

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

November 25, 2025

[REDACTED]
LITTLE WALKER HOLDINGS LLC
[REDACTED]

RE: TWIN CEDAR SENIOR LIVING
364 LITTLE WALKER ROAD
SHOHOLA, PA, 18458
LICENSE/COC#: 22850

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/28/2025 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: *TWIN CEDAR SENIOR LIVING* License #: *22850* License Expiration: *02/25/2026*
 Address: *364 LITTLE WALKER ROAD, SHOHOLA, PA 18458*
 County: *PIKE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *LITTLE WALKER HOLDINGS LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/08/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/28/2025*

Inspection Dates and Department Representative

10/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *37* Residents Served: *23*

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

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *23*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

10/28/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/20/2025*

11/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/24/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

11/25/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. 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 A was hired on [REDACTED], their criminal background check was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/24/2025)

Administrator to ensure moving forward all employees will have a background check completed prior to hire. New employees will not be scheduled and will not be able to work unless background check is received. Employee check list is in place for new employees to verify compliance. The Administrator will follow up with audits.

Licensee's Proposed Overall Completion Date: 11/20/2025

Implemented [REDACTED] - 11/24/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

5. Falls and accident prevention.

Description of Violation

Staff person B, hired [REDACTED] did not receive training in fall and accident prevention during training year 2024.

Plan of Correction

Accept [REDACTED] 11/24/2025)

Administrator reviewed fall and prevention training w the employee 10/8/25. Administrator to review all monthly training to ensure all employees receive and sign off on training. Administrator to monitor that all staff have completed regulatory training.

Proposed Overall Completion Date: 11/20/2025

Licensee's Proposed Overall Completion Date: 11/20/2025

Implemented [REDACTED] - 11/24/2025)

66a - Staff Training Plan

3. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The staff training plan for 2025 did not include the proposed date of the trainings or the instructor.

Plan of Correction

Accept [REDACTED] - 11/24/2025)

The Resident Care Coordinator gave the inspector employee sign in sheets for the monthly meetings for the year. I do have a training plan in place and completed for the year 2025, which was not given to the inspector. Please see attached.

Licensee's Proposed Overall Completion Date: 11/20/2025

66a Staff Training Plan (continued)

Implemented [redacted] - 11/24/2025)

161d Dietary Needs

4. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On [redacted], resident [redacted] was prescribed a pureed diet. However, as per Dietary staff, a thickened liquid diet was provided from [redacted], through [redacted]

Plan of Correction

Accept ([redacted] - 11/24/2025)

An audit was conducted by Administrator on 10/29/2025 with all dietary staff to ensure that all Residents dietary orders are in compliance and followed as per DR order. Administer re educated dietary staff on Residents special dietary needs (161.d)regulation. A weekly Resident Dietary audit is in place for kitchen staff to review and sign to ensure all dietary needs are met. Continued education and updates on any future diet changes will be added to weekly audits as well as dietary order.

Licensee's Proposed Overall Completion Date: 11/20/2025

Implemented [redacted] - 11/24/2025)