

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

February 18, 2026

[REDACTED]
PRESBYTERIAN HOMES INC
[REDACTED]
[REDACTED]

RE: THE VILLAGE HOUSE
1155 INDIAN SPRINGS ROAD
INDIANA, PA, 15701
LICENSE/COC#: 42729

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2025 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: *THE VILLAGE HOUSE* License #: *42729* License Expiration: *02/05/2026*
 Address: *1155 INDIAN SPRINGS ROAD, INDIANA, PA 15701*
 County: *INDIANA* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PRESBYTERIAN HOMES INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 1* Date: *08/24/1999* Issued By: *DOH*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/14/2025*

Inspection Dates and Department Representative

11/14/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *24*

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: *24*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

11/14/2025 - Full
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *12/22/2025*

Inspections / Reviews (*continued*)

12/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/06/2026

01/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/30/2026

02/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/10/2026

02/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/19/2026

02/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Resident [redacted] Assessment and Support Plan, completed on [redacted], indicates that [redacted] requires assistance for all transfers, and staff interviews confirm that at times [redacted] requires the assistance of two staff persons. However, on November [redacted] and [redacted], from 12:00 a.m. to 8:00 a.m., only one staff member was present in the home.

Plan of Correction

Accept [redacted] 12/29/2025)

No resident had any ill effects because of this practice.

Resident [redacted] CTB 12/05/2025.

Audit of Assessment and support plans completed on 12/11/2025 by Administrator to determine appropriate staffing.

PC administrator or designee will audit staffing daily at the start of the shift for the day for 5 days and then thereafter weekly for 4 weeks beginning on 12/22/2025 to ensure that the correct staffing requirements have been met, if it appears that staffing is inadequate, the schedule will be adjusted to meet requirements.

Audit results will be documented and forwarded to Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 12/27/2025

Implemented [redacted] - 02/18/2026)

162c - Menus Posted

2. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The weekly menu posted in the center hallway of the home did not indicate the dates of the meals.

Plan of Correction

Accept [redacted] - 12/29/2025)

On 11/14/2025, Dietary manager corrected menus to reflect the dates.

Residents had no ill effects because of this practice.

The corrected menu was placed in an accessible location for residents.

All weekly menus will include the dates before posting.

Dietary manager or designee will conduct a weekly audit to ensure correct dates are posted.

Audits will be documented and forwarded to Quality Assurance committee for review.

Licensee's Proposed Overall Completion Date: 12/27/2025

Implemented [redacted] - 02/06/2026)

171b4 - Staff Training

3. Requirements

171b4 - Staff Training (continued)

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

On [REDACTED] at 5:00 a.m. and 10:00 a.m., ancillary Staff Member A, hired on [REDACTED] transported multiple residents in the home vehicle alone. However, Staff Person A did not complete the initial training for direct care staff specified in 2600.65

Plan of Correction

Directed [REDACTED] - 01/07/2026

Resident had no ill effects because of this practice on 12/04/2025.

PC administrator and HR director reviewed trainings of all ancillary staff that transport residents to identify missing or incomplete required training.

Any staff found to be deficient were provided with training link to complete DHS competency training.

All Driver positions will receive DHS competency training prior to driving PC residents.

Upon notification of violation, we moved forward with Immediately having our Staff Member A complete the DHS competency training. Certificate is attached.

HR designee will now moving forward have all PSL employees who are hired for Transportation of residents complete DHS competency training during new hire orientation. HR will review completion of all new employees 30/60/90 days.

Proposed Overall Completion Date: 01/04/2026

Directed:

By 1/15/26, The administrator or designee, will audit all staff who transport, or accompanies, residents to ensure that all subsections of 2600.65 are completed, including 65a, 65b, 65c & 65d. Documentation shall be kept.

[REDACTED] 1/8/26

Directed:

By 1/15/26, the administrator or designee will create a checklist for HR to document review of all new hire staff 30/60/90 days, who transport, or accompanies, residents to ensure that all are trained in subsections of 2600.65, including 65a, 65b, 65c & 65d, are completed prior to transporting residents.

