

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

May 6, 2026

[REDACTED], ADMINISTRATOR  
PATRIOT SENIOR LIVING OPERATING COMPANY LLC  
495 WEST PATRIOT STREET  
SOMERSET, PA, 15501

RE: PATRIOT SENIOR LIVING  
495 WEST PATRIOT STREET  
SOMERSET, PA, 15501  
LICENSE/COC#: 33987

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: *PATRIOT SENIOR LIVING* License #: *33987* License Expiration: *08/01/2026*  
 Address: *495 WEST PATRIOT STREET, SOMERSET, PA 15501*  
 County: *SOMERSET* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *PATRIOT SENIOR LIVING OPERATING COMPANY LLC*  
 Address: *495 WEST PATRIOT STREET, SOMERSET, PA, 15501*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *09/11/1990* Issued By: *Department of Health*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

**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: *76* Residents Served: *39*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *2*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *38*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *15* Have Physical Disability: *1*

**Inspections / Reviews**

04/07/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2026*

04/22/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *05/05/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2026*

Inspections / Reviews *(continued)*

04/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/06/2026

05/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

On 4/7/26 at 9:10 AM, the controlled substance binder was unlocked, unattended, and accessible on the medication cart in the hallway across from the nursing office. The binder contained the names and other protected health information of residents including for Resident #1 who is prescribed Tramadol tab 50 MG tablets, take 1 tablet by mouth every 8 hours as needed for chronic pain and for Resident #2 who is prescribed Tramadol 50 MG tablets, take 1 tablet by mouth twice daily for pain management.

The nursing office has no physical barrier preventing people from entering and was unattended at 9:10 AM. The lockable storage cabinets containing the clinical files for all of the residents, including for Resident #3 and Resident #4, were unlocked and accessible and included protected health information like names, dates of birth, medical diagnosis, and prescribed medications.

A computer atop one of the medication carts in the unattended nursing office was unlocked and permitted access to resident information like prescribed medications, dates of birth, medical diagnosis, and allergies.

Plan of Correction

Accept ( ) - 04/27/2026

- As of 4/8/2026, personal care staff will begin storing the controlled substance binder in the locked controlled substance drawer. PCHA will provide education to all staff on 4/29/26 regarding proper storage of resident records including; the new storage location of the controlled substance binder and proper storage of clinical files inside the locking chart rack. PCHA will also develop a new laptop security policy and educate staff on the new policy on 4/29/26, which will include locking the laptop instead of using the lock on the medication administration program to prevent unauthorized personnel from accessing resident information in other windows that are not locked. PCHA will conduct audits of the chart racks, laptops, and controlled substance binders three times per week for 4 weeks starting on 5/1/2026

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented ( ) - 05/06/2026

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

Resident #5 has a bedside mobility device on ( ) bed. The device is not secured firmly to the bed and has an open area measuring 8 1/2 inches length x 6 3/4 inches height. The device poses a risk of entrapment and injury to the resident.

Resident #6 has two bedside mobility devices on ( ) bed. The devices are not secured firmly to the bed and

**81b - Resident Personal Equipment (continued)**

have open areas measuring 9 ¾ inches length x 5 inches height. These devices pose a risk of entrapment and injury to the resident.

**Plan of Correction**

Accept (█) - 04/27/2026

On 4/8/2026, PCHA reviewed each resident's need for the bedside mobility device. It was determined that neither resident had a need for the device. Both bedside mobility devices were removed from the residents' beds on 4/8/2026. PCHA provided education to each resident's family regarding bedside mobility devices via telephone on 4/9/2026. On 4/9/2026 PCHA also conducted an audit of all beds to ensure there are no other undocumented bedside mobility devices. On 4/29/2026 PCHA will also provide education to facility staff regarding bedside mobility device regulations and identification of new bedside mobility devices, that may be provided by a family or outside agency and are not documented in the resident's medical record. If facility staff identify a new bedside mobility device in the future, they will report it to the PCHA immediately.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented (█) - 05/06/2026

**183b - Meds and Syringes Locked****3. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

On 4/7/26 at 9:15 AM, there was a small yellow tablet on the floor of the nursing office between a table and a storage cabinet. At 11:05 AM, there was a small peach tablet and a small white tablet underneath medication cart 1. A small white tablet was underneath the storage cabinets in the nursing office. At 11:30 AM, a tube of Voltaren Arthritis Pain reliever gel was unlocked, unattended, and accessible in Resident #6's bedroom. Resident #6 is not assessed to be able to self-administer medications.

