

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

June 9, 2026

[REDACTED], OWNER/ADMINISTRATOR  
RENEE STUCKICH  
PO BOX 484  
BLACK LICK, PA, 15716

RE: LYNN HAVEN PERSONAL CARE  
HOME  
119 WALNUT STREET, PO BOX 484  
BLACK LICK, PA, 15716  
LICENSE/COC#: 44516

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2026 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:** LYNN HAVEN PERSONAL CARE HOME      **License #:** 44516      **License Expiration:** 06/18/2026  
**Address:** 119 WALNUT STREET, PO BOX 484, BLACK LICK, PA 15716  
**County:** INDIANA      **Region:** WESTERN

## Administrator

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

## Legal Entity

**Name:** RENEE STUCKICH

**Address:** [REDACTED]

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

## Certificate(s) of Occupancy

**Type:** I 1      **Date:** 07/26/2006      **Issued By:** Indiana County Planning

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 33      **Waking Staff:** 25

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/30/2026

## Inspection Dates and Department Representative

03/30/2026 On Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 36      **Residents Served:** 32

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 3

## Number of Residents Who:

**Receive Supplemental Security Income:** 15      **Are 60 Years of Age or Older:** 30  
**Diagnosed with Mental Illness:** 7      **Diagnosed with Intellectual Disability:** 4  
**Have Mobility Need:** 1      **Have Physical Disability:** 2

## Inspections / Reviews

03/30/2026 - Full

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 05/02/2026

Inspections / Reviews (*continued*)

## 05/18/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/25/2026

## 05/28/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/04/2026

## 06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 10:20 a.m., the cover for the locking mechanism was missing on the emergency exit door across the hall from the administrator's office, exposing the internal mechanism, posing a skin tear hazard.

Plan of Correction

Accept ( [redacted] ) - 05/28/2026

The missing cover was found and replaced on 04/04/2026. Maintenance checked all other doors with panic bars to ensure they are in working order. Maintenance will check all outside doors once a month looking for any missing or damaged parts and if found correct them. A monthly log will be kept in the maintenance file. Maintenance replaced the missing cover on 04/04/2026. on that same date 04/04/2026 maintenance checked all other doors to ensure they are in working order. on 5/3/2026 and 5/18/2026 maintenance rechecked all panic bars and doors. Monthly checks will be done monthly form 5/18/2026 a log will be kept of the dates and any issues needing fixed the log started on 05/03/2026

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented ( [redacted] ) - 06/09/2026

92 - Windows

2. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 1:30 p.m., there was no screen in the window in bedroom #15.

Plan of Correction

Accept ( [redacted] ) - 05/28/2026

The window screen was placed back in the window on 04-01-2026. Maintenance walked around the building and checked each window to ensure they all had the proper screens in place. Maintenance will check each window monthly and replace any screen found to be damaged or missing. a log will be kept in the maintenance file. Maintenance replaced the screen on 04/01/2026. Maintenance did a walk around the building on 04/01/2026. They were checked again on 05/03/2026 and 05/18/2026 and will be checked monthly form 05/18/2026 a log was started on 05/03/2026

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented ( [redacted] ) - 06/09/2026

100a - Exterior - Free of Hazards

3. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At approximately 10:22 a.m., there were only 2 posts securing an approximate 6 foot section of railing on the covered front porch.

100a - Exterior - Free of Hazards (*continued*)**Plan of Correction**

Accept (█) - 05/28/2026)

*The railing was re-assembled and made complete on 04/06/2026. Maintenance checked all other railings on that day. maintenance will check railings monthly and keep a log in the maintenance file. the administrator and maintenance re-assembled the railing on 04/6/2026. Maintenance started checking railings monthly on 05/03/2026 and will check monthly from that date a log was also started on 5/3/2026*

**Licensee's Proposed Overall Completion Date:** 05/19/2026

Implemented (█) - 06/09/2026)

## 141a 1-10 Medical Evaluation Information

**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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident #1's initial medical evaluation, dated █ does not indicate whether or not the resident's needs can be met safely at the Personal Care Home.*

**Plan of Correction**

Accept (█) - 05/28/2026)

*On 04/02/2026, Resident #1 Medical evaluation was corrected to reflect █ needs can be safely met in a personal care home. All other current residents medical evaluations have been checked to ensure compliance. All new medical evaluations will be checked for compliance by the administrator and office manager to ensure they are completed correctly The administrator corrected the medical evaluation on 04/02/2026. the office manager checked all other current medical evaluations on 04/02/2026. All new medical evaluations will be checked with in 5 days of completion by the administrator or office manager to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** 05/19/2026

Implemented (█) - 06/09/2026)

## 183a - Original Containers and Injections

**5. Requirements**

2600.

