

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

November 14, 2025

ALLIANCE SENIOR HOME LLC, LEGAL ENTITY
ALLIANCE SENIOR HOME LLC

[REDACTED]

RE: ALLIANCE SENIOR HOME
104 PENNSYLVANIA AVENUE
MATAMORAS, PA, 18336
LICENSE/COC#: 22733

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2025 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: *ALLIANCE SENIOR HOME* License #: *22733* License Expiration: *06/26/2026*
 Address: *104 PENNSYLVANIA AVENUE, MATAMORAS, PA 18336*
 County: *PIKE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ALLIANCE SENIOR HOME LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *02/20/2018* Issued By: *Matamoras Borough*

Staffing Hours

Resident Support Staff: *7* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/24/2025*

Inspection Dates and Department Representative

09/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *5*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

09/24/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/24/2025*

10/23/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/13/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2025*

Inspections / Reviews *(continued)*

11/07/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/14/2025

11/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not post the Licensing Inspection Summary dated 2/19/25, in a public place within the home.

Plan of Correction

Accept ([redacted] - 11/07/2025)

1) Why the regulation important?

2600.3 Posting license summaries is important in Personal Care Home care facilities some of the reasons are: It fosters transparency with residents and their families, assures accountability to state and federal regulators, and guarantees that the facility and staff members meet the necessary elements of the regulation of personal care homes.

2) How was the regulation violated?

The regulation 2600.3c was violated because administrator didn't post the licensing Inspection Summary dated 2/19/25.

3) Determine the root cause of the violation.

The root cause of violation was that the recent Licensing Inspection Summary dated 2/19/25 inspection summarizes was not posted. Administrator failed to post most recent inspection summarizes.

4) Plan of correction:

On September 24, 2025, at 6pm, the administrator posted a legible copy of the last licensing inspection summary dated 2/19/25 and will be posted until the new inspections summary is ready to be posted.

5) To prevent future violations:

As soon as the most recent inspections summaries arrives, they will be posted in a public place. A note will be placed in the office to remind the administrator to post the most recent inspections summary without the privacy code. The LIS will be checked every 2 weeks to ensure that the correct one is posted.

6) Who will be responsible for preventing future violation?

The administrator will be responsible for posting the most recent license inspections.

7) How will we monitor to make sure plan is followed?

The administrator will monitor the plan of correction, posted a note and a form where the administrator will sign for the most recent inspections summary without the privacy code.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented ([redacted] - 11/14/2025)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 9:15 a.m., the privacy coding page on the licensing inspection summary dated 11/20/24 was posted with resident

17 - Record Confidentiality (continued)

#1's name not removed.

Plan of Correction

Accept (█ - 11/07/2025)

1) Why the regulation important?

The regulation is important because resident's privacy must be protected.

2) How was the regulation violated?

The regulation was violated because the privacy coding page on a license inspection summary didn't have the name of a resident removed.

3) Determine the root cause of the violation.

The administrator neglected to take the resident's name out of the privacy code thus violating the resident's right to their privacy

4) Plan of correction:

September 24, 2025 the violation was corrected while the inspector was in the facility. The administrator took the privacy page out of the inspection summary post.

5) To prevent future violations:

Every time that the facility has an inspection; the privacy code page will be removed from the inspection printout. The LIS will be checked every 2 weeks.

6) Who will be responsible for preventing future violation?

The administrator will be responsible to check the summaries and to take the privacy code out to prevent future violations.

7) How will we monitor to make sure plan is followed?

The administrator will monitor it by posting a note in the office so that there won't be any further violations with the regulation as well as fill out the form mentioned in 2600.3c.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented (█ - 11/14/2025)

25c6 - Refunds

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

Description of Violation

The resident-home contracts dated █ for resident #3, █ for resident #4, and █ for resident # 5 does not specify the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death.

Plan of Correction

Accept (█ - 11/07/2025)

Why the regulation is important?

