



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON**
LEGAL ENTITY

To operate **PRESBYTERIAN HOME**
NAME OF FACILITY OR AGENCY

Located at **220 NEWRY STREET, HOLLIDAYSBURG, PA 16648**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **50**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **March 17,** **2026** until **March 17,** **2027** ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **343400**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania
Department of Human Services

Mailing Date: April 3, 2026

Presbyterian Home in the Presbytery of Huntingdon



RE: Presbyterian Home
220 Newry Street
Hollidaysburg, PA 16648
License #34340

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 17, 2025, December 18, 2025 and March 5, 2026, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosures
License
Licensing Inspection Summary

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

March 26, 2026

[REDACTED]
PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON
220 NEWRY STREET
HOLLIDAYSBURG, PA, 16648

RE: PRESBYTERIAN HOME
220 NEWRY STREET
HOLLIDAYSBURG, PA, 16648
LICENSE/COC#: 34340

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/17/2025, 12/18/2025 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: *PRESBYTERIAN HOME* License #: *34340* License Expiration: *03/17/2026*
 Address: *220 NEWRY STREET, HOLLIDAYSBURG, PA 16648*
 County: *BLAIR* Region: *CENTRAL*

Administrator

Name: [REDACTED]

Legal Entity

Name: *PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON*
 Address: *220 NEWRY STREET, HOLLIDAYSBURG, PA, 16648*
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/26/2000* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *12/18/2025*

Inspection Dates and Department Representative

12/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *50* Residents Served: *33*

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

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
 Diagnosed with Mental Illness: *24* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *2*

Inspections / Reviews

12/17/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2026*

01/27/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/27/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/03/2026*

Inspections / Reviews *(continued)*

01/30/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2026

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/28/2026

03/26/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 12/17/25, a live bed bug was discovered in Resident #10's bedroom. Resident #10 did not have definitive bite marks. However, the resident had patches of light red irritation on the resident's posterior upper right and left arms as well as in the middle section of the resident's back.

Plan of Correction

Accept [REDACTED] 01/30/2026)

1. Director of Environmental Services first consulted with Ehrlich on 9/12/2025, whose recommendation and plan is to spray infected using Bedlam or Zemprox. They will spray the room and a follow-up treatment one week later. The last date spraying occurred was 1/14/2026.
2. Ehrlich scheduled a K9 dog to come to the building to do a search for bedbugs in all rooms including common areas, laundry, offices, and resident rooms by January 30, 2026.
3. Ehrlich will be scheduling an education of bed bugs with all staff will be completed by February 28, 2026.
4. The Director of Environmental Services and maintenance replaced the mattress, box spring, and recliner in Resident #10's room. The room was treated by Ehrlich on 12/18/2025, and a mattress encasement was placed on the new mattress.
5. On 1/16/2026, a steam cleaner, additional mattress encasements, and bed bug interceptors were ordered. In any room where bed bugs are identified, mattresses and/or box springs will be steam cleaned and encased, beds will be steam cleaned, and interceptors placed on bed legs. These rooms will receive routine weekly cleaning plus additional weekly steam cleaning, in addition to the chairs in the common areas will be steam cleaned starting the week of January 26, 2026. During this time, staff will monitor any signs of bed bugs. This will be completed by maintenance staff.

Licensee's Proposed Overall Completion Date: 02/28/2026

Implemented [REDACTED] - 03/26/2026)

162c - Menus Posted

2. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 12/17/25, there were no menus posted.

Plan of Correction

Accept [REDACTED] - 01/30/2026)

1. There were no complaints a result of missing menus.
2. Dietary Manager is responsible for reviewing menu's prior to posting/displaying. All menus were reviewed to ensure they were posted for the correct dates on 12/17/25 by Dietary Manager.
3. Education was provided to the Dietary Manager on 12/17/2025 to ensure that weekly menus are posted a week in advance in a conspicuous and public place in the home by the Personal Care Home Administrator.
4. An audit will be conducted weekly for two months beginning 1/26/26 by the Dining Director or designee to

162c - Menus Posted (continued)

ensure the proper menus are in place.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented [redacted] - 03/26/2026)

171b4 - Staff Training

3. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

On 12/17/25 at 12:55 PM, Staff Member A independently transported residents. However, Staff Member A has not completed the initial new hire direct care staff person training,

Plan of Correction

Accept [redacted] - 01/30/2026)

- 1. As of 1/13/2026, transportation staff have completed the Initial Direct Care Training course. All newly hired transportation staff will complete the training within their two-week orientation.
- 2. Environmental Services Director will be educated by Personal Care Administrator (or designee) on 12/18/2025 on ensuring that transportation staff complete their Initial Direct Care Training prior to finishing their orientation.
- 3. An initial audit was completed on 12/18/2026 by Director of Environmental Services on all drivers to audit staff who completed Direct Care Training course.
- 4. An audit will be conducted bi-weekly for two months beginning 1/26/2026 by the Personal Care Administrator and/or designee on all new transportation hires after 1/14/26 to ensure they completed the initial direct care training with the two week orientation.
- 5. Audit results will be forwarded to the Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented [redacted] - 03/26/2026)

171c - Home's Vehicle Documents

4. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

- 1. Vehicle registration.

