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

October 31, 2025

[redacted]
ALBRIGHT CARE SERVICES
[redacted]

RE: RIVERVIEW MANOR
130 MAGNOLIA DRIVE
LEWISBURG, PA, 17837
LICENSE/COC#: 20298

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/18/2025 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: *RIVERVIEW MANOR* **License #**: *20298* **License Expiration**: *05/19/2026*

Address: *130 MAGNOLIA DRIVE, LEWISBURG, PA 17837*

County: *UNION* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ALBRIGHT CARE SERVICES*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/12/1975* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *40* **Waking Staff**: *30*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *09/18/2025*

Inspection Dates and Department Representative

09/18/2025 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *40*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *40*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

09/18/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/17/2025*

10/17/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/29/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/24/2025*

Inspections / Reviews *(continued)*

10/31/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/29/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] Resident [redacted] told staff person A that they lent staff person B money for travel. This allegation of possible financial exploitation was not reported to Department of Aging.

Plan of Correction ***Accept [redacted] - 10/17/2025)***

The PC Administrator was re-educated by our Senior clinical leaders and the DHS representative at the time of the site visit on the need to immediately report any suspected case of abuse to the Area Office on Aging. The appropriate report was filed with the Area Office on Aging on 9/20/2025. Moving forward, the PC Administrator will comply with this important regulation. Additionally, our performance in regard to this regulation will be monitored during our monthly Quality and Performance Improvement (QAPI) meeting to maintain substantial compliance.

Licensee's Proposed Overall Completion Date: *10/16/2025*

Implemented [redacted] - 10/29/2025)

16c Written Incident Report

2. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], Resident [redacted] told staff person A that they lent staff person B money for travel. This incident was not reported to Department until [redacted] at 8:10a.m.

Repeat Violation: [redacted]

Plan of Correction ***Accept ([redacted] - 10/17/2025)***

The Personal Care Administrator erroneously thought [redacted] should report the incident at the conclusion of the home's internal investigation. [redacted] was re-educated by our Senior clinical leaders on 9/8/2025 that a report needed to be submitted as soon as allegations had been made. The incident was subsequently submitted on 9/8/2025 & a final report was also submitted on 9/10/20225. Moving forward, the PC Administrator will comply with this important regulation. Additionally, our performance in regard to this regulation will be monitored during our monthly Quality and Performance Improvement (QAPI) meeting to maintain substantial compliance.

Licensee's Proposed Overall Completion Date: *10/16/2025*

Implemented [redacted] - 10/29/2025)

141b1 Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident# [redacted]s medical evaluation, dated [redacted], did not include height, body positioning, and cognitive functioning

Plan of Correction ***Accept ([redacted] - 10/17/2025)***

This resident was safely transferred to a Personal Care Memory unit on 9/26/2025 prior to our ability to obtain a fully completed DME from [redacted] PCP. Moving forward, we are incorporating this into our routine monthly DME audits. Our initial audit following this Citation enabled us to ensure that all other residents are in compliance with this regulation. Additionally, our performance in regard to this regulation will be monitored during our monthly Quality and Performance Improvement (QAPI) meeting to maintain substantial compliance.

Licensee's Proposed Overall Completion Date: *10/16/2025*

Implemented [redacted] 10/31/2025)

225c Additional Assessment

4. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]. The assessment indicated the resident was oriented to person, place, time, and did not have any cognitive deficits. Staff person C indicated Resident [redacted] had a decline and is no longer oriented to person, place, or time.

Repeat Violation: [redacted]

Plan of Correction ***Accept [redacted] - 10/17/2025)***

This resident's RASP was updated on 9/23/2025 before [redacted] was safely transferred to a Personal Care Memory Care unit on 9/26/2025. We reviewed the RASPs for all our residents with Cognitive issues to ensure that any significant changes have been documented appropriately. Additionally, our performance in regard to this regulation will be monitored during our monthly Quality and Performance Improvement (QAPI) meeting to maintain substantial compliance.

Licensee's Proposed Overall Completion Date: *10/16/2025*

Implemented ([redacted] - 10/31/2025)