1) 2600.25(c6) is important because it protects personal care home residents from having their financial possessions given away. The regulation stops the home from forcing a resident to move from a home without giving the resident the funds that belongs to said resident. The regulation guarantees that the resident doesn't suffer from abuse to their finances from a personal care home.

2) How was the regulation violated?

25c6 - Refunds (continued)

The resident-home contracts dated 9/16/24 for resident #3, 11/25/24 for resident #4, and 9/10/24 for resident #5 did not specify the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death.

3) Determine the root cause of the violation

The regulation was violated because of contracts dated [REDACTED] for resident #3, [REDACTED] for resident #4, and [REDACTED] for resident # 5 didn't have specify the conditions under which refunds will be made.

4) Plan of correction:

Two of the contracts were corrected on 9/24/2025 while the inspector was on-site. The others were corrected on 9/26/2025. Moving forward, contracts will specify the conditions under which refunds will be made in all home contracts.

5) To prevent future violations:

To prevent future violations the administrator will add the conditions under which the refunds will be made in the resident home contract. All contracts will be completely reviewed on November 7th.

6) Who will be responsible for preventing future violation?

The administrator is responsible for preventing future violation by having the information ready and saved in the computer ready for use according to regulation §2600.25c6.

7) How will we monitor to make sure plan is followed?

The administrator will monitor the correction by checking all home contracts and making sure that all contracts comply with the regulation §2600.25c6. The conditions under which refunds will be made is on the home contract with all details. There will be a detailed form that breaks down the scope of the refunds.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented ([REDACTED] - 11/14/2025)

28f - Resident's Funds and 30-day Refund**4. Requirements**

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

The home did not have an itemized written account of the resident's funds including notification of refunds still owed to the home by the resident or a refund owed to the resident by the home for resident #6 who passed away on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 11/07/2025)

1) Why is the regulation important?:

The regulation is important because it ensures that residents and their families are properly compensated for services rendered. It prevents overcharging for services not rendered as well as the home not being compensated properly for services rendered.

2) How was the regulation violated?:

The home did not have an itemized written account of the resident's funds including notification of refunds still owed to the home by the resident or a refund owed to the resident by the home for resident #6 who passed away on [REDACTED]

3) Determine the root cause of the violation.

28f - Resident's Funds and 30-day Refund (continued)

The root of the violation was because the home didn't have itemized written account.

4) Plan of correction, on 9/27/2025 the home created a form which it will be use every time the facility has to give a refund to a resident. I did it itemized on the check [REDACTED] passed away on [REDACTED] and I did refund for 5 days as I showed the inspector. The itemized account was written on the attached check and given to the POA. Moving forward I will have the itemized account on a formal form.

5) To prevent future violations:

To prevent future violation moving forward the administrator will use the form and itemized written receipt will be documented and a copy given to a resident or authorized person.

6) Who will be responsible for preventing future violation?

The administrator is responsible for preventing future violations by provide refund with itemized written, give a copy to the resident, facility will keep a copy in the resident record.

7) How will we monitor to make sure plan is followed?

The administrator will use the form To monitor an itemized refund plan and ensure it is followed, by document the refunds itemized, as well keep a copy of in the resident chat to be ready to use. A formal itemized account form is attached.

Proposed Overall Completion Date: 11/06/25

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented ([REDACTED] - 11/14/2025)

51 - Criminal Background Check**5. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A did not have a criminal background check completed by the Pennsylvania State Police in accordance with the Older Adult Protective Act.

Plan of Correction

Accept ([REDACTED] - 11/07/2025)

1. Why the regulation important?

§2600. 51 is important because it enforces a home to have a comprehensive criminal background check which helps facilities to protect their residents from any harm, build a trusted team, and to mitigate risk to protect the facility's reputation.

2) How was the regulation violated?

The regulation was violated because a staff person did not have a criminal background check completed by the Pennsylvania State Police in accordance with the Older Adult Protective Act Criminal history checks and hiring policies. Specifically, the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults)" was violated.

