

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

December 22, 2025

[REDACTED], ADMINISTRATOR  
RIVERSTONE MANOR LLC  
[REDACTED]

RE: RIVERSTONE MANOR  
ONE MAIN STREET  
WALNUTPORT, PA, 18088  
LICENSE/COC#: 22394

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2025 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: RIVERSTONE MANOR License #: 22394 License Expiration: 11/09/2025  
 Address: ONE MAIN STREET, WALNUTPORT, PA 18088  
 County: NORTHAMPTON Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: RIVERSTONE MANOR LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 03/15/2012 Issued By: Dept. L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 63 Waking Staff: 47

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint, Incident Exit Conference Date: 11/18/2025

**Inspection Dates and Department Representative**

11/18/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 72 Residents Served: 63  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 32 Are 60 Years of Age or Older: 33  
 Diagnosed with Mental Illness: 41 Diagnosed with Intellectual Disability: 15  
 Have Mobility Need: 0 Have Physical Disability: 2

**Inspections / Reviews**

11/18/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/18/2025

12/22/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/22/2025  
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews (*continued*)

12/22/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 was discharged on [REDACTED] and their refund was not issued until [REDACTED]. The refund was issued more than 30 days after discharge.

Plan of Correction

Accept ( [REDACTED] ) - 12/22/2025)

It was a delay sending the refund back to Social Security at this time because the family was requesting the refund to be sent to the resident, they changed their mind afterwards and then refund was sent to the Social Security. In the future, the Administrator will make sure to send all refunds under 30 days of to avoid future delays, a reminder was added in the computer software (Tabula) to show an alert in the dashboard when refund is due. The Administrator will keep a calendar is responsible for sending refunds and keeping outgoing compliance.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented ( [REDACTED] ) - 12/22/2025)

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

[REDACTED] the home's administrator, completed only 20 hours of Department-approved training in training year 2024.

Plan of Correction

Accept ( [REDACTED] ) - 12/22/2025)

There was a miscalculation with number of the Administrator training hours. The hours were caught up, and the certificates are attached.

In the future, the Administrator will follow the scheduled calendar and keep training compliance.

The administrator is responsible for outgoing compliance.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented ( [REDACTED] ) - 12/22/2025)

92 - Windows

3. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At approximately 1:59 p.m., the window screen in resident room 23 had 6 holes ranging from approximately a dime

92 - Windows (continued)

size to half dollar size.

**Plan of Correction**

Accept (█ - 12/22/2025)

The window screen was replaced, and the maintenance staff performed a room inspection on November 21, 2025, to make sure that all rooms were in compliance. (see attached) A monthly audit will be conducted, and record will be kept for this purpose.

In the future the administrator will make sure that all windows are in good condition.

The maintenance staff under the Administrator supervision will be responsible for outgoing compliance.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented (█ - 12/22/2025)

102k - No Common Towel

**4. Requirements**

2600.

102.k. Use of a common towel is prohibited.

**Description of Violation**

The mechanical hand dryer in the Men's Bathroom next to the Laundry Room was inoperable. There were no paper towels or other sanitary means of hand drying in this bathroom.

**Plan of Correction**

Accept (█ - 12/22/2025)

A new hand dryer was ordered, and, in the meantime, staff are placing paper towels in the bathroom. (receipt attached).

In the future, the Administrator will make sure that maintenance staff keep all bathrooms equipped with hand dryers and in its fault, they need to provide paper towel. Maintenance staff has been required to perform daily walk-throughs to make sure that all bathrooms are in good condition.

The Maintenance staff will be responsible to keep outgoing compliance, and the Administrator will supervise operation.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented (█ - 12/22/2025)

187a - Medication Record

**5. Requirements**

2600.

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

**Description of Violation**

Resident #2 is prescribed Refresh Eye Drops 4 times daily. However resident #2's medication administration was not initialed by staff to indicate the drops were administered on 11/5/25, 11/6/25, and 11/7/25 at 5:00 p.m.

**Plan of Correction**

Accept (█ - 12/22/2025)

The medication was refused by resident, and staff did not mark the medication refusal in the MAR. On 11/21/2025, the Administrator held a meeting and had a refresher training about the protocol of the medication administration and Review of Regulation (attachment).

In the future the Administrator will continue performing MAR audit to medication technicians to assure documentation accuracy.

187a - Medication Record (continued)

The administrator is responsible for outgoing compliance.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented ( ) - 12/22/2025

187d - Follow Prescriber's Orders

6. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed benzonatate 100mg and Promethazine-DM cough syrup as needed. However, these medications were not available in the home.

Plan of Correction

Accept ( ) - 12/22/2025

Benzonatate ad Promethazine DM was prescribed while Resident 3 had a cold, and the medication was supposed to get discontinued by the pharmacy a while ago, according to Nurse Practitioner the request was sent but the pharmacy never discontinued the medication from the system.

In the future the administrator will continue with frequent med cart audit and follow up with any medication changes that may be needed.

The administrator is responsible for continuing compliance.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented ( ) - 12/22/2025

251c - Standardized Forms

7. Requirements

2600.  
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident 4's Documentation of Medical Examination (DME), dated [redacted] was not completed on the Department's current standardized form.

Plan of Correction

Accept ( ) - 12/22/2025

Resident #4 was admitted to the facility recently and brought the DME completed on the old version. On 11/20/2025 the DME was completed by the home Nurse Practitioner (form attached) and the administrator audit all residents' files to make sure that all DME has been completed on the Department's current standardized form.

In the future the administrator will make that all new residents bring the DME and all documents using the Department's standardized forms.

The administrator is responsible for keeping all documents on department's standardized forms.

Licensee's Proposed Overall Completion Date: 12/18/2025

Implemented ( ) - 12/22/2025