[REDACTED] 1/8/26

Directed Completion Date: 01/30/2026

Implemented [REDACTED] - 02/18/2026

171b5 - First Aid Kit

4. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

171b5 - First Aid Kit (continued)

Description of Violation

The first aid kit in the home's van used to transport residents does not include adhesive bandages or tweezers.

Plan of Correction

Accept [redacted] 12/29/2025)

this was immediately resolved by returning adhesive bandages and tweezers to 1st aid kit resident.

Residents had no ill effects because of this practice.

All 1st Aid kit contents will be maintained by transportation coordinator/designee on 11/21/25.

New first aid kits were purchased and placed in vehicle.

Transportation coordinator or designee will conduct regular audits on 1st Aid Kit to confirm all required items are present.

Weekly Audits will be completed by the transportation coordinator or designee.

Weekly education has been provided to transportation coordinator/designee to accurately conduct audits to confirm that all contents listed on coordinator/designee to accurately conduct audits to confirm that all contents listed on checklist are in place. Audits will be documented and forwarded to Quality assurance committee for review.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 02/06/2026)

183d - Prescription Current

5. 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

The home's medication cart contained [redacted] for Resident [redacted] however, the order for this medication was discontinued on [redacted].

Plan of Correction

Accept [redacted] - 01/08/2026)

Resident had no ill effects because of this practice and the medication was removed from the med cart by staff on 11/14/25.

Resident [redacted] 12/05/2025

Med cart audits of all med carts will be audited by PCA med tech/designee by 12/28/2025 to ensure there are no medications present without current orders.

Education will be provided to PC staff by Administrator on 12/26/25 that per regulation the med carts shall not contain any medications for residents that do not have a current order. Audits will be conducted by PCA med tech beginning on 12/22/25 on each med cart once weekly for 2 months to ensure that there are no medications present that do not have a current order.

Audit results will be documented and forwarded to Quality assurance committee for review.

Audits will be completed monthly by PC Admin or designee on going.

Licensee's Proposed Overall Completion Date: 01/04/2026

Implemented [redacted] - 02/13/2026)

184a - Resident's Meds Labeled

6. Requirements

2600.

184a - Resident's Meds Labeled (continued)

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

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

Resident [redacted] was prescribed [redacted] for both eyes twice daily; however, the medication pharmacy label indicated three times daily.

Plan of Correction

Accept [redacted] - 12/29/2025)

Residents had no ill effects because of this practice and charge made immediately resolved by placing a refer to direction changed sticker on label.

PCA med tech conducted on audit on 11/15/25 on all 3 med carts to ensure all labels were accurate. PCA med tech/designee will complete med cart audits weekly for 2 months to ensure accuracy of orders compared to labels and then x1 month audits will be documented and forwarded to Quality assurance committee for review.

Education was completed on 12/17/25 to review medication labels to ensure they are accurate and contain correct information.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented [redacted] - 02/13/2026)

187b - Date/Time of Medication Admin.

7. Requirements

2600.

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] tablet by mouth twice daily. However, the staff person administering medication on [redacted] to [redacted] at 9:00 p.m. did not initial the resident's November 2025 medication administration record (MAR).

Plan of Correction

Directed [redacted] - 01/08/2026)

No resident had any ill effects because of this practice.

Resident [redacted] on 12/05/25.

Education was provided to staff member on 12/17/25 on administration steps of medication education by the med trainer.

Staff was all educated 12/19/25 by med trainer.

PC Admin or designee will monitor daily PCC dashboard that indicates missed medications.

Along with the PC Admin or designee monitoring, all staff will be required at the end of their shift to check the PCC dashboard. All staff were educated on how to utilize dashboard monitoring system.

Proposed Overall Completion Date: 01/04/2026

187b - Date/Time of Medication Admin. (continued)**Directed:**

By 1/15/26, the administrator or designee will audit all resident MARs for January 2026 to ensure that staff initialed all times/dates when medication was administered. Documentation shall be kept.

█ 1/8/26

Directed:

By 1/15/26, the administrator or designee will create a checklist to complete for review of all MARs to ensure that staff initialed all times/dates when medication was administered. The checklists will be completed at least semi-monthly thereafter. Documentation shall be kept.

█ 1/8/26

Directed Completion Date: 01/30/2026

Implemented █ - 02/06/2026