pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **JEFFCO HEALTH SERVICES INC**
LEGAL ENTITY

To operate **PENN HIGHLANDS JEFFERSON MANOR P C**
NAME OF FACILITY OR AGENCY

Located at **417 RT 28 BROOKVILLE, PA 15825**
(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 **48**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24**

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 **June 30,** **2026** until **June 30,** **2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **406240**

ISSUING OFFICER

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.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: July 28, 2026

[redacted]
Jeffco Health Services Inc.
417 Route 28
Brookville, Pennsylvania 15825

RE: Penn Highlands Jefferson Manor P.C.
License #: 40624

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 1, 2026 and ay 18, 2026, and the corrections you have made after our inspection, 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,

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

Facility Information

Name: *PENN HIGHLANDS JEFFERSON MANOR P. C.* **License #**: *40624* **License Expiration**: *06/30/2026*

Address: *417 RT. 28, BROOKVILLE, PA 15825*

County: *JEFFERSON* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *JEFFCO HEALTH SERVICES INC*

Address: *417 RT. 28, BROOKVILLE, PA, 15825*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *02/09/1994* **Issued By**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *53* **Waking Staff**: *40*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Provisional, Incident* **Exit Conference Date**: *04/01/2026*

Inspection Dates and Department Representative

04/01/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *32*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *2nd floor* **Capacity**: *24* **Residents Served**: *18*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *32*

Diagnosed with Mental Illness: *25* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *21* **Have Physical Disability**: *0*

Inspections / Reviews

04/01/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *04/19/2026*

Inspections / Reviews *(continued)*

04/13/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/29/2026*

07/21/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Exception*

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

Resident #1 ceased to breathe on [redacted]/26; however, the home did not report this to the department.

REPEAT VIOLATION: 7/8/25 et al, 8/21/25, 9/11/25 et al

Plan of Correction ***Accept ([redacted] - 04/09/2026)***

On 4/1/2026 the administrator [redacted] reported the death of resident #1 to the department.
On 4/2/2026 the administrator gave education to the Resident Care Coordinator on how to properly report the death of a resident to the department.
Starting on 5/1/2026 the administrator will track all deaths and compliance of reporting them to the department. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/09/2026*

Implemented [redacted] - 07/20/2026)

81b - Resident Personal Equipment

2. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At approximately 11:00 a.m., the u-shaped bedside mobility device attached to resident #2's bed was not attached to the bed frame and moved greater than 3 inches in all directions due to the device not being attached to the resident bed frame. Additionally, the device had an open area of 4 inches by 2-foot space at the center; however, the device did not have a cover to prevent head and neck entrapment risk.

Plan of Correction ***Accept [redacted] - 04/09/2026)***

On 4/1/2026 resident #2 pcp gave a DC order for the mobility device and it was removing by staff.
On 4/2/2026 the administrator gave education to the resident care coordinator on proper documentation, installation, and checking of a mobility device.
Starting on 5/1/2026 the administrator will monitor all mobility devices installation and coverings. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/09/2026*

Implemented [redacted] - 07/20/2026)

91 - Telephone Numbers

3. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

91 - Telephone Numbers *(continued)*

Description of Violation

At approximately 9:00 a.m., the landline phone, in the 1st floor conference room, did not have the emergency phone numbers posted on or near the phone.

Plan of Correction ***Accept (- 04/09/2026)***

On 4/1/2026 the administrator posted the emergency phone numbers near the landline in the 1st floor conference room.
On 4/2/2026 the administrator gave education to the resident care coordinator on the importance of having these emergency numbers posted and where they need posted.
Starting on 5/1/2026 the administrator will check monthly the placement of all the emergency numbers and ensure they are there. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/09/2026*

Implemented - 07/20/2026)

95 - Furniture and Equipment

4. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 12:05p.m. the couch across from the second floor nurses station is in poor repair with multiple areas on the cushions and arm of the chair where the covering missing/removed or exposes the underlining of the chairs cushion.

Plan of Correction ***Accept - 04/09/2026)***

On 4/1/2026 the administrator had maintenance remove the couch and trash it.
On 4/2/2026 the administrator gave education to the maintenance men about the good repair, clean and free of hazards of all the furniture.
Starting on 5/1/2026 the administrator will check all furniture monthly to ensure they are clean, in good repair, and free of hazards. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/09/2026*

Implemented - 07/20/2026)

183e - Storing Medications

5. Requirements

2600.
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

Resident #3 was prescribed Cipro 500mg, take twice daily for 7 days on 3/18/26; however, on 4/1/26, this medication was still available in the cart.

Plan of Correction ***Accept - 04/09/2026)***

On 4/1/2026 the resident care coordinator pulled the DC medication out of the medication cart.
On 4/2/2026 the administrator gave education to the resident care coordinator on how to properly put prescriptions in the EMAR.