3) Determine the root cause of the violation.

The administrator neglected and accepted other sources of background checks instead of doing a criminal background check from the Pennsylvania State Police in accordance with the OAPSA.

4) Plan of correction

On 09/25/2025, the staff member was informed that the facility conducted a criminal background check by the

51 - Criminal Background Check (continued)

Pennsylvania State Police in accordance with the Older Adult Protective Act, and [REDACTED] might need to get [REDACTED] fingers printed. The staff member refused, and thus administrator told the staff member that [REDACTED] is terminated from [REDACTED] position as a DCS because of [REDACTED] refused to comply. That staff member is no longer part of the Alliance Senior Home team.

5) To prevent future violations

To prevent future violations all staff background Check will be done according to the regulation §2600.51. The checks only will be done by the Pennsylvania State Police in accordance with the OAPSA. Audit completed 11/6/25.

6) Who will be responsible for preventing future violation?

The administrator will be responsible for preventing future violations by conducting background checks done by the Pennsylvania State Police in accordance with the OAPSA.

7) How will we monitor to make sure plan is followed?

The administrator will continue doing the criminal staff background check only by the Pennsylvania State Police in accordance with the OAPSA. On staff members' books, there will be a reminder that only the Criminal Background check will be done only by the Pennsylvania State Police in accordance with the OAPSA.

Proposed Overall Completion Date: 11/06/2025

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented ([REDACTED] - 11/14/2025)

81b - Resident Personal Equipment**6. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 9:25 a.m., the toilet seat in shared bathroom # 2 was not securely fastened to the toilet.

Plan of Correction

Accept ([REDACTED] - 11/07/2025)

1) Why the regulation is important?

The regulations very important to safeguard, and preserve the safety of the home's residents.

2) How was the regulation violated?

The regulation was violated because the toilet seat in bathroom #2 was not securely fastened to the toilet.

3) Determine the root cause of the violation.

The toilet seat was not securely fastened to the toilet.

4) Plan of Correction

The violation was corrected on 9/25/2025. The loose toilet seat was removed, and replaced with a secure unit that has a armrest on it.

5) To prevent future violations

Moving forward, to prevent future violations all bathroom and residents equipment will be secured and in good repair. The bathrooms will be checked on a daily basis for faulty equipment. If there is a fault, it will be marked in the attached form.

6) Who will be responsible for preventing future violation?

81b - Resident Personal Equipment (continued)

The administrator will be responsible for preventing future violations by making sure that bathrooms and all the residents equipment is in good repair and not liable to cause harm to the residents.

7) How will we monitor to make sure plan is followed?

The Plan will be monitor to make sure plan is followed, by having a checklist where staff that observed any equipment that is not in good repeat to write it on a repairs list to be fixed or removed from the facility.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented (█ - 11/14/2025)

103e - Left Overs**7. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:30 a.m., in the kitchen refrigerator there was Styrofoam takeout container containing a cheeseburger and French fries and a blue plastic container containing chicken and broth that was an unlabeled and undated

Repeat Violation: 06/11/2024.

Plan of Correction

Accept (█ - 10/23/2025)

1) Why the regulation §2600.103e important?

This specific sub-regulation is important because it indicates how left-over food is to be handled and to prevent food-borne sicknesses thus ensuring the well-being of the residents is protected. The regulation helps to prevent the residents from eating food that might be expired, or contains elements that can cause harm.

2) How was the regulation violated?

The regulation was violated because there were two items in the refrigerator that were without labels or dates.

3) Determine the root cause of the violation.

Unlabeled and food without dates in the refrigerator

4) Plan of correction

On 09/24/2025 as the inspector was on the site, the chicken was placed in the garbage, and the resident's cheeseburger and French that was brought from the restaurant on 9/23/25 was labeled and dated. Moving forward all food will be labeled and dated. Each family member was given a note that say if a family member brings food to the facility that they most give the food to staff to be dated and labeled. Said family members have the option to bring said food labeled and dated.

