

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

May 5, 2026

[REDACTED], ADMINISTRATOR
160 RED HORSE ROAD OPCO LLC
160 RED HORSE ROAD
POTTSVILLE, PA, 17901

RE: LUTHER RIDGE AT SEIDERS HILL
160 RED HORSE ROAD
POTTSVILLE, PA, 17901
LICENSE/COC#: 23329

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LUTHER RIDGE AT SEIDERS HILL **License #:** 23329 **License Expiration:** 11/19/2026
Address: 160 RED HORSE ROAD, POTTSVILLE, PA 17901
County: SCHUYLKILL **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: 160 RED HORSE ROAD OPCO LLC
Address: 160 RED HORSE ROAD, POTTSVILLE, PA, 17901
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/23/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 56 **Waking Staff:** 42

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/03/2026

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 135 **Residents Served:** 52

Special Care Unit

In Residence: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 52
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

03/03/2026 Full

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

03/17/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/04/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/20/2026

Inspections / Reviews *(continued)*

04/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/26/2026

05/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/04/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

3d Post license/VR/Regs

1. Requirements

2800.

3.d. The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Description of Violation

On 3/3/26 the residence's License Inspection Summary report dated 9/23/25 was not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept (█) - 03/17/2026)

Corrected during survey on 3/3/2026. The Executive Director will ensure that the current LIS is posted and accessible on the bulletin board in the lobby. The ED will be responsible for ongoing compliance. The ED will verify that the LIS is posted and accessible monthly by checking the bulletin board. Verification will be added to the Quality and Performance Improvement program that is reviewed monthly.

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented (█) - 05/05/2026)

18 Other laws, regs, ordins.

2. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries in the Carbon Monoxide monitor installed in the front lobby near the gas fire place were last installed 11/22/24. The batteries were not replaced annually as required by the Care Facility Carbon Monoxide Alarms Standards Act.

AT 9:55 a.m. the battery in the carbon monoxide monitor installed outside the 2nd floor laundry room was not labeled with the date the battery was installed.

Plan of Correction

Accept (█) - 03/17/2026)

The batteries in each CO2 detector were changed and dated during the survey on 3/3/2026. The Director of Maintenance is responsible for checking the functionality of the detectors in between battery changes monthly and changing out the batteries with new dated batteries every 12 months. The maintenance director will keep a log of when the batteries were placed and log each time they are changed. Compliance will be reviewed in the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented (█) - 05/05/2026)

51 Criminal background checks

3. Requirements

2800.

51. Criminal background checks

51 Criminal background checks (continued)

- a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- b. The hiring policies shall be in accordance with the Department of Aging’s Older Adult Protective Services Act policy as posted on the Department of Aging’s web site.

Description of Violation

Staff person A’s date of hire was [REDACTED]. A criminal background check was not completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 03/17/2026)

Background checks will be completed and reviewed for all employees prior to their start date. A full audit will be completed of current employees to ensure compliance. The Director of HR will be responsible for ensuring that all employees are compliant prior to their start date. List of new employees will be reviewed in morning meeting daily and the Director of HR will confirm that background checks have been completed prior to each new employee starting orientation.

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented ([REDACTED] - 05/05/2026)

63a First Aid/CPR 1:35

4. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 2/22/26 from 11:00 p.m. to 7:00 a.m. 52 residents were present in the residence. During this time only 1 person was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

On 2/20/26 from 11:00 p.m. to 7:00 a.m. 52 residents were present in the residence. During this time only 1 person was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accept ([REDACTED] - 03/17/2026)

A CPR class was held on 2/27/2026 for direct care workers who needed to be certified or re-certified. The DON or designee is responsible for scheduling CPR classes timely to ensure that the residence is compliant with having at least one staff person trained in CPR and first aid for every 35 residents. CPR/First Aid Certification List will be reviewed at the monthly QAPI meeting to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented ([REDACTED] - 05/05/2026)

65e Rights/Abuse 40 Hours

5. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.
- 4. Reporting of reportable incidents and conditions.
- 5. Safe management techniques.

65e Rights/Abuse 40 Hours (continued)

Description of Violation

Staff person A's date of hire was [redacted] Staff person A did not receive training in the following topics: : Emergency medical plan, Reporting of reportable incidents and conditions, and Safe Management techniques. Staff person B's date of hire was [redacted]. Staff person B did not receive training in the following topics: Emergency medical plan, Reporting of reportable incidents and conditions, and Safe Management techniques. Staff person C's date of hire was [redacted] Staff person C did not receive training in the following topics: Emergency medical plan, Reporting of reportable incidents and conditions, and Safe Management techniques.

