

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

April 7, 2026

[REDACTED], COO
EPWORTH REHABILITATION AND HEALTHCARE LLC
[REDACTED]
[REDACTED]

RE: THE PRESERVE AT CEDARWOOD
925 S. LINCOLN AVE
TYRONE, PA, 16686
LICENSE/COC#: 33972

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/25/2026, 02/25/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE PRESERVE AT CEDARWOOD* License #: 33972 License Expiration: 09/18/2026
 Address: 925 S. LINCOLN AVE, TYRONE, PA 16686
 County: BLAIR Region: CENTRAL

Administrator

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

Legal Entity

Name: *EPWORTH REHABILITATION AND HEALTHCARE LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 03/08/2001 Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 59 Waking Staff: 44

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: 02/26/2026

Inspection Dates and Department Representative

02/25/2026 - On-Site: [REDACTED]
 02/25/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 54 Residents Served: 43

Secured Dementia Care Unit
 In Home: Yes Area: *Memory Care* Capacity: 12 Residents Served: 11

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 16 Have Physical Disability: 0

Inspections / Reviews

02/25/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/21/2026

03/20/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/01/2026
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/27/2026

Inspections / Reviews *(continued)*

03/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/03/2026

04/07/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

In November 2025 Resident #1 reported to staff that a gold necklace was missing/stolen from their dresser drawer. The home did not investigate the missing/stolen necklace internally and did not report this incident to the Department.

The home experienced a mechanical failure in the beginning of February 2026 which resulted in the home having no heat for several days. All resident rooms were provided with an electric space heater by the home. The home did not report this incident to the Department.

Plan of Correction

Accept (█ - 03/20/2026)

In response to the violation on 02/26/2026 by the Pennsylvania Bureau of Human Service Licensing, Administrator and RCC was educated on reporting all incident reports within 24 hours of the incident.

To enhance the currently compliant operations, on 02/26/2026 the Administrator and/ or Designee will make sure that all written incident reports will be submitted within 24-hour time frame. This will be ongoing and as needed, with a completion date of 04/27/2026.

Effective 02/26/2026 the Administrator/ and or Designee will perform on going and as needed reporting through 04/27/2026 to maintain ongoing compliance with reporting an incident or condition to the Department's Personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the department, and to follow the guidelines in 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented (█ - 04/07/2026)

93a - Handrails

2. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

On 2/26/25, the outside ramp off to the side of the main entrance has a white handrail that was observed to be loose and not securely fastened to the ground. The handrail was held together by a metal wire.

Plan of Correction

Accept (█ - 03/20/2026)

In response to the violation on 02/26/2026 by the Pennsylvania Bureau of Human Services Licensing, Immediate action was taken on 02/27/2026 by maintenance director to diagnosis handrailing for proper equipment to fix handrails.

93a - Handrails (continued)

To enhance the currently compliant operations, by 03/24/2026 Maintenance Director will fix and secure exterior handrailing to ensure handrailing is well-secured and safe per guidelines noted in 2600.93.a. (Each ramp, interior stairway and outside steps must have a well-secured handrail).

Effective 03/30/2026 Maintenance Director/ and or Designee will do monthly exterior walk through of building to make sure all exterior handrails are secure for two months with a completion date of 05/21/2026.

Licensee's Proposed Overall Completion Date: 05/21/2026

Implemented () - 04/07/2026

127a - Portable Space Heaters**3. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 2/25/26, a portable space heater was in use in the Activity Director's office and in resident room #217.

On 2/26/26, a portable space heater was in use in resident room #221.

Plan of Correction

Accept () - 03/20/2026

In response to the violation on 02/26/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/26/2026 all management staff did a walk-through of building to make sure there were no portable space heaters in the building.

Effective 02/26/2026 Administrator/ and or Designee will do weekly walk through of building to make sure no portable space heaters are being used weekly for one month and then monthly for two months with a completion date of 05/31/2026.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented () - 04/07/2026

141a - Medical Evaluation**4. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2's initial medical evaluation dated [REDACTED] did not contain the Medical Professional License # on page 5.

141a - Medical Evaluation (continued)

Plan of Correction

Accept (█ - 03/20/2026)

In response to the violation on 02/26/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/26/2026 by RCC medical professional # was added to DME form.

Effective 02/26/26 the RCC/ and or Designee will audit DME every 2 weeks for one month and then monthly for two months to make sure all areas are completed on DME form with a completion date of 05/31/2026.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented (█ - 04/07/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's annual medical evaluation dated █ did not identify whether the resident's needs can be safely met at the Personal Care Home.

Plan of Correction

Accept (█ - 03/24/2026)

In response to the violation on 02/26/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/26/2026 by RCC. DME was sent to provider, and all components were filled out, and the medical evaluation now reflects that the home can meet the needs of the resident.

Effective 02/26/26 the RCC/ and or Designee will audit DME every 2 weeks for one month and then monthly for two months to make sure all areas are completed on DME form with a completion date of 05/31/2026.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented (█ - 04/07/2026)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 2/25/26, Tussin Cough Suppressant was observed on Resident #4's nightstand in room █ The cough medicine was unlocked, unattended, and accessible to anyone entering the unlocked room.

Plan of Correction

Accept (█ - 03/20/2026)

In response to the violation on 02/26/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/26/2026 by Administrator and RCC complete walk through of building to make sure all medication, OTC medications, CAM and syringes were not in resident's room.

Effective 02/26/2026 the RCC/ and or Designee will do weekly audits for two months to make sure all prescription medication, OTC medications, CAM or syringes are kept in an area that is locked and secure with a completion

183b - Meds and Syringes Locked (continued)

date of 05/31/2026.

Licensee's Proposed Overall Completion Date: 05/31/2026

Implemented ([REDACTED]) - 04/07/2026)