

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

February 19, 2026

[REDACTED]  
PASSAVANT RETIREMENT AND HEALTH CENTER  
[REDACTED]

RE: LUTHERAN SENIOR LIFE PASSAVANT  
COMMUNITY  
103 BURGESS DRIVE  
ZELIENOPLE, PA, 16063  
LICENSE/COC#: 44612

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/18/2025, 12/19/2025, 01/05/2026 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: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY License #: 44612 License Expiration: 10/28/2025  
 Address: 103 BURGESS DRIVE, ZELIENOPLE, PA 16063  
 County: BUTLER Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: PASSAVANT RETIREMENT AND HEALTH CENTER  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-2 Date: 10/12/2014 Issued By: Zelienople Municipality

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 50 Waking Staff: 38

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 01/05/2026

**Inspection Dates and Department Representative**

12/18/2025 - On-Site: [REDACTED]  
 12/19/2025 - On-Site: [REDACTED]  
 01/05/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 68 Residents Served: 36  
 Secured Dementia Care Unit  
 In Home: Yes Area: Shenandoah Capacity: 32 Residents Served: 14  
 Hospice  
 Current Residents: 4  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 14 Have Physical Disability: 0

**Inspections / Reviews**

12/18/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/23/2026

Inspections / Reviews *(continued)*

01/28/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/04/2026

02/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/13/2026

02/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

On [REDACTED], direct care staff person A, hired [REDACTED] completed 10 of the required 12 annual training hours during the 2024 training year.

Plan of Correction

Accept [REDACTED] 02/03/2026)

Staff member A was removed from the schedule by the administrator on January 19, 2026.

The administrator will educate Staff person A on the topics that were not covered by January 31, 2026.

All staff education will be reviewed by the administrator to ensure that staff members have completed the required education by February 13, 2026.

Beginning February 1, 2026, the administrator will review staff education quarterly to ensure that education is being completed by the staff.

All staff will be educated on the importance of completing their education by the administrator by January 31, 2026.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [REDACTED] - 02/19/2026)

65f Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

On [REDACTED], direct care staff person A, hired [REDACTED], did not receive annual training in training year 2024 in the following areas:

Medication self-administration training

Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Care for residents with dementia and cognitive impairments

Infection control

Personal care service needs of the resident

Safe management techniques

Care for residents with mental illness and mental retardation.

65f Training Topics (continued)

Plan of Correction

Accept (████ - 02/03/2026)

Staff member A was removed from the schedule by the administrator on January 19, 2026.

The administrator will educate Staff person A on the topics in 65f by January 31, 2026.

All staff education will be reviewed by the administrator to ensure that staff members have completed the required education by February 13, 2026.

Beginning February 1, 2026, the administrator will review staff education quarterly to ensure that education is being completed by the staff.

All staff will be educated on the importance of completing their education by the administrator by January 31, 2026.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented (████ - 02/19/2026)

65g - Annual Training Content

3. 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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

On █████, direct care staff person A, hired █████, did not receive annual training in training year 2024 in the following required topics:

Resident Rights

The Older Adult Protective Services Act

Falls and accident prevention

REPEAT VIOLATION: █████ et al

Plan of Correction

Accept (████ - 02/03/2026)

Staff member A was removed from the schedule by the administrator on January 19, 2026.

The administrator will educate Staff person A on the topics in 65g by January 31, 2026.

All staff education will be reviewed by the administrator to ensure that staff members have completed the required education by February 13, 2026.

Beginning February 1, 2026, the administrator will review staff education quarterly to ensure that education is being completed by the staff.

All staff will be educated on the importance of completing their education by the administrator by January 31, 2026.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented (████ - 02/19/2026)

89b - Hot Water Temperature

4. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at approximately 11:32 a.m., water temperature of the bathroom sink, in bedroom [redacted] measured 123.5 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 01/28/2026)

The hot water temperature was adjusted immediately by the maintenance director on 12/18/2025.

On January 20, 2026, maintenance personnel will check all residents rooms water temperature to ensure that the temperature is below 120 degrees.

Beginning January 21, 2026, maintenance personnel will check 3 resident rooms daily to ensure that it does not exceed 120 degrees Fahrenheit. Audits will be done for 3 months and be reviewed in QAPI for 3 months by the maintenance director/designee.

Maintenance personnel will be educated on regulation 89b and not having the water temperature exceed 120 degrees by the Maintenance Director by January 31, 2026.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 02/19/2026)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [redacted], the ice cream freezer, near the main kitchen, did not have a thermometer.

Plan of Correction

Accept [redacted] - 01/28/2026)

A thermometer was put in the ice cream freezer immediately on December 18, 2025 by the Dietary department.

Beginning January 12, 2026, all freezers will be audited by the dietary manager/designee daily to ensure that thermometers are in place. Audits will be completed and reviewed in QAPI by the Dietary manager for 3 months.

All dietary staff will be educated on regulation 103f and having a thermometer in all freezers by January 31, 2026 by the dietary manager.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [redacted] 02/19/2026)

103g - Storing Food

6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [redacted] at approximately 10:27 a.m., there was an unsealed and undated plastic bag of 6 frozen pizza crusts in the walk-in freezer #4.

103g Storing Food (continued)

Plan of Correction

Accept [REDACTED] - 01/28/2026)

On December 18, 2025, the pizza crusts were thrown away by dietary personnel.

Beginning January 12, 2026, all freezers will be audited daily to ensure that there are no unsealed or undated packaging by the dietary manager/designee.

