

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

February 2, 2026

[REDACTED]
SHENANGO PRESBYTERIAN SENIORCARE
[REDACTED]

RE: SHENANGO PRESBYTERIAN HOME
238 SOUTH MARKET STREET
NEW WILMINGTON, PA, 16142
LICENSE/COC#: 44034

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2025, 11/21/2025 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: SHENANGO PRESBYTERIAN HOME License #: 44034 License Expiration: 11/03/2026
 Address: 238 SOUTH MARKET STREET, NEW WILMINGTON, PA 16142
 County: LAWRENCE Region: WESTERN

Administrator

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

Legal Entity

Name: SHENANGO PRESBYTERIAN SENIORCARE
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 02/05/1968 Issued By: Dept L & I
 Type: C-1 Date: 08/12/1977 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 11/21/2025

Inspection Dates and Department Representative

11/13/2025 - On-Site: [REDACTED]
 11/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 46 Residents Served: 38
 Secured Dementia Care Unit
 In Home: Yes Area: Woodside Capacity: 14 Residents Served: 13
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38
 Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 18 Have Physical Disability: 0

Inspections / Reviews

11/13/2025 Full
 Lead Inspector: Courtney Barry Follow-Up Type: POC Submission Follow-Up Date: 12/13/2025

Inspections / Reviews *(continued)*

12/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/29/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/31/2026

02/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/29/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. 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

Resident [redacted] fell outside the home on [redacted] and sustained a fracture; however, the home did not submit an incident report to the Department until [redacted]

Plan of Correction

Accept [redacted] - 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, the interdisciplinary team members were educated by the Administrator or designee on the components of 2600.16.c. and the homes policies and procedures regarding abuse and or injury reporting on 12/09/2025.

LPN Supervisors will also receive re-education on DHS reporting requirements. Incident was reported to Department when identified during survey.

To maintain ongoing compliance, the PCHA or designee will complete random audits of five team members, monthly for three, presenting questions regarding the components of 2600.16.c and proper abuse or injury reporting. PCHA will review monthly incidents with Executive Director for 3 months. Results/findings of the audits will be brought back to the home’s QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026.

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

Implemented [redacted] - 02/02/2026)

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

Staff person A and staff person B did not have documentation of the annual 2024 fire safety training completed by a fire safety expert.

Plan of Correction

Accept [redacted] 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, staff person A and staff person B will have annual fire safety training completed by a fire safety expert by 12/30/2025.

To maintain ongoing compliance, the PCHA or designee will complete audits of team members mandatory education files to ensure completion of annual fire safety training for 2025. Those found not to have had annual fire safety training will have training competed by a fire safety expert by January 16, 2026. Results/findings of the audits will be brought to the home’s QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026.

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

65i Training Record (continued)

Implemented [redacted] - 02/02/2026)

96b First Aid Location

3. Requirements

- 2600.
- 96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Multiple staff interviews, to include staff person C, did not know where the first aid kit was located.

Plan of Correction

Accept [redacted] - 12/15/2025)

Plan of Correction:

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, red laminated signs have been posted by the first aid kit so the location can be visible. Along with posted signs, team members will be educated as to the location by January 16, 2025.

To maintain ongoing compliance, the PCHA or designee will complete random audits of five team members, monthly for three, presenting questions regarding the location of the first aid kit, the audits will be brought back to the home's QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026.

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

Implemented [redacted] - 02/02/2026)

132c Fire Drill Records

4. Requirements

- 2600.
- 132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The following fire drill records did not include the exit routes used, if the alarm was operative or not, and if there were any problems during the drill or not:



132c Fire Drill Records (continued)

Plan of Correction

Accepted (████) - 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, fire drill log sheet will be modified to include a location to document the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Those team members performing fire drills will be educated on the importance of completing each section of the fire drill form. To maintain ongoing compliance, Effective December 2025, the Maintenance Supervisor will perform monthly review/audits through 05/31/2026 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Compliance monitoring activities will be implemented under the supervision of the Personal Care Home Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the home's QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026.

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

Implemented (████) - 02/02/2026)

141a - Medical Evaluation

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident █████ was admitted on █████; however, the in person medical evaluation was completed on █████. The medical evaluation for resident █████, dated █████, was blank in the body positioning and movement section.

Plan of Correction

Accepted (████) - 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, the body positioning movement section of R#2's medical evaluation form that was left blank was updated to include that R#2 ambulates with a walker. To maintain ongoing compliance, new admissions for 3 months will have their Medical Evaluation form reviewed/audited by the PCHA or designee to ensure evaluation and form are completed within 60 days of admission or within 30 days after admission. Along with ensuring completion dates are within the date frame, they will also be monitored to ensure all sections needing completed are complete with particular attention to the body positioning movement section is not left blank. Any discrepancies will be addressed at the time of review/audit. Audits will be reviewed during team monthly meetings and will also be presented at the home's QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026

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

Implemented (████) - 02/02/2026)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], a bottle of ear wax removal aid drops, prescribed to resident [REDACTED] was in the medication cart; however, this medication was discontinued.

Plan of Correction

Accept [REDACTED] - 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, at the time of survey, R#3's bottle of ear wax removal drops was removed from medication cart and discarded.

Med Techs and LPNs will be re-educated on the procedure when new orders are received to discontinue a medication, those medications are to be removed from the medication cart at the time the discontinued order is signed off.

To maintain ongoing compliance, the PCHA or designee will audit medication carts weekly for three months, then monthly for three additional months to ensure that all discontinued medications have been removed.

Audits will be reviewed during team monthly meetings and will also be presented at the home's QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026

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

Implemented ([REDACTED] - 02/02/2026)

184a - Resident's Meds Labeled

7. Requirements

2600.

