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

July 20, 2026

[redacted]
JEFFCO HEALTH SERVICES INC
[redacted]

RE: PENN HIGHLANDS JEFFERSON
MANOR P. C.
417 RT. 28
BROOKVILLE, PA, 15825
LICENSE/COC#: 40624

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2026, 01/29/2026 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: *PENN HIGHLANDS JEFFERSON MANOR P. C.* **License #**: *40624* **License Expiration**: *06/30/2026*

Address: *417 RT. 28, BROOKVILLE, PA 15825*

County: *JEFFERSON* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *JEFFCO HEALTH SERVICES INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *02/09/1994* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *51* **Waking Staff**: *38*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident, Interim* **Exit Conference Date**: *01/29/2026*

Inspection Dates and Department Representative

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

01/29/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *31*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Second Floor* **Capacity**: *24* **Residents Served**: *17*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *31*

Diagnosed with Mental Illness: *20* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

01/28/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/02/2026*

03/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/16/2026*

Inspections / Reviews *(continued)*

03/31/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *03/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/07/2026*

07/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment and support plan, dated [redacted] indicates the resident requires assistance with 30-minute supervision checks for safety due to suicidal ideation. On multiple days, to include [redacted], the resident did not receive this assistance as required.

Plan of Correction ***Accept [redacted] - 03/09/2026)***

On 1/29/2026 resident care coordinator [redacted] ensured that the 30 minute checks were implemented. Reaching out to behavioral health to see if they should continue to do them.
On 1/30/2026 PC admin [redacted] gave the resident care coordinator education on ensuring that the checks were always being done and on the RASP.
Starting on 3/1/2026 PC admin [redacted] will give annual education and weekly education if checks are being done to the staff and the resident care coordinator on ensuring that checks are being done until they have the go ahead to stop them.

Licensee's Proposed Overall Completion Date: *02/23/2026*

Implemented [redacted] - 07/20/2026)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On or about [redacted] at approximately 7:00 pm., staff person A entered resident [redacted] bedroom to assisted resident [redacted] with a shower. Once in the shower, resident [redacted] told staff person A not to wet [redacted] hair because [redacted] just had their hair done. Staff person A said, "that's my job" and proceeded to spray resident [redacted] hair and face with the shower hose, causing water to go into resident [redacted] mouth and upsetting resident [redacted] Resident [redacted] while attempting to get out of the shower, told staff person A to "get out", staff person A responded, " If you don't stop getting out of the shower, you can't, I got to shower you, that's my job," as staff person A was pushing resident [redacted] in the shower. Staff person A showered resident [redacted] and then left the bathroom.

Plan of Correction ***Accept [redacted] - 03/31/2026)***

On 1/29/2026 [redacted] PC Admin terminated staff person A from her employment at Jefferson Court due to [redacted] violation of resident rights.
On 1/30/2026 education was given to the staff on resident rights to ensure they know what they are and what is appropriate.
Starting on 3/10/2026 [redacted] PC Admin will have annual training done with the local ombudsman to go over resident rights with the staff.
Starting on 3/10/2026 the [redacted] the administrator or designee will privately interview 3 residents to ensure they are treated with dignity and respect weekly for 1 month and monthly thereafter,. Documentation will

42c Treatment of Residents (continued)

be kept and reviewed at Quality Management meetings.

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] - 07/20/2026)

81b - Resident Personal Equipment

3. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 9:20 am., the enabler device attached to resident [redacted]s bed was uncovered, exposing an 12" wide opening, and was not securely attached the bed, allowing movement of the approximately 4" back and forth, posing an entrapment hazard.

Plan of Correction ***Accept ([redacted] - 03/09/2026)***

On 1/29/2026 the resident care coordinator [redacted] covered the enabler bar so that there was not a wipe opening, and called hospice to have someone come in and ensure that it was firmly attached.
On 1/30/2026 [redacted] PC Admin gave education to the staff on ensuring that there are not wipe openings due to safety when there are enabler bars on resident beds.
Starting on 3/1/2026 [redacted] PC Admin will do weekly checks to ensure that the enabler bar is still covered for safety.

Licensee's Proposed Overall Completion Date: *02/23/2026*

Implemented ([redacted] - 07/20/2026)

121a - Unobstructed Egress

4. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:15 am., approximately 12 " of snow blocked egress from the Secure Dementia Care Unit (SDCU) fire exit leading through the enclosed courtyard.

Plan of Correction ***Accept [redacted] 03/09/2026)***

On 1/29/2026 [redacted] PC Admin have the agree shoveled by maintenance.
On 1/30/2026 [redacted] PC Admin gave education to maintenance on ensuring that nothing is to be obstructed including snow by the doorways.
Starting on 3/1/2026 [redacted] PC Admin will check all egress routes weekly to ensure they are not blocked.

Licensee's Proposed Overall Completion Date: *02/23/2026*

Implemented [redacted] 07/20/2026)

183e - Storing Medications

5. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted] instill 1 drop topically into the left eye twice daily for [redacted] On [redacted], there were 3 opened bottles of [redacted] in the medication cart, 1 with an open date of [redacted] 1 with an open date of [redacted] and 1 with no open date noted. According to the manufacturer's instructions, [redacted] expires 40 days after opened.

Plan of Correction ***Accept [redacted] - 03/09/2026)***

On 1/29/2026 the resident care coordinator disposed of the eye drops due to not knowing when they were actually opened.
On 1/30/2026 the resident care coordinator gave education to the staff on putting open dates on all eye drops so that they knew when they were open and to be gotten rid of.
Starting on 3/1/2026 the resident care coordinator will do weekly audits of the eye drops to ensure that they are labeled correctly with open dates.

Licensee's Proposed Overall Completion Date: *02/23/2026*

Implemented [redacted] - 07/20/2026)

225c - Additional Assessment

6. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident [redacted]s assessment, dated [redacted] did not include the level of need for agitation. This area was blank.

Repeat violation [redacted], et all

Plan of Correction ***Accept ([redacted] - 03/09/2026)***

On 1/29/2026 the resident care coordinator fixed the assessment to show the level of need for agitation for resident [redacted]
On 1/30/2026 [redacted] the pc admin gave education to the resident care coordinator on ensuring that the assessment was filled out correctly and in entirety.
Starting on 3/1/2026 [redacted] PC Admin will audit the RASPs to ensure they are all done in entirety and will audit them upon admission and annual to ensure they are done.

Licensee's Proposed Overall Completion Date: *02/23/2026*

Implemented [redacted] 07/20/2026)

234a - Admission Support Plan

7. Requirements

2600.

234a - Admission Support Plan *(continued)*

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the SDCU on [redacted] However, the resident's initial support plan was completed on [redacted]

Plan of Correction ***Accept [redacted] 03/09/2026)***

On 1/30/2026 PC Admin gave education to the resident care coordinator on the time frame of when a RASP should be completed for the SDU.
Starting on 3/1/2026 [redacted] PC Admin will audit the RASPs to ensure they are all done in entirety and will audit them upon admission and annual to ensure they are done.

Licensee's Proposed Overall Completion Date: *02/23/2026*

Implemented [redacted] 07/20/2026)