Audits will be completed and reviewed in QAPI by the Dietary manager for 3 months.

All dietary staff will be educated on regulation 103g and ensuring that all items are sealed and dated by January 31, 2026 by the dietary manager.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [REDACTED] - 02/19/2026)

103i - Outdated Food

7. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [REDACTED], at approximately 10:27 a.m., there was an unsealed and undated plastic bag of 6 frozen pizza crusts in the walk in freezer #4.

Plan of Correction

Accept ([REDACTED] 01/28/2026)

On December 18, 2025, the pizza crusts were thrown away by dietary personnel.

Beginning January 12, 2026, all freezers will be audited daily to ensure that there are no unsealed or undated packaging by the dietary manager/designee.

Audits will be completed and reviewed in QAPI by the Dietary manager for 3 months.

All dietary staff will be educated on regulation 103i and ensuring that all items are sealed and dated by January 31, 2026 by the dietary manager.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [REDACTED] - 02/19/2026)

184a - Resident's Meds Labeled

8. Requirements

2600.

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

On [REDACTED] resident [REDACTED] was prescribed [REDACTED] delayed release tablet, 1 tablet by mouth every day; however, the medication label indicated [REDACTED], 1 tablet by mouth every night.

REPEAT VIOLATION: [REDACTED] et al

184a Resident's Meds Labeled (continued)

Plan of Correction

Accept [redacted] - 01/28/2026)

A change of direction label was placed on the [redacted] bottle on December 18, 2026 by the nurse.

All resident med cabinets will be audited by the nurse/designee by January 31, 2026, to ensure that the physician order matches the pharmacy label.

Beginning February 1, 2026, 10% of the med cabinets will be audited weekly by the nurse/designee to ensure that all orders and medications match. Audits will be reviewed in QAPI for 3 months by the QAPI team.

All med techs and nurses will be educated by the administrator on checking the orders to ensure that the physician order and pharmacy labels match by January 31, 2026.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 02/19/2026)

187b - Date/Time of Medication Admin.

9. 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

On [redacted], resident [redacted] was prescribed [redacted] unit/ml, subcutaneous 3 times daily starting [redacted] if greater than 5 units call MD. A blood sugar reading of [redacted] requiring 0 units of insulin, was record on [redacted]; however, the December 2025 medication administration record (MAR) recorded [redacted] of insulin were administered.

Plan of Correction

Accept [redacted] - 01/28/2026)

Beginning January 19, 2026, all residents that receive diabetic checks with sliding scale insulin orders, will have their MAR reviewed weekly by the administrator/designee to ensure that the correct dosage of insulin is recorded according to the blood sugar reading. Audits will be reviewed in QAPI by the administrator for 3 months.

All med techs will be educated by the administrator on the importance of ensuring the correct numbers are recorded in the MAR by January 31, 2026.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 02/19/2026)

225a - Assessment 15 Days

10. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

On [redacted], the assessment for resident [redacted], dated [redacted] indicates the resident is receiving hospice services; however, the contact information is not indicated under the formal support section or anywhere in the assessment or support plan.

Plan of Correction

Accept [redacted] - 01/28/2026)

The assessment was updated to reflect hospice information on December 18, 2025 by the Personal Care specialist.

225a Assessment 15 Days (continued)

All residents that are on hospice will have their assessments reviewed by the administrator/designee to ensure that it is indicated that they are on hospice and the contract information is listed by January 31, 2026.

Beginning February 1, 2026, assessments will be reviewed monthly by the administrator/designee to ensure any changes in resident conditions are documented on the assessment. Audits will be reviewed in QAPI by the administrator/designee for 3 months.

Staff that develop the assessment will be educated on the importance of ensuring the services being offered are on the assessment by January 31, 2026.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 02/19/2026)

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

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

On [redacted], the support plan, dated [redacted] for resident [redacted] did not address the following regarding the bed enable attached to this residents bed:

The specific need for the device

The intended use and any risks associated with the use

The resident's ability to use the device safely for the purpose it was intended

Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept [redacted] - 01/28/2026)

The support plans for Resident [redacted] and Resident [redacted] were updated on December 18, 2025, by the personal care specialist.

All residents support plans will be audited to ensure that services provided by hospice and if the resident has an enabler bar that it is addressed on the support plan by the administrator/designee by January 31, 2026.

Beginning February 1, 2026, residents support plans will be reviewed monthly by the administrator/designee to ensure that if a resident is on hospice or has an enabler bar it is properly documented on the support plan. Audits will be reviewed by the administrator in QAPI for 3 months.

staff that develop and update the support plans will be educated on the importance of ensuring the services being offered are on the support plan by January 31, 2026.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 02/19/2026)

236 - Staff Training

12. Requirements

2600.

236. Training Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

On [REDACTED], direct care staff person A, hired [REDACTED] did not complete any of the required 6 training hours during the 2024 training year. However, this staff person worked in the secured dementia care unit on the daylight shift, 6:15 a.m. – 2:45 p.m., on [REDACTED] and [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/03/2026)

Staff member A was removed from the schedule by the administrator on January 19, 2026.

The administrator will educate Staff person A on the topics in 236 by January 31, 2026.

All staff education will be reviewed by the administrator to ensure that staff members have completed the required education by February 13, 2026.

Beginning February 1, 2026, the administrator will review staff education quarterly to ensure that education is being completed by the staff.

All staff will be educated on the importance of completing their education by the administrator by January 31, 2026.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [REDACTED] 02/19/2026)