**Plan of Correction**

Accept (█) - 04/27/2026

On 4/8/2026, the nurses station was thoroughly cleaned to ensure there were no additional medications on the floor. On 4/29/2026 PCHA will educate med techs on proper medication storage and medication administration process to ensure all medications are stored correctly. Staff will also be educated on the correct procedure to follow when a medication is accidentally dropped. PCHA will audit the nurses station for loose pills once weekly for 4 weeks and then monthly for 3 months starting on 5/1/2026

As of 4/9/2026 resident #6 is agreeable to have Voltaren administered by facility staff and voltaren will be stored in the treatment cart. On 4/9/2026 PCHA obtained a verbal order from the PCP with instructions for administration. On 4/9/2026 PCHA audited all resident rooms to ensure that there are no additional medications stored incorrectly. On 4/29/2026 PCHA will also educate staff on proper medication storage so that they are able to identify when a medication is improperly stored in a resident's room.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented (█) - 05/06/2026

183e - Storing Medications

4. 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 4/7/26, the following medications were found loose in the medication carts:

- large oval tablet embossed with L484 in medication cart 1
- peach tablet embossed P 114 in medication cart 2
- white tablet embossed EP 116 in medication cart 2
- large round tablet labeled 325 Tylenol in medication cart 2

Plan of Correction

Accept ( ) - 04/27/2026

On 4/8/2026, both medication carts were thoroughly cleaned to ensure there were no additional loose pills in the drawers. On 4/29/2026 PCHA will educate med techs on proper medication storage and medication administration process to ensure all medications are stored correctly. Staff will also be educated on the correct procedure to follow when a medication is accidentally dropped. PCHA will audit medication carts for loose pills once weekly for 4 weeks and then monthly for 3 months starting on 5/1/2026

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented ( ) - 05/06/2026

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

A comparison of blood sugar readings stored in Resident #7's glucometer versus those readings documented on the medication administration records. Resident #7 gets blood sugar checked three times a day. A reading stored on Resident #7's glucometer on 4/4/26 at 3:11 PM of 142, however, this was documented on the MAR as 192.

Plan of Correction

Accept ( ) - 04/27/2026

On 4/8/2026, PCHA investigated this documentation error to ensure there was no medication error. It was concluded that this was solely a transcription error and no medication error resulted from the incorrect documentation. The incorrect blood glucose level was struck from the resident's medical record, and the correct blood glucose reading was entered. On 4/29/2026 all medication technicians will be educated on the facility's glucometer policy and the importance of accurate documentation. PCHA will audit glucometers weekly for 4 weeks and monthly for 3 months starting on 5/1/2026.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented ( ) - 05/06/2026

227d - Support Plan Medical/Dental

6. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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**

*Residents #5 and #6 have bedside mobility devices attached to their beds, however, the specific need for the devices, intended use and risks of the devices, the ability of the residents to safely use the devices, and identification of the specific devices to be used and whether a cover is necessary to meet FDA guidelines, is not documented in the residents' care plans.*

**Plan of Correction**

**Accept ( ) - 04/27/2026**

*On 4/8/2026, PCHA reviewed each resident's need for the bedside mobility device. It was determined that neither resident had a need for the device. Both bedside mobility devices were removed from the residents' beds on 4/8/2026. PCHA provided education to each resident's family regarding bedside mobility devices via telephone on 4/9/2026. On 4/9/2026 PCHA also conducted an audit of all beds to ensure there are no other undocumented bedside mobility devices. On 4/29/2026 PCHA will also provide education to facility staff regarding bedside mobility device regulations and identification of new bedside mobility devices, that may be provided by a family or outside agency and are not documented in the resident's medical record. If facility staff identify a new bedside mobility device in the future, they will report it to the PCHA immediately.*

**Licensee's Proposed Overall Completion Date: 05/01/2026**

**Implemented ( ) - 05/06/2026**