

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

March 23, 2026

[REDACTED]
160 RED HORSE ROAD OPCO LLC
[REDACTED]

RE: LUTHER RIDGE AT SEIDERS HILL
160 RED HORSE ROAD
POTTSVILLE, PA, 17901
LICENSE/COC#: 23329

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2025, 11/19/2025, 11/21/2025, 11/21/2025, 11/25/2025, 12/01/2025, 12/02/2025, 12/17/2025 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: LUTHER RIDGE AT SEIDERS HILL **License #:** 23329 **License Expiration:** 11/19/2026
Address: 160 RED HORSE ROAD, POTTSVILLE, PA 17901
County: SCHUYLKILL **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: 160 RED HORSE ROAD OPCO LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 59 **Waking Staff:** 44

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 12/17/2025

Inspection Dates and Department Representative

11/13/2025 - On-Site: [REDACTED]
11/19/2025 - On-Site: [REDACTED]
11/21/2025 - Off-Site: [REDACTED]
11/21/2025 - Off-Site: [REDACTED]
11/25/2025 - Off-Site: [REDACTED]
12/01/2025 - Off-Site: [REDACTED]
12/02/2025 - Off-Site: [REDACTED]
12/17/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 135 **Residents Served:** 55

Special Care Unit
In Residence: 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:** 55
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

11/13/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/23/2026*

02/04/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/18/2026*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2026*

03/03/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/18/2026*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/20/2026*

03/23/2026 - Document Submission

Submitted By: [REDACTED] Date Submitted: *03/18/2026*
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] Resident [REDACTED] was transferred to the hospital due to unknown health status requiring hospital treatment. The residence did not report this incident to the Department until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 02/03/2026)

The home was cited for untimely reporting of a resident who was admitted to the hospital. The Director of Nursing (DON) reported the incident to DHS on 11/3/25 and educated staff on the importance of timely reporting on 11/20/25. Going forward, the DON and/or designee will continue to educate staff weekly (X4) on reportable incident regulations and ensure that clinical staff are aware of the location of reporting binders, including examples of reportable incidents, instructions for completion, fax numbers, and reporting requirements.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented ([REDACTED] - 03/23/2026)

17 Record confidentiality

2. Requirements

2800.

17. Confidentiality of Records - 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

On [REDACTED], at 9:22 a.m. the home's narcotics binder for the third-floor medication cart was observed to be on top of the medication cart and was unlocked, unattended, and accessible.

On [REDACTED] at 9:23 a.m. an empty pill blister pack belonging to Resident [REDACTED] was observed in the open garbage can attached to the side of the unattended medication cart on the 3rd floor of the home.

Plan of Correction

Accept ([REDACTED] - 02/03/2026)

The home was cited for failing to maintain resident confidentiality. On 11/21/2025, the Director of Nursing educated staff on securing the narcotics record book, locking medication carts when not in use, properly disposing of labels in HIPAA bins, and keeping garbage lids closed. The DON will conduct daily spot checks for seven days, then weekly for four weeks, and monthly for four months across random shifts.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented ([REDACTED] - 03/23/2026)

25c2 Fee schedule

3. Requirements

25c2 Fee schedule (continued)

2800.

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

- 2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-residence contract, dated [REDACTED], for resident # [REDACTED] does not include a fee schedule that list the actual amount of charges for each of the assisted living services that are include in the resident's core service package.

The resident-residence contract, dated [REDACTED] for resident [REDACTED] does not include a fee schedule that list the actual amount of charges for each of the assisted living services that are include in the resident's core service package.

Plan of Correction

Accept [REDACTED] - 03/03/2026)

The home was cited for failing to include the fee schedule in resident contracts. On November 20, 2025, the Administrator/Executive Director provided training to the Admissions Director and a designated staff member and conducted an audit to reinforce the requirement that the resident's core service package be included in all contracts and that all sections of the contract be fully completed. To ensure compliance, the Admissions Director or designated staff member will conduct weekly audits of resident contracts for six weeks ending on 3/13/26 to verify that all required documentation is complete, accurate, and included. In the absence of the Admissions Director and Administrator/Executive Director, the designated staff member will assume responsibility.

