed Nurses and Personal Care Aides, will review the complete medication administration process and expectations, with emphasis on proper handling of medications not stored in the resident's room cabinet. All staff are required to acknowledge their review and understanding of expectations by September 24, 2025. Discussion and documentation of this education and acknowledgment will be verified by the Personal Care Home Administrator.
4. The Personal Care Home Administrator or designee will conduct unannounced audits a minimum of three times per week during active medication administration to ensure all medications remain secured and inaccessible to anyone other than authorized staff. Audits will be conducted on varied shifts, at a minimum of 3 x per week for 4 weeks to monitor compliance. (9/15/2025- 10/12/2025)

Licensee's Proposed Overall Completion Date: 10/12/2025

Implemented (█ - 09/29/2025)