183e Storing Medications (continued)

On 4/17/2026 all med tech were given education on the five rights and the importance of giving all the medication. Starting on 5/1/2026 the administrator will monitor the medication carts weekly to ensure that all medications are being given as prescribed.

Licensee's Proposed Overall Completion Date: *04/09/2026*

Implemented ([redacted] - 07/20/2026)

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 bedside mobility device policy did not include periodic assessment of proper installation, maintenance, or continued assessment for usage.

Plan of Correction ***Accept[redacted] - 04/09/2026)***

On 4/2/2026 the administrator revised the policy on mobility devices.
On 4/2/2026 the administrator gave education on this new policy to the resident care coordinator
Starting on 5/1/2026 all policies will be reviewed annual to ensure they are update.

Licensee's Proposed Overall Completion Date: *04/09/2026*

Implemented[redacted] - 07/20/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 was prescribed Cipro 500mg, take twice daily for 7 days on 3/18/26. However, this resident only received 6 days of this prescribed dosage.

REPEAT VIOLATION: 7/8/25 et al, 8/28/25

Plan of Correction ***Accept[redacted] - 04/09/2026)***

On 4/2/2026 the administrator gave education to the resident care coordinator on how to properly put prescriptions in the EMAR.
On 4/17/2026 all med tech were given education on the five rights and the importance of giving all the medication. Starting on 5/1/2026 the administrator will monitor the medication carts weekly to ensure that all medications are being given as prescribed.

Licensee's Proposed Overall Completion Date: *04/09/2026*

Implemented[redacted] - 07/20/2026)

236 - Staff Training

8. Requirements

2600.
236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, hired [redacted]/2020, completed 3.5 hours of the required 6 dementia training hours.

Plan of Correction ***Accept [redacted] - 04/09/2026)***

On 4/2/2026 education was given to the resident care coordinator on all staff needing 6 hours' worth of dementia training a year.
Starting on 4/2/2026 staff person A will receive 1 hour of dementia training a week to obtain her 6 hours, completing it on 5/7/2026
Starting on 5/1/2026 the administrator will audit the staffs training to ensure they are all in compliance. This auditing will be completed annual and as needed. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/09/2026*

Implemented ([redacted] - 07/20/2026)

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

Facility Information

Name: *PENN HIGHLANDS JEFFERSON MANOR P. C.* **License #**: *40624* **License Expiration**: *06/30/2026*

Address: *417 RT. 28, BROOKVILLE, PA 15825*

County: *JEFFERSON* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *JEFFCO HEALTH SERVICES INC*

Address: *417 RT. 28, BROOKVILLE, PA, 15825*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *02/09/1994* **Issued By**: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *51* **Waking Staff**: *38*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Provisional, Monitoring* **Exit Conference Date**: *05/18/2026*

Inspection Dates and Department Representative

05/18/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *32*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *2nd floor* **Capacity**: *24* **Residents Served**: *17*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *32*

Diagnosed with Mental Illness: *16*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *19*

Have Physical Disability: *0*

Inspections / Reviews

05/18/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/08/2026*

Inspections / Reviews *(continued)*

06/09/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/09/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/19/2026*

07/17/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/09/2026*

Reviewer: [redacted] **Follow Up Type:** *Exception*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:01 a.m., the morning bubble pack, containing information regarding resident #1's Nitrofurantoin Manohyd Macr 100mg, take 1 capsule by mouth for urinary tract infection for 7 days, was sitting on the medication cart near the front entrance to the home and was unattended, accessible, and unlocked.

At approximately 9:01 a.m., a lime green binder, containing resident narcotic count information was sitting unlocked, accessible, and unattended on top of the medication cart near the front entrance of the home, to include resident #2, Lorazepam1mg tabs, take 1.5 tablet by mouth twice daily.

Repeated Violation- 07/08/2025 et al.

Plan of Correction ***Accept [redacted] - 06/09/2026)***

On 5/18/2026 the med-tech [redacted] put the Narc book away and removed the bubble pack from on top of the cart.
On 5/20/2026 the administrator [redacted] gave education to the med-techs on confidentiality of resident information and ensuring that empty bubble packs and narc books were not left out on the cart unattended.
Starting on 6/1/2026 the administrator [redacted] will check the carts weekly to ensure that no resident information is left out. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented [redacted] - 07/17/2026)

81b - Resident Personal Equipment

2. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bedside mobility device attached to resident #3's bed was not attached to the bed frame and moved greater than 3 inches when pulled out. Additionally, it shifted to the left and slide behind the mattress; posing a fall risk.

Plan of Correction ***Accept ([redacted] - 06/09/2026)***

On 5/18/2026 the administrator [redacted] had maintenance securely attach the mobility device to the residents bed.
On 5/18/2026 the administrator [redacted] gave education to the maintenance man on why the mobility devices had to be secured to the bed.
Starting on 6/1/2026 the administrator [redacted] will check the mobility device weekly to ensure that it is

81b - Resident Personal Equipment (continued)

secured in place.

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented [redacted] - 07/17/2026)