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented [REDACTED] - 03/23/2026)

25c4 Payment responsibility

4. Requirements

2800.

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

- 4. The party responsible for payment.

Description of Violation

The resident-residence contract, dated [REDACTED] for Resident #3 does not specify the party responsible for payment.

Plan of Correction

Accept [REDACTED] - 03/03/2026)

The home was cited for contracts not specifying the responsible party for payment. On 11/20/2025, the Administrator /ED provided training and an audit with the Admissions Director and a designated staff member regarding the requirement to include the resident's core service package in all contracts and to ensure that all sections of the form are fully completed. To ensure compliance, the Admissions Director, or the designated staff member will conduct weekly audits of all resident contracts for the next six weeks ending on 3/13/26 to verify that all required documentation is complete and accurate. The designated staff member, will assume responsibility in the absence of both the Admissions Director and the Administrator/ED.

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented [REDACTED] - 03/23/2026)

141b1 Annual medical evaluation

5. Requirements

141b1 Annual medical evaluation (continued)

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted] The medical evaluation document did not have the medical professional information section boxes completed.

Resident [redacted]s most recent medical evaluation, completed on [redacted] did not contain the height of the resident.

Plan of Correction

Accept [redacted] - 03/03/2026)

The assisted living residence was cited for failure to complete the medical professional information section and for failure to document residents' heights on recent medical evaluations. On November 21, 2025, the Director of Nursing (DON) obtained and documented all residents' heights in the PCC system and conducted an audit and provided education to clinical staff to ensure that all medical evaluation forms are fully completed. To ensure ongoing compliance, the Director of Nursing will review all Direct Care Medical Evaluation (DME) forms prior to filing and will conduct monthly audits of all DME documentation for four (4) months. Ongoing education will be provided to appropriate staff during monthly staff meetings by DON.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [redacted] - 03/23/2026)

142b Secure care choice of phys

6. Requirements

2800.

142.b. The residence shall assist the resident to secure medical care and supplemental health care services.

- 2. To the extent prominently displayed in the written admission agreement, a residence may require residents to use providers of supplemental health care services approved or designated by the residence.

Description of Violation

Through interviews with staff, it was established that Resident [redacted] sustained a fall in the hallway of the home on [redacted] at approximately 4:00 a.m. Four staff members were working in the home at the time of the fall however interviews with staff confirmed the resident could not be lifted off the floor by the four staff present. Schuylkill County EMS confirmed a call was received from the home at 5:42 a.m. and an ambulance was dispatched. Staff confirmed resident remained on the floor for over an hour and forty-five minutes until assisted by emergency services.

Plan of Correction

Directed [redacted] - 03/03/2026)

On November 20, 2025, the Director of Nursing (DON) corrected the violation by providing education to staff on the requirement to immediately call 911 and ensure direct communication with emergency services when staff are unable to safely assist a resident from the floor following a fall. On December 2, 2025, the DON also implemented a binder containing the required documentation to support compliance. To ensure ongoing compliance, the DON will incorporate the binder process into all new-hire orientations and reinforce the procedure during monthly staff meetings. The DON will conduct random monthly spot checks across all shifts for four (4) months to ensure leadership notification and adherence to facility policy. Additionally, all 911 send-outs will be reviewed daily during morning meeting starting December 3, 2025, by the DON and Executive Director (ED), with weekend send-outs

142b Secure care-choice of phys (continued)

reviewed on Monday mornings, to ensure timely response and compliance.

Proposed Overall Completion Date: 03/20/2026

(Directed)

In addition to the above noted plan: The home will ensure an appropriate number of staff are present in the home to meet Resident #5's needs. The residents ASP will be updated to reflect resident #5's current care needs.