Description of Violation

The registration for the 2019 Dodge bus, used to transport residents, expired on 11/30/25.

Plan of Correction

Accept [redacted] - 01/30/2026)

- 1. The vehicle registration was immediately updated on 12/17/2025.
- 2. An audit of all vehicles used to transport was completed on 12/17/2025 by the Director of Environmental Services to ensure the registration was current, if any were identified this was corrected immediately.
- 3. Education was provided to Department of Environmental Services by Personal Care Administrator to ensure that the registration is updated on 12/17/2025. Department of Environmental Services put a preventative

171c - Home's Vehicle Documents (continued)

maintenance reminder in Worxhub on 1/14/2026, our work order tracking system.

5. An audit will be completed monthly for 2 months to ensure that registration paperwork is present in vehicle and current by the DES or designee beginning 1/26/26. These audits will be forwarded to Quality Assurance for review.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented [REDACTED] - 03/26/2026)

185a - Implement Storage Procedures**5. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed blood glucose readings three times a day via a Dexcom G7 reader at 7:30 AM, 11:30 AM and 4:30 PM. Resident #1 is prescribed routine Insulin Aspart of 3 units two times a day in addition to sliding scale units of Insulin Aspart based on glucose readings. However, Resident #1's Dexcom glucose monitor does not retain the routine readings in order to determine if the correct additional insulin aspart units were administered as ordered.

Resident # 1 is prescribed Allegra Allergy Oral Tablet 60mg as needed for allergies. However, on 12/18/25, this medication was not available in the home.

Repeated Violation - 8/12/25, et al and 5/20/25, et al

Plan of Correction

Directed [REDACTED] - 01/30/2026)

- 1. Currently, there are no other residents except for resident #1 that utilizes a Dexicom.*
 - 2. Resident 1 had to ill effects as a result of this finding.*
 - 3. PCH has obtained software and login credentials for clinical staff to obtain blood sugar readings through Dexicom device.*
 - 4. Education will be provided to the Personal Care clinical staff and Personal Care Administrator by Executive Director by 2/1/2026 on how to obtain blood sugar readings on a Dexicom.*
-
- 1. Resident 1 had no ill effects as a result of this finding.*
 - 2. The PRN medication was immediately called into pharmacy on 12/18/2026 and delivered later in the day on 12/18/2026. Provider was notified on 12/18/2026 that the medication wasn't available. Current resident MARs will be audited by 2/1/2026 to ensure current resident's medications are available according to the MAR.*
 - 3. Education will be provided to the Personal Care staff by the Personal Care Administrator (or designee) by 2/1/2026 on the home procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.*
 - 4. An initial audit will be conducted by Personal Care Administrator or designee ensuring all prescribed medications are available according to MAR.*
 - 5. Audits will be conducted by the Personal Care Administrator (or designee) on three random residents weekly for two months to ensure prescribed medications orders are available according to the resident's MAR beginning no later than 2/1/2026. Audit results will be documented and forwarded to the Quality Assurance Committee for review*

185a - Implement Storage Procedures (continued)

[Directed]

- In addition to the above steps, beginning no later than 2/1/26, the Administrator or designee, will audit Resident #1 glucometer readings monthly to ensure the glucometer readings are being retained and able to be reviewed.

Documentation of these audits will be kept and available for review by the Department.

- Current resident MARs will be audited by 2/1/2026 to ensure current resident's medications are available according to the MAR. This will be completed by the Administrator or designee. Documentation of this audit will be kept and available for review by the Department.

Directed Completion Date: 02/01/2026

Implemented [REDACTED] - 03/26/2026)

187d - Follow Prescriber's Orders**6. Requirements**

2600.

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

Description of Violation

Resident #1 was administered Ativan oral tablet 0.5 mg on 10/9/25. However, this medication was not prescribed to the resident.

