

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

November 12, 2025

[REDACTED], OWNER
A.J.DIMM
[REDACTED]

RE: NORTH RIDGE CENTER PERSONAL
CARE
99 NORTHRIDGE DRIVE
MCALLISTERVILLE, PA, 17049
LICENSE/COC#: 34037

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2025 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: *NORTH RIDGE CENTER PERSONAL CARE* License #: *34037* License Expiration: *04/14/2026*
 Address: *99 NORTHRIDGE DRIVE, MCALLISTERVILLE, PA 17049*
 County: *JUNIATA* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *A.J.DIMM*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/02/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/11/2025*

Inspection Dates and Department Representative

09/11/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *24* Residents Served: *21*

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: *21*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/11/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2025*

10/06/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/06/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/13/2025*

Inspections / Reviews (*continued*)

10/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2025

Reviewer: [REDACTED]

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

11/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2's initial medical evaluation, dated [REDACTED] did not include height, weight, pulse, blood pressure, temperature, advanced directives information and immunization history.

Plan of Correction

Accept ([REDACTED] - 10/14/2025)

Immediate Correction for Resident #2:

A follow-up medical evaluation will be scheduled and completed by a licensed physician, PA, or CRNP no later than 10/1/2025.

The evaluation will include all missing components: vital signs, immunization history, and documentation of advanced directives.

Training:

Since the administrator is responsible for the DME's, [REDACTED] will use this exercise as a refresher and education. As a result, [REDACTED] realizes the importance of complete documentation and use of the Department-specified medical evaluation form.

Form Revision and Standardization:

The administrator will review and revise its medical evaluation template to ensure it aligns with all regulatory requirements by 10/1/2025.

The administrator will add a checklist by 10/1/2025 to the form to verify inclusion of:

Vital signs (height, weight, pulse, BP, temperature)

Immunization history

Advanced directives (if applicable)

All other required elements under § 2600.141(a)

141a 1-10 Medical Evaluation Information (continued)

Quality Assurance Monitoring:

The Administrator or designee will audit all new resident medical evaluations for completeness within 72 hours of admission.

Starting 11/1/2025 The administrator or designee will complete a monthly audit of 10% of resident charts to ensure ongoing compliance.

Documentation and Reporting:

A summary of this Plan of Correction will be submitted to the Department as required.

Proposed Overall Completion Date: 10/13/2025

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented (█ - 11/12/2025)

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3 has a medical diagnosis of Diabetes Mellitus Type 2. The resident's current assessment and support plan, dated █ does not include this medical diagnosis and how the resident's needs will be met.

Plan of Correction

Accept (█ - 10/14/2025)

Immediate Update to Support Plan:

Resident #3's support plan will be revised by 10/1/25 by the administrator to include:

The diagnosis of Type 2 Diabetes Mellitus

Specific services and supports to manage the condition (e.g., blood glucose monitoring, dietary needs, medication administration, physician follow-up). if no medications are taken, this will also be documented.

Physician Collaboration:

The resident's physician will be consulted by 10/1/2025 by the administrator to confirm necessary diabetes-related

227d - Support Plan Medical/Dental (continued)

services and referrals.

Documentation of physician recommendations will be added to the support plan.

Training:

The administrator will use this exercise as education and will emphasize the importance of documenting all relevant medical diagnoses and corresponding care strategies moving forward.

Support Plan Template Review:

The administrator will review and revise its support plan template to include a dedicated section for medical diagnoses and related care plans by 10/1/2025

The administrator will add checklist to ensure all required services (medical, dental, vision, hearing, mental health, behavioral) are considered and documented by 10/1/25.

Quality Assurance Monitoring:

Initial audit was completed by administrator by 10/1/25 and showed no other deficiencies.

The Administrator or designee will audit all support plans quarterly to ensure compliance with § 2600.227(d).

Any omissions will be corrected within 5 business days of identification.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented (█) - 11/12/2025

252 - Record Content

3. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The records of residents #2 and #3 do not contain a photo of the resident.

Plan of Correction

Accept (█) - 10/14/2025

Immediate Remediation:

Administrator will Schedule and take updated photographs of Residents #2 and #3 by 10/3/25.

Ensure photos are dated and securely added to each resident's record.

Administrator will Revise the admission checklist to include a mandatory photo capture within 72 hours of admission.

Add a reminder for photo updates every 2 years.

Staff Training:

Train administrative and admissions staff on § 2600.252 requirements by 10/3/24.

252 - Record Content (continued)

Emphasize documentation standards and compliance timelines.

Ongoing Compliance Monitoring:

Initial audit complete by 10/1/25 by administrator showing 100% charts are updated with current pictures.

Monthly audits of 10% of resident records to verify photo currency.

Administrator or designee to review all new admissions for photo inclusion within 5 days.

Documentation:

administrator will Maintain a log of photo dates and next due dates for each resident. This will begin 10/1/25.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented (█ - 11/12/2025)