5) To prevent future violations:

As soon as leftovers are available, they will be placed in the refrigerator in sealed containers, labeled, and dated.

6) Who will be responsible for preventing future violation?

The Administrator will check that staff members follows the plan of correction. Refrigerators, freezers, and shelves will be checked by staff for compliance on a daily basis.

7) How will we monitor to make sure plan is followed?

The administrator will double checked that the staff members are following the plan of correction, by initialing the form on the refrigerators, and freezers to check if there are any food items unsealed, unlabeled, not-dated, and expired.

103e - Left Overs (continued)

Licensee's Proposed Overall Completion Date: 10/20/2025

Implemented () - 11/14/2025

132b - Safety Inspection/Fire Drill

8. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill conducted by a fire safety expert was on 1/10/24.

Plan of Correction

Accept () - 10/23/2025

1) Why the regulation important?

According to Pennsylvania Regulation §2600.132, the importance of safety inspections and fire drills lies in safeguarding residents and staff in a personal care home. Monthly practices and Fire Safety inspections are extremely important for preparedness, checking fire alarm operation as well maintaining high standards of safety and practices which protect all the facility's residents, staff and others against fire devastation and injury or loss of life.

2) How was the regulation violated?

The regulation was violated because the Administrator failed on having secured signed form from Safety Inspection/Fire Drill.

3) Determine the root cause of the violation.

The root cause of the violation not having on file the annual Inspection/Fire Drill

4) Plan of correction:

The regulation was corrected on 10/18/2025. At 2:30 pm, a Safety Inspection/Fire Drill was conducted in which a full evacuation of the facility was done. Alarms were activated. Moving Forward, the administrator will have annual Safety Inspection/Fire Drill on file in the fire drill book.

5) To prevent future violations:

To prevent future violations, the administrator will talk to the Fire department to come at the beginning of each year to conduct a Safety Inspection/Fire Drill. Said drill will be unannounced. Documentation of these fire drills and fire safety inspections will be kept on the Fire Drill book.

6) Who will be responsible for preventing future violation?

The administrator will be responsible to remind the Fire Expert to conduct a Fire Safety Inspection Fire Safety each January on any day that selects.

7) How will we monitor to make sure plan is followed?

The plan of correction will be monitored on a monthly basis to make sure that each month the fire drill is done and annual Safety Inspection/Fire Drill Annual documents are in the fire drill book.

Licensee's Proposed Overall Completion Date: 10/20/2025

Implemented () - 11/14/2025

141b1 - Annual Medical Evaluation

9. Requirements

2600.

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

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident #2's medical evaluation dated [REDACTED], was incomplete with section (4) special health or dietary needs, can safely avoid poisons and (5) allergies left blank.

Plan of Correction

Accept ([REDACTED] - 10/23/2025)

1) Why the regulation is important?

According to 55 Pa. Code § 2600.141, residents must have a medical evaluation at least annually or whenever there is a change in their medical condition. Completing all sections are very important because if any section isn't completely filled out, the resident might be missing out on services that are important for their health, safety and well-being. Missing information will not allow the resident to receive all the services that [REDACTED] requires.

2) How was the regulation violated?

The regulation was violated because some sections of the resident's DME was not completely filled out (information was left blank). Specifically, section 4 and 5 weren't filled out.

The root of the violation was because the DME for the resident missing information. Administrator neglected to check each section of the resident DME.

4) Plan of correction

On 9/30/2025, the DME was corrected. A RN filled out the empty sections.

5) To prevent future violations:

Moving forward the administrator will check each DME and make sure that is completed. No section will be left on blank or incomplete.

6) Who will be responsible for preventing future violation?

The administrator will be responsible for preventing future violations.

7) How will we monitor to make sure plan of correction is followed?

Administrator will do check each DME thoroughly to make sure every part is completed, and the facility will use a new form to audits resident record monthly.