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

Description of Violation

On [REDACTED] resident [REDACTED] was prescribed [REDACTED], 1 tablet by mouth twice daily. However, the medication label indicated [REDACTED] 2 tablets by mouth twice daily.

On [REDACTED], resident [REDACTED] was prescribed [REDACTED], 1 spray each nostril every 12 hours. However, the medication label indicated [REDACTED], shake liquid and use 2 sprays in each nostril.

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Accept ([REDACTED] - 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, immediately with inspector present, Charge Nurse placed directional change stickers to the medications with changes for Resident [REDACTED] and R [REDACTED]. During weekly cycle fill on 11/21/2025, staff compared medications received for R [REDACTED] and R [REDACTED] to their respective EMAR to make sure label directions match the EMAR. Education provided by nursing admin to nurses and med techs on comparing the pharmacy label to the EMAR, placing medication directional change stickers as applicable. Education was completed by 12/30/2025. Weekly 10 refill audits conducted by LPN supervisor or designee will be conducted weekly for one

184a - Resident's Meds Labeled (continued)

month, then monthly for three additional months to ensure medications have directional change stickers if pharmacy label does not match the EMAR or updated order. Any discrepancies will be addressed immediately. Audits will be reviewed during team monthly meetings and will also be presented at the home's QAPI meetings for discussion, review and suggestions for 3 months, Our next meeting is in January 2026

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

Implemented (█) - 02/02/2026)

187a - Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

On █, resident █ was prescribed █, 1 tablet by mouth twice daily. However, the medication administration record (MAR) indicated █, 2 tablets by mouth twice daily.

Plan of Correction

Accept (█) - 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, immediately with inspector present, Charge Nurse placed directional change sticker to the medication with changes for Resident █ During weekly cycle fill on 11/21/2025, staff compared medications received to EMAR to make sure label directions match the EMAR. Education provided by nursing admin to nurses and med techs on comparing the pharmacy label to the EMAR, placing medication directional change stickers as applicable. Education to be completed by 12/30/2025. Weekly 10 refill audits will be conducted weekly by LPN Supervisor or designee for one month, then monthly for three additional months to ensure medications have directional change stickers if pharmacy label does not match the EMAR or clarifying the order. Any discrepancies will be addressed immediately.

Audits will be reviewed during team monthly meetings and will also be presented at the home's QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026

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

187a - Medication Record (continued)

Implemented (█) - 02/02/2026)

224a - Preadmission Screen Form

9. 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

The preadmission screening form for resident █, dated █ did not indicate if the residents' needs can be met by the home. Additionally, this form was not signed by the person who completed the screening.

Plan of Correction

Accept (█) - 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, A new preadmission screening form was completed to include R#2's needs can be met by the home and signed on 12/10/2025

To maintain ongoing compliance, the PCHA or designee will review/audit the Medical Record of 4 admissions monthly for 3 months to ensure there is a completed, accurate and signed preadmission screening form on admission. Any discrepancies will be addressed and corrected at the time of review/audit.

Audits will be reviewed during team monthly meetings and will also be presented at the home's QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026

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

Implemented (█) - 02/02/2026)

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident █ uses a walker to ambulate; however, the assessment, dated █ did not include the residents need and frequency for the walker.

Resident █'s assessment, dated █ did not indicate the resident's ability to use and avoid poisonous material as that area was left blank. Additionally, this resident is receiving hospice services; however, the contact information was not indicated under the formal support section or anywhere in the assessment or support plan.

Plan of Correction

Accept (█) - 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, R█ assessment was updated to include the resident's need to use walker while ambulating. R█'s assessment was updated to avoid poisonous material and the hospice agency's

225c Additional Assessment (continued)

address was added. The Hospice phone number was already documented.

To maintain ongoing compliance, the PCHA or designee will complete monthly audits of 5 resident assessments and support plans x 6 months, ensuring ongoing compliance with the components of 2600.225.c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Audits will be reviewed during team monthly meetings and will also be presented at the home's QAPI meetings for discussion, review and suggestion for 3 months. Our next meeting is in January 2026

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

Implemented [redacted] - 02/02/2026)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] received hospice services; however, the resident's support plan, dated [redacted], did not address the services provided by hospice or the frequency of services.

Plan of Correction

Accept [redacted] - 12/15/2025)

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, R# [redacted]'s resident support plan was updated to the services provided by hospice and the frequency of services.

To maintain ongoing compliance, the PCHA or designee will complete monthly audits of 5 resident assessments and support plans x 6 months, ensuring ongoing compliance with the components of 2600.227.d. Specifically to ensure support plans include the services to be provided and the frequency of services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Audits will be reviewed during team monthly meetings and will also be presented at the home's QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026

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

Implemented [redacted] 02/02/2026)

231c - Preadmission Screening

12. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the secured dementia care unit on [redacted]; however, a written cognitive preadmission

231c - Preadmission Screening (continued)

screening was not completed.

Plan of Correction**Accept** [REDACTED] **- 12/15/2025)**

In response to the violation received from annual survey conducted on 11/13/2025 and 11/21/2025 by the Pennsylvania Bureau of Human Services Licensing, a written cognitive preadmission screening was completed on 12/10/2025 and placed in R [REDACTED]'s medical record.

To maintain ongoing compliance, the PCHA or designee will review/audit the Medical Record of each new admission for 3 months, then 50% of admissions for additional 2 months to ensure there is a completed, written cognitive preadmission screening form on admission. Any discrepancies will be addressed and corrected at the time of review/audit.

Audits will be reviewed during team monthly meetings and will also be presented at the home's QAPI meetings for discussion, review and suggestions for 3 months. Our next meeting is in January 2026

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

Implemented [REDACTED] **02/02/2026)**