Plan of Correction

Accept ([redacted] - 04/21/2026)

An updated new hire training schedule had been created and was shown to the surveyor. Going forward, all new staff members shall be trained in the required topics per state regulations. The Director of HR is responsible for ongoing compliance for all new hires. A monthly audit will be completed by the Director of HR of all new hires and reviewed in the monthly QAPI meeting. Staff A and B completed training on or before 3/19/2026, staff C is no longer an employee of Luther Ridge. All current staff members will be re-trained on the state required new hire training and sign the new training sheet created by the ED. Completion date by 4/15/2026.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([redacted] - 05/05/2026)

103g Storing food

6. Requirements

2800. 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 9:25 a.m. a container of yogurt was in the 2nd floor kitchenette refrigerator opened and unsealed.

Plan of Correction

Accept ([redacted] - 03/17/2026)

All common refrigerators will be checked Q shift by the medication technician to ensure that all items are covered, labeled and dated. Any items out of compliance or out of date will be discarded. Signs will be posted on each refrigerator/freezer to notify anyone placing items in them of the procedure for compliance. The DON is responsible for random monthly spot checks to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/13/2026

Implemented ([redacted] - 05/05/2026)

141a Medical evaluation

7. Requirements

2800. 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. The evaluation must include the following: 12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

Resident #1's medical evaluation dated [redacted] did not include the completion of the certification boxes by the

141a Medical evaluation (continued)

medical professional.

Plan of Correction

Accept () - 04/21/2026)

The DON or designee will complete a full audit of the current DME's and review each new DME to check for compliance of all boxes and information being complete. The audit of current residents was completed on 3/18/2026. Audits will be completed monthly by the Executive Director of at least 5 resident DME's to ensure compliance. Results will be reviewed monthly at the QAPI meeting. Resident 1 DME was updated on 3/10/2026.

Licensee's Proposed Overall Completion Date: 03/19/2026

Implemented () - 05/05/2026)

144c1 Smoking area guidelines

8. Requirements

2800.

144.c. A residence that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the residence, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:52 a.m. there were cigarette butts on the ground surrounding the resident designated smoking area.

Plan of Correction

Accept () - 04/21/2026)

A sign will be placed on the door going to the designated resident smoking area with reminders to extinguish all cigarettes in the appropriate firesafe receptacles. The maintenance staff under the supervision of the Director of Maintenance will do rounds daily in the designated area to check for butts and clean them up if any are found outside of the receptacle. Residents who smoke will be continuously reminded of the importance of utilizing the appropriate receptacles. Daily Compliance rounds will be reviewed by the Director of Maintenance monthly during the QAPI meeting.

Licensee's Proposed Overall Completion Date: 03/19/2026

Implemented () - 05/05/2026)

183a Original containers / no pre-pour / injections

9. Requirements

2800.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

From Tuesday [redacted] to Tuesday [redacted] resident #2 was out of the home [redacted]. On 3/3/26 at 2:30 p.m. the resident's medications were found stored in a plastic pill sorter in the boxes marked "Wednesday" and "Thursday". Resident #1's medications were removed from their original containers and placed in a pill sorter when given to the resident [redacted] or [redacted]. When the resident returned, two extra days of medications were left in the pill sorter in the medication cart. The medications found in the pill sorter box were: Multi-vitamin

183a Original containers / no pre-pour / injections (continued)

minerals tablet, Levothyroxine Sodium, Ferrous Sulfate, Diltiazem, Senna, Pravastatin Sodium, Oxycodone HCL, Eliquis, Acetaminophen, and Vitamin D.

Plan of Correction**Accept () - 04/21/2026)**

All staff members that are certified to administer medications will be re-educated on the medication LOA procedure and the medication administration policy which includes the procedure that medications must be kept in their original pharmacy packaging and may not be removed more than 2 hours prior to scheduled administration. The DON or designee will complete med cart audits weekly to verify that all medications are in their original containers/cards. Audits are completed weekly during night shift on a Thursday and audit forms will be reviewed by the DON at the monthly QAPI meeting. Please see the attached training completed on 3/4/2026.

Licensee's Proposed Overall Completion Date: 03/19/2026**Implemented () - 05/05/2026)****183e Storing Medications****10. Requirements**

2800.

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

The Insulin Aspart pen for resident #2 was labeled with an open date of 12/17/25. According to the manufacturer's instructions the insulin pen is to be discarded 28 days after opening. On 3/3/26 the insulin pen was still in the medication cart.

Plan of Correction**Accept () - 04/21/2026)**

All staff who are certified to administer insulin will be reeducated on the importance of insulin pen audits and discarding insulin within the timeframe of the manufacturer's instructions. The training was completed on 3/4/2026. The DON or designee will conduct weekly audits for 3 months and monthly thereafter to ensure compliance. The night shift LPN/Med Tech has been and will be completing audits during night shift every Thursday.

Licensee's Proposed Overall Completion Date: 03/19/2026**Implemented () - 05/05/2026)**