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.

183a - Original Containers and Injections (*continued*)**Description of Violation**

*Resident #2 is prescribed Morphine ½ ml 100mg/5ml concentration (20mg/ml), give ½ ml by mouth every hour as needed for pain and/or shortness of breath. However, this medication was stored in the medication cart and was not labeled.*

**Plan of Correction**

Accept (█) - 05/28/2026)

*Hospice disposed of the pre-filled syringes on site on 04/07/2026. They have provided all of their hospice residents with pre-filled syringes directly from the pharmacy that are individually labeled for each resident. The administrator or office manager will check all meds coming into the facility to ensure they are correctly labeled before the medications are put away. On 04/10/2026 hospice delivered the individually labeled syringes from the pharmacy. On 4/7/2026 the Administrator and the office manager began checking all meds delivered to the facility prior to them being put away to ensure compliance*

**Licensee's Proposed Overall Completion Date: 05/19/2026**

Implemented (█) - 06/09/2026)

## 185a - Implement Storage Procedures

**6. 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**

*The home's Controlled Substance Accountability indicates, "Each shift will count the medication with the ongoing shift to ensure that all medication is accounted for...When assisting with administration, the number shall be noted on the Controlled Medication Record."*

*Resident #1 has an emergency hospice medication kit (Ekit) containing a 30 ml bottle of Lorazepam 2mg/ml oral concentration, and a 15ml bottle of Morphine 100mg/ml concentration (20mg/ml); however, the home did not have documentation of the emergency hospice medication kit or accountability of narcotics contained within the kit.*

*Resident #2 is prescribed Lorazepam 1 mg tablet, take 1 tablet by mouth every 2 hours as needed for anxiety/restlessness. 10 Lorazepam 1 mg tablets were present in the home; however, the resident's Controlled Medication Record indicated that 0 tablets were available in the home.*

*Resident #2 is prescribed Morphine SUL 100mg CONC (20mg/ml). A 12.5ml bottle and 5 prefilled 1.5ml syringes of Morphine 100mg/5ml concentration (20mg/ml) were present in the home; however, the resident's Controlled Medication Record indicated 5 prefilled 1.5ml syringes were available in the home.*

*Resident #2's glucometer was not calibrated to the correct date or time.*

**Plan of Correction**

Accept (█) - 05/28/2026)

*All E-kits that are locked in the administrators office have been verified and counted on 04/02/2026. A paper count sheet was made and all medications in the office medication refrigerator have been counted and logged. The Administrator is the only person with a key to unlock this refrigerator. the administrator and office manager will count all contents weekly and record on the narc count log. The log will be kept for the required amount of time*

**185a - Implement Storage Procedures (continued)**

we have a current prescription on file for all E kits stored at the home. prescriptions were checked on 05/19/2026. all prescriptions are current. all ekits narcotics are logged and counted in the office narc count sheet once they are removed and placed in the regular medication carts they are then counted and added to the MAR. Each individual medication is counted and added onto the MAR at the time they are placed into the medication carts and will be counted at each shift turn over All Narcotics stored in the office refridgerator have been verified and logged onto a count sheet for that refridgerator. The narcs are counted weekly by the administrator and office manager to ensure accuracy. the discrepancy in resident #1 Lorazepam was corrected by placing the Lorezepam into the MAR count and verifying that all other Narcs were counted correctly and reflected accuracy on the MAR this was completed by the administrator. On 03/30/2026 all glucometers were checked for correct dat and times All glucometers will be checked on monthly starting on 5/4/2026 to ensure correct date/time this will be completed by the office manager and documentation will be kept

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented (█) - 06/09/2026

**227d - Support Plan Medical/Dental****7. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

On █ resident #1 began receiving Hospice services. However, the resident's assessment and support plan, dated █ was not updated to indicate this change.

**Plan of Correction**

Accept (█) - 05/28/2026

On 03/30/2026, Resident #1 had █ RASP updated by the administrator to reflect █ being admitted to Hospice. The administrator checked all other hospice files on 04/05/2026 to ensure compliance. The office manage and administrator will ensure that all needed updates and changes are recorded on the residents RASP in a timely manor to ensure compliance Any new needs will be added to a note book and if any are found they will be updated weekly to ensure compliance this started on 05/01/2026. Once the update is made, the RASP will be checked by the administrator or the office manager for completion in a timely manor

Licensee's Proposed Overall Completion Date: 05/19/2026

Implemented (█) - 06/09/2026