

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

April 13, 2026

[REDACTED]
DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC
[REDACTED]

RE: DELAWARE VALLEY PERSONAL
CARE CENTER
109 RIVERS EDGE DRIVE
MATAMORES, PA, 18336
LICENSE/COC#: 23013

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2026 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: *DELAWARE VALLEY PERSONAL CARE CENTER* License #: *23013* License Expiration: *04/26/2026*
 Address: *109 RIVERS EDGE DRIVE, MATAMORES, PA 18336*
 County: *PIKE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *02/03/2026*

Inspection Dates and Department Representative

02/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *47*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

02/03/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/20/2026*

04/01/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/09/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2026*

Inspections / Reviews (*continued*)

04/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/10/2026

04/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

187d Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident [redacted] has an order initiated on [redacted] for [redacted] initiated on [redacted] This medication was not administered until [redacted] at 9:00a.m.

Plan of Correction

Accept [redacted] - 04/01/2026)

On Thursday 1/8/26 a new medication order was sent by hospital to an incorrect pharmacy that was no longer servicing resident. Once the Director of Wellness discovered error of pharmacy, [redacted] had resident physician send prescription to correct pharmacy. [redacted] was then notified that a preauthorization was needed.

*PCP was given a verbal notification at that time

*Staff was inserviced on 1/12/26 on following prescribers orders

*Staff was inserviced on 1/12/26 medication errors/reportable incidents

*Medication Error was reported to licensing office, family and again to physician on 2/3/26 during complaint investigation

*Administrator/DOW reviewed importance of notifying DHS of reportable incidents in a timely manner.

*Administrator and Director of Wellness will discuss each day at morning meeting any issues with medications/orders to ensure ongoing compliance

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [redacted] 04/13/2026)

227g Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # [redacted] Assessment and Support Plan dated [redacted] was not signed by any participant, including the assessor.

Plan of Correction

Accept [redacted] 04/08/2026)

Administrator and Director of Wellness reviewed the importance of signatures on any paperwork that is completed at Delaware Valley Personal Care Residence.

Signatures link a person to the document and mean one agrees to the terms and accepts responsibility to the document

*Immediate Action - 2/3/26 Administrator checked all resident charts to ensure signatures of preparer (DOW) were in place.

*Plan of Correction - Starting on 2/9/26 Administrator or Director of Wellness will audit random charts weekly and document findings on an audit log for 2 months to ensure all required signatures are in place on resident support plans.

*Ongoing compliance - All new admissions' support plans prepared by DOW will be reviewed by Administrator to ensure writer's signature as well as residents signatures are present on document.

227g Support Plan Signatures (continued)

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented () - 04/13/2026

227h - Support Plan Refuse Sign

3. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident () Assessment and Support Plan dated () was not signed by the resident or the responsible party.

Plan of Correction

Accept () - 04/08/2026

Administrator and Director of Wellness reviewed the importance of signatures on any paperwork that is completed at Delaware Valley Personal Care Residence.

Signed documents create a clear record of agreement; without it there is no clear proof of acceptance and refusals should be documented accordingly.

*Immediate Action All resident support plans were reviewed by the Administrator on 2/3/26 to ensured all residents/POA signatures are present or noted as a refusal.

*Plan of Correction Administrator or Director of Wellness will conduct weekly audit of random charts starting on 2/9/26 for a period of 2 months. Audit log will document findings and corrections (if any). If refusal is given for signature, it shall be noted by preparer.

* Ongoing Compliance will be ensured by Administrator checking RASP writer's (DOW) documentation/signature page on all new admissions going forward. All refusals shall be noted on page 12 of RASP.

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented () 04/13/2026