Licensee's Proposed Overall Completion Date: 10/20/2025

Implemented ([REDACTED] - 11/14/2025)

187a - Medication Record

10. 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 #7's medication record incorrectly indicates [REDACTED]. The order and medication label reads [REDACTED]

Resident #4's medication record incorrectly indicates [REDACTED]. The order and medication card reads [REDACTED]

Resident #3's medication record incorrectly indicates [REDACTED]. The order and medication label reads [REDACTED]

187a - Medication Record (continued)

Plan of Correction

Accept ([redacted] - 11/07/2025)

Description of Violation

Resident #7's medication record incorrectly indicates [redacted]. The order and medication label reads [redacted]. Resident #4's medication record incorrectly indicates [redacted]. The order and medication card reads [redacted]. Resident #3's medication record correctly indicates [redacted].

1) Why is the regulation Important?

55 Pa. Code § 2600.187(a) is an important regulation in Pennsylvania that requires personal care homes to maintain detailed and accurate medication administration records (MARs) for their residents. The regulation is important because it is a key standard for documentation and certification the right medication administration that can impact the resident's health and safety in various different ways.

2) How the regulation was violated?

The regulation was violated because a typo of the milligrams of each medications included in all medication involved in the regulation violation of the, 2600.187(a) regulation. Administrator and others staff neglected to take a closer look to the MAR during the time check and complete the 5 Right to the medication administration. Medication administration errors are typically thought of as a failure in one of the five "rights" of medication administration (right patient, medication, time, dose, and route).

3) Determine the root cause of the violation.

The root of the violation was that the CMA and administrator neglected to check the MAR to see if there were any wrong information with the documentation of the resident's medications.

4) Plan of correction:

By 10/13/25 the dosages was corrected for all the medications of each resident involved. Each medication of each resident now matches the doctors' orders, pharmacy label, and MAR. The MAR was corrected starting October 1st.

5) To prevent future violations of document wrong doses of medication, the CMA will be reminded of the Five Right of the medication administration. 1. The Right resident, 2. The Right Time and Frequency of Administration, 3. The Right Dose, 4. The Right Route, and 5. The Right Drug, Right documentation, and Right observation.

6) How will we monitor to make sure plan is followed?

On 9/25/25 implement strategies to minimize or eliminate medication/administration errors. All CMA will have a checklist on each resident MAR which they are follow each time administrate medication.

There will be a monthly review of Lesson 5. Recording and Storage of Medication, 7. Medication administration, and 8. Medication administration. The link to the training is: [redacted]

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented ([redacted] - 11/14/2025)

224a - Preadmission Screen Form

11. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #7 was admitted on [redacted] and their Prescreening form was completed on [redacted]

Plan of Correction

Accept ([redacted] - 10/23/2025)

Why the regulation important?

224a - Preadmission Screen Form (continued)

1) Preadmission Screening is important because it to help ensure that individuals are not inappropriately placed in facilities/homes that cannot provide for their needs. Preadmission Screening helps individuals obtain the most appropriate setting for their needs in a Personal care Home, or other setting.

2) How was the regulation violated?

The regulation was violated because the administrator neglected to check the date and used a old preadmission screening for a resident.

3) Determine the root cause of the violation.

The facility did not have a preadmission screening completed within 30 days prior to admission.

Plan of correction:

Moving forward the home will have all preadmission screenings completed within 30 days prior to admission of a resident.

4) To prevent future violations:

To prevent future violations the administrator will complete the preadmission screening within 30 days prior to admission. This preadmission screening ensures that the facility can meet the resident's needs and provides appropriate services for said resident.

Who will be responsible for preventing future violation?

The Administrator will be responsible for preventing future violations.

How will we monitor to make sure plan is followed?

The administrator will monitor the preadmission screening by making sure that all the residents have their preadmission screenings completed before the person is admitted to the facility.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented (█ - 11/14/2025)