

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

April 24, 2026

[REDACTED], ADMINISTRATOR
TWIN OAKS PERSONAL CARE HOME INC
1100 COWLEY ROAD
GRANVILLE SUMMIT, PA, 16926

RE: TWIN OAKS PERSONAL CARE
HOME
1100 COWLEY RD
GRANVILLE SUMMIT, PA, 16926
LICENSE/COC#: 21470

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/07/2026 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: TWIN OAKS PERSONAL CARE HOME License #: 21470 License Expiration: 04/20/2023
 Address: 1100 COWLEY RD, GRANVILLE SUMMIT, PA 16926
 County: BRADFORD Region: NORTHEAST

Administrator

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

Legal Entity

Name: TWIN OAKS PERSONAL CARE HOME INC
 Address: 1100 COWLEY ROAD, GRANVILLE SUMMIT, PA, 16926
 Phone: [REDACTED] Email: [REDACTED]

[REDACTED] of Occupancy

Type: C-2 LP Date: 03/27/1997 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/07/2026

Inspection Dates and Department Representative

04/07/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 24 Residents Served: 20
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/07/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/26/2026

04/17/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/21/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2026

Inspections / Reviews *(continued)*

04/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/27/2026

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

125a Combustible Storage

1. Requirements

- 2600.
- 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:25a.m., in the laundry room, a sock was found behind the dryer within a few inches of the exhaust vent.

Plan of Correction

Accept ([REDACTED]) - 04/17/2026)

CORRECTED AT TIME OF INSPECTION. SOCK WAS REMOVED. ADMINISTRATOR WILL ENSURE ONGOING COMPLIANCE BY CHECKING BEHIND THE DRYER DAILY.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented ([REDACTED]) - 04/21/2026)

141b1 Annual Medical Evaluation

2. Requirements

- 2600.
- 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's medical evaluation, dated [REDACTED], was incomplete and did not have the boxes checked certifying it by a medical professional or if the resident's needs could be met by a personal care home.

Plan of Correction

Directed ([REDACTED]) - 04/20/2026)

THE DME WAS DONE WITHIN THE REQUIRED DATE. HOWEVER THE PHYSICIAN DID NOT CHECK THE REQUIRED BOXES ON THE LAST PAGE. THE PHYSICIAN WAS CONTACTED AT TIME OF INSPECTION (04-06-26) AND COMPLETED THE DOCUMENT. ADMINISTRATOR WILL ENSURE ONGOING COMPLIANCE BY MORE CAREFULLY REVIEWING DME'S BEFORE FILING THEM. DME'S WILL BE AUDITED UPON RECEIPT FROM PCP.

Proposed Overall Completion Date: 04/17/2026

Directed: In addition to the above plan of correction, the administrator or designee will audit all current DME's and verify that all required information is completed on the form. If there is any missing information, the DME will be updated within 3 days. Documentation of audit will be kept and provided to the department.

Directed Completion Date: 04/27/2026

Implemented ([REDACTED]) - 04/21/2026)

183e Storing Medications

3. 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

On 4/7/2026, Nystatin Cream prescribed for Resident 2, was in the home's medication cart; however, the medication

183e - Storing Medications (continued)

was discontinued on 4/1/2026.

Plan of Correction

Accept () - 04/17/2026

THE NYSTATIN CREAM WAS CHANGED TO PRN BUT NOT DOCUMENTED IN THE MAR. MAR WAS CORRECTED AT TIME OF INSPECTION. ADMINISTRATOR WILL ENSURE ONGOING COMPLIANCE BY MORE CAREFULLY REVIEWING MARS MONTHLY.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented () - 04/24/2026

187a - Medication Record**4. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

On 4/2/2026, the Medication Administration Record had a morning reading documented as 164. The glucometer reading was also 164. According to the Sliding Scale below, 2 units should be administered, and it is documented as 5 units. Per staff interviews completed at 11:41a.m., this was a documentations error and there were no adverse reactions from the resident.

Sliding Scale: < 150: 0 units, 151-200: 2 units; 201-250: 6 units; 251-300: 8 units; 201-350: 10 units;

Plan of Correction

Accept () - 04/20/2026

STAFF ADMINISTERED THE CORRECT AMOUNT OF INSULIN BUT DID NOT RECORD IT PROPERLY. STAFF WAS TRAINED ON THE IMPORTANCE OF PROPER DOCUMENTATION ON DAY OF INSPECTION (04-06-26).

ADMINISTRATOR WILL ENSURE ONGOING COMPLIANCE BY AUDITING BLOOD SUGAR LEDGERS MONTHLY.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 04/24/2026