Directed Completion Date: 03/20/2026

Implemented [REDACTED] - 03/23/2026)

187b Date/time of med admin

7. Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] patches to be placed on the skin every 3 days. As per the resident's narcotics count sheet, the resident's patch fell off on [REDACTED] and the resident had a new [REDACTED] patch placed on [REDACTED] as per the resident's physician's orders. Resident [REDACTED] October medication administration record does not include the initials of the staff person who administered the medication on [REDACTED]

Plan of Correction

Accept [REDACTED] 02/03/2026)

The home was cited for failing to include the initials of clinical staff who administered a fentanyl patch to a resident. On 11/24/2025, the Director of Nursing (DON) educated staff on the requirement to document signatures and initials during medication administration for every shift, with verification by two nurses or medication technicians. Staff were also instructed that if a fentanyl patch is found to be missing, they must immediately contact the DON or on-call person, notify the physician, obtain appropriate orders, and update PCC as ordered. To ensure ongoing compliance, the DON will conduct daily reviews of documentation when fentanyl patches are in use within the facility. There are currently no orders for fentanyl patches at facility.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [REDACTED] 03/23/2026)

225b Assessment content

8. Requirements

2800.

225.b. The assessment must, at a minimum include the following:

Description of Violation

Resident [REDACTED] was receiving hospice services and began using a hospital bed on [REDACTED]. Resident [REDACTED] had a history of falls in the home and was placed on 15-minute checks for safety on [REDACTED]. Resident [REDACTED] assessment, dated [REDACTED] was not updated to include the resident's use of a hospital bed and does note that 15-minute checks were implemented as a result of the resident's falls.

225b Assessment content (continued)

Plan of Correction

Accept [redacted] - 03/03/2026)

The facility was cited for failure to update a resident's assessment to reflect the use of a hospital bed and the implementation of 15-minute checks. On November 24, 2025, the Director of Nursing (DON) educated staff on the requirement to complete and update the Assessment and Service Plan (ASP) whenever hospice services or related orders are initiated. Starting 12/1/2025, the Director of Nursing, along with a designee, conducted an audit of all resident records to ensure compliance. Moving forward, designated clinical staff will update the ASP with each new order and upon initiation of 15-minute checks. The DON or designee will conduct weekly audits of all new hospice resident charts to ensure documentation accuracy and compliance. Audit sheets will be completed and signed by the DON or designee following each weekly audit.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [redacted] 03/23/2026)

228b Discharge or transfer

9. Requirements

2800.

228.b. If the residence initiates a transfer or discharge of a resident, or if the legal entity chooses to close the residence, the residence shall provide a 30-day advance written notice to the resident, the resident's family or designated person and the referral agent citing the reasons for the transfer or discharge. This shall be stipulated in the resident-residence contract.

Description of Violation

On [redacted], the residence had discharged Resident [redacted]. The residence did not provide a 30-day advance written notice of the discharge until [redacted] via mail.

Plan of Correction

Accept [redacted] - 03/03/2026)

The facility was cited for failing to provide a 30-day advance written notice to a resident transferred to a skilled nursing facility. On December 15, 2025, the Executive Director (ED) issued and mailed a 30-day written notice to the resident at the skilled nursing facility. Moving forward, any resident determined not to be returning to the facility will receive a 30-day written notice that includes the reason(s) for transfer and/or discharge, in accordance with regulatory requirements, and will be signed by the ED. For compliance monitoring, the Executive Director, Admissions Director, or designee will review a list of all resident discharges during each audit period to confirm that the notice was issued at least 30 days prior to discharge, or that an appropriate exception is documented and signed. Monthly audits of all discharges will be conducted by the ED, Admissions Director, or designee, and staff responsible for discharge planning will receive re-education at monthly staff meetings for the next four (4) months to ensure full compliance with facility policy.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [redacted] - 03/23/2026)