

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

April 16, 2026

[REDACTED]  
NIPPENOSE VALLEY VILLAGE INC  
[REDACTED]

RE: NIPPENOSE VALLEY VILLAGE  
7190 SOUTH STATE ROUTE 44 HWY  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 22670

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2026 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: NIPPENOSE VALLEY VILLAGE License #: 22670 License Expiration: 06/03/2026  
 Address: 7190 SOUTH STATE ROUTE 44 HWY, WILLIAMSPORT, PA 17701  
 County: LYCOMING Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: NIPPENOSE VALLEY VILLAGE INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 10/16/2015 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 45 Waking Staff: 34

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 01/28/2026

**Inspection Dates and Department Representative**

01/28/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 59 Residents Served: 39  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 5  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 6 Have Physical Disability: 0

**Inspections / Reviews**

01/28/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/02/2026

03/17/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/15/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/24/2026

Inspections / Reviews *(continued)*

03/19/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/26/2026

04/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

225c Additional Assessment

1. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] assessment dated [redacted], was not updated with changes after the resident was determined to need assistance with transfers on [redacted]

Plan of Correction

Accept [redacted] - 03/19/2026)

The Administrator re-educated Resident Care Coordinator (RCC) on 1/28/26, immediately after meeting with the inspector, on RASPS and when they need updated including when residents have changes in their care needs or significant changes. The RCC updated the resident's RASP on 1/29/26 (see attached) and was assigned to review and update all necessary RASPS by 3/31/2026.

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

Implemented [redacted] 04/16/2026)