

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

November 25, 2025

[REDACTED]
LAKEVIEW HEALTHCARE OPERATING LLC

[REDACTED]
C/O BONAMOU HEALTH CARE GROUP
[REDACTED]

RE: LAKEVIEW SENIOR CARE
15 WEST WILLOW STREET
SMETHPORT, PA, 16749
LICENSE/COC#: 45411

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2025 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: LAKEVIEW SENIOR CARE License #: 45411 License Expiration: 06/22/2026
 Address: 15 WEST WILLOW STREET, SMETHPORT, PA 16749
 County: MCKEAN Region: WESTERN

Administrator

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

Legal Entity

Name: LAKEVIEW HEALTHCARE OPERATING LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 09/08/2067 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Renewal Exit Conference Date: 10/07/2025

Inspection Dates and Department Representative

10/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 28 Residents Served: 13

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

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 13
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/07/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/25/2025

10/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/21/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/31/2025

Inspections / Reviews *(continued)*

11/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/24/2025

11/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff A did not receive training on instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during the January through December 2024 training year.

Plan of Correction

Accepted [redacted] - 11/03/2025)

PCHA will present all current staff with education related to the pre-screen form, RASP form and DME form by 10/20/2025. This education will be added to new hire/annual education binder by PCHA before 10/25/2025. PCHA will keep record of education using the department form starting 10/27/2025

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/25/2025)

65i - Training Record

2. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff B's initial first day training does not document the specific training topics covered. It only indicates "Safety and fire procedures"

Plan of Correction

Accepted [redacted] - 11/03/2025)

PCHA will forward regulation 2600.65.i. to head of maintenance department will develop a document with the required training listed for all new employees before 10/25/25. Beginning 10/27/205 all future hires will sign the document after training is complete within 24 hours of the first day of work. PCHA will keep signed documents for all employees on file beginning 10/27/25.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/25/2025)

81b - Resident Personal Equipment

3. 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 approximately 10:44 a.m., there were 2 unsecured tanks of compressed oxygen in the right corner of bedroom [redacted]

Plan of Correction

Accepted [redacted] 10/24/2025)

Oxygen tanks were immediately placed in facility oxygen racks by maintenance department on 10/7/2025 during inspection. PCHA sent a letter to MEDCARE requesting that all future oxygen delivers include a storage rack on

81b Resident Personal Equipment (continued)

10/20/2025. PCHA disturbed education on safe oxygen use on 10/20/2025. All DCS will sign off on education by 11/25/2025. PCHA will maintain record of education.

Licensee's Proposed Overall Completion Date: 11/25/2025

Implemented [REDACTED] - 11/25/2025)

121a - Unobstructed Egress**4. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door leading from the dining room to the exit stairwell has a keypad locking mechanism and did not have any codes posted.

Plan of Correction

Accept [REDACTED] 11/03/2025)

On 10/8/2025 the head of maintenance posted a sign over the door stating 'NOT AN EXIT' also on 10/8/2025 the head of maintenance posted a sign on the door mark it for " employee only" as advised by surveyor. A letter was given to the head of maintenance on 10/28/2025 stating the need to add exit sign audits to the inspection list. Head of maintenance will add monthly audits of exit signs to risk management/QAPI starting 11/6/2025. PCHA will maintain record of the audits beginning 11/28/2025

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [REDACTED] - 11/25/2025)

132b - Safety Inspection/Fire Drill**5. 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 home's most recent fire inspection by a fire safety expert was conducted on [REDACTED]. However, the previous inspection was conducted on [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/03/2025)

A donation was made on 10/21/2025 to local fire department to encourage cooperation for annual inspection. PCHA sent a letter on 10/28/2025 asking to schedule a fire safety inspection for 2026. PCHA will again contact local fire safety experts beginning on 1/3/2026 to arrange date of inspection before March of 2026. PCHA will keep record of communication with fire department beginning on 10/28/2025.

Licensee's Proposed Overall Completion Date: 04/08/2026

Implemented ([REDACTED] 11/25/2025)

132e - Fire Drill Sleeping Hours**6. Requirements**

2600.

132e Fire Drill Sleeping Hours (continued)

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last sleeping hours fire drill was conducted on [redacted] at 12:00 a.m.

Plan of Correction

Accept [redacted] - 10/24/2025)

PCHA will give maintenance department copies of the regulation on 10/20/2025. Maintenance department will conduct a sleep hour fire drill by 10/31/2025. PCHA will monitor the fire drill forms monthly for compliance starting 11/3/2025. PCHA will keep record of all fire drills in PCHA office.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [redacted] - 11/25/2025)

132f - Alternate Exit Routes

7. Requirements

2600. 132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home used the East Exit exit route during fire drills conducted on [redacted] and [redacted]

Plan of Correction

Accept [redacted] 11/03/2025)

Head of maintenance department was educated by surveyor and demonstrated understanding on 10/7/2025. PCHA will give maintenance department head copies of fire safety regulation by 10/20/2025. Maintenance department will use varying exits beginning October 2025 fire drill. PCHA will monitor records of monthly drills beginning 11/3/2025 to ensure future compliance. PCHA will maintain records of fire drills beginning 11/3/2025

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [redacted] - 11/25/2025)

133.1 - Exit Signs

8. Requirements

2600. 133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There was no exit sign over the exit door leading from the dining room into the emergency exit stairwell.

Plan of Correction

Accept [redacted] - 11/03/2025)

On 10/8/2025 head of the maintenance department posted a sign over the door stating NOT AN EXIT, and signage was added to the door stating 'Employees only ' as advised by surveyor. A letter was given to head of maintenance on 10/28/2025 stating the need to add exit sign audits to building inspection list. Head of maintenance will add monthly sign audits to risk management/QAPI starting 11/6/2025. PCHA will maintain records of audits beginning 11/28/2025.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [redacted] - 11/25/2025)

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 2. The name of the medication.

Description of Violation

Resident [redacted] is prescribed [redacted] – take one by mouth twice a day. However, the resident's medication label reads [redacted] – take one tablet by mouth twice a day as needed for cough.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 11/03/2025)

PCHA mailed copies of regulations to both Sprout's Drug store and Polaris RX as well as a letter explain the need for labels to match orders exactly on 10/20/2025. Monthly chart audits will continue starting 11/3/2025. PCHA will continue to monitor Chart audits monthly beginning 11/10/2025. Records of audits will be maintained by PCHA beginning 11/10/2025.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented [redacted] - 11/25/2025)

185a - Implement Storage Procedures

11. 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 [redacted] medication administration record indicates a blood glucose reading of [redacted] on [redacted]. However, the resident's glucometer indicates a blood glucose of [redacted] on [redacted].

There were multiple incorrect blood glucose readings for resident [redacted] on the resident's October medication administration record (MAR):

[redacted]

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 10/24/2025)

PCHA spoke with DCS responsible for error about the importance of accurate charting verbally on 10/8/2025. PCHA educated entire DCS with handouts related to Diabetes and accurate charting on 10/21/2025. PCHA will conduct monthly audits starting 11/3/2025.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [redacted] 11/25/2025)