Resident #2 is prescribed Acetaminophen 325 mg tablet with orders to take 2 tablets orally four times a day for pain at 12:00 AM, 6:00 AM, 12:00 PM, and 6:00 PM. This medication is documented as given on 9/1/25 at 6:00 AM. However, the dose for the 6:00 AM administration was located in the cart.

Resident # 3 is prescribed Eliquis oral tablet 2.5 mg with orders to give 1 tablet by mouth every morning and at bedtime. However, resident was not administered the bedtime dose on 11/19/25.

Resident #4 is prescribed Pregabalin 25 mg to be given in the morning and 59 mg to be given at bedtime. However, the resident was administered the 25 mg dose at bedtime on 9/29/25.

Resident #5 is prescribed Tiotropium Bromide Monohydrate Inhalation Aersol Solution 2.5MCG/ACGT with orders to inhale 2 puffs orally one time a day. This was not administered to the resident on 10/16/25 and 10/17/25.

Resident #6 is prescribed Bethanechol Chloride oral tablet 25 mg with orders to take 1 tablet by mouth three times a day. However, this medication was not administered to the resident mid-day on 10/21/25.

Resident #6 was administered Plavix 75mg, Labetalol HCL 100mg, and Magnesium Oxide 400mg on 12/15/25. However, these medications were not prescribed to the resident.

Resident #7 is prescribed Metoprolol Tartrate oral tablet 25 mg with orders to give 12.5 mg by mouth two times a day for HTN-half tablet-hold if SBP is less than 100 or HR less than 60. Call PCP if HR is less than 60. On 11/17/25,

187d - Follow Prescriber's Orders (continued)

resident's BP was 58 and the PCP was not notified.

Resident #8 is prescribed Aspirin 81mg oral tablet delayed release with orders to take 1 tablet by mouth at bedtime for [REDACTED]. However, the resident was not administered the bedtime dose on 11/19/25 due to a transcription error.

Repeated Violation - 8/12/25, et al

Plan of Correction

Accepted [REDACTED] - 01/30/2026)

1. Resident 1,2,3,4,5,6,7, and 8 had no ill effects because of this incident.
2. Current resident's MARS will be will be audited by 1/31/2026 back through 1/1/2026 to ensure provider's orders are being followed. If the orders were not followed, the provider will be notified.
3. Education will be provided to Personal Care Staff by the Personal Care Administrator and/or designee by 2/1/2026 that if resident's prescribed orders are not followed, their provider will be notified.
4. All Med Tech and LPNs will complete a Medication training in RELIAS by January 31, 2026.
5. All staff that have been identified as having had a medication error will receive additional observations during medication administration by the Medication trainer by 1/31/26.
6. Audits will be conducted by the Personal Care Administrator and/or designee on three random residents weekly for two months to ensure providers orders are being followed beginning no later than 2/1/26. Audit results will be documented and forwarded to Quality Assurance Committee for review.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented [REDACTED] - 03/26/2026)

225c - Additional Assessment

7. Requirements

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

Description of Violation

Resident #9's current assessment was completed on [REDACTED]/25. However, the resident's previous assessment was completed on [REDACTED]/24.

Plan of Correction

Accepted [REDACTED] - 01/27/2026)

1. Resident 9 had no ill effects by this practice.
2. Current resident's assessments will be audited by the PC Administrator and/or designee by 1/28/2026 to ensure that they were completed annually and/or if they had a significant change.
3. The Personal Care Administrator and Personal Care Staff will be educated by 2/1/2026 by the Executive Director that per regulation 225c, the resident shall have additional assessments done annually.
4. Audits will begin no later than 2/1/2026 by the Personal Care Home Administrator and/or designee on two random residents for two months to ensure that assessments were completed annually. Audit results will be documented and forwarded to the Quality Committee for review.


225c - Additional Assessment *(continued)*

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented [REDACTED] - 03/26/2026)

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

March 26, 2026


PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON
220 NEWRY STREET
HOLLIDAYSBURG, PA, 16648

RE: PRESBYTERIAN HOME
220 NEWRY STREET
HOLLIDAYSBURG, PA, 16648
LICENSE/COC#: 34340

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/05/2026 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PRESBYTERIAN HOME* License #: *34340* License Expiration: *03/17/2026*
 Address: *220 NEWRY STREET, HOLLIDAYSBURG, PA 16648*
 County: *BLAIR* Region: *CENTRAL*

Administrator

Name: [REDACTED]

Legal Entity

Name: *PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON*
 Address: *220 NEWRY STREET, HOLLIDAYSBURG, PA, 16648*
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/26/2000* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *03/05/2026*

Inspection Dates and Department Representative

03/05/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *34*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *1*

Inspections / Reviews

03/05/2026 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND