

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

June 3, 2026

[REDACTED], ADMINISTRATOR  
EMMANUEL HOME  
800 PRIESTLY AVENUE  
NORTHUMBERLAND, PA, 17857

RE: EMMANUEL HOME  
800 PRIESTLY AVENUE  
NORTHUMBERLAND, PA, 17857  
LICENSE/COC#: 20053

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2026 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: EMMANUEL HOME License #: 20053 License Expiration: 05/25/2027  
 Address: 800 PRIESTLY AVENUE, NORTHUMBERLAND, PA 17857  
 County: NORTHUMBERLAND Region: NORTHEAST

**Administrator**

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

[REDACTED]

Name: EMMANUEL HOME  
 Address: 800 PRIESTLY AVENUE, NORTHUMBERLAND, PA, 17857  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/26/1999 Issued By: DLI

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 04/09/2026

**Inspection Dates and Department Representative**

04/09/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 38 Residents Served: 18

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

Hospice  
 Current Residents: 1

Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 18  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

04/09/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2026

05/18/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/28/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/20/2026

Inspections / Reviews *(continued)*

06/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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

On 8/24/25, Resident #1's medication that was administered at 2000 hours on 8/13/26 was found on the side table in the resident's room. The facility did not notify the Department until 8/26/25.

On 8/24/25, Resident #2's medication that was administered at 2000 hours on 8/13/26 was found on the side table of the resident's room. The facility did not notify the Department until 8/26/25.

On 11/22/25 Resident #3 had an unwitnessed fall while trying to close a dresser draw in the resident's room, resulting in the resident having a laceration to the back of the head. The facility did not notify the Department until 11/28/25.

Repeat Violation: 4/23/25

Plan of Correction

Accept ( ) - 05/18/2026

The Director of Nursing (DON) [redacted] and the Administrator [redacted] is responsible to fix immediate violation and problem. In order to be in compliance with PA Code 2600.16.c. and fix the violation and correct the problem. The Administrator [redacted] completed DHS Medicine and Safety training DHS 159.20 given by DHS and Northampton Community College. On 04/28/2026 the Administrator provided the Director of Nursing [redacted] with DHS 159.20 Medicine Safety and Reporting training as well as Regulation PA Code 2600.16.c. A emphasis was placed on the importance of reporting incidents in a timely manner all in accordance with PA Code 2600.16.c. As this is a repeat violation a renewed training should indicate how to report and how to provide specific information. The reporting should include the timeline of events and the corresponding actions taken by the home. Future reports should also indicate the home's plans to prevent similar incidents in the future. The Director of Nursing (DON) [redacted] and Administrator [redacted] has scheduled another written incident reporting training in July 2026. This training is for all staff. Going forward from 04/28/2026 the Director of Nursing (DON) [redacted] and Administrator [redacted] will provide annual education training on all reportable incidents (as listed in the facility education training schedule). The Director of Nursing (DON) and Administrator [redacted] have reiterated once again to staff that by being in compliance with PA Code 2600.16.c it demonstrates the home's commitment to following regulatory compliance. Going forward from 04/28/2026 the Director of Nursing (DON) [redacted] and Administrator [redacted] will ensure that all incidents or conditions are reported to the department's personal care home regional office or to the personal care hotline within 24 hours in a timely manner described by the department. The Director of Nursing (DON) [redacted] will also ensure that any incorrect medication errors are reported in a timely manner in accordance with PA Code 2600.16.c. See attached

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

Implemented ( ) - 06/03/2026

132e - Fire Drill Sleeping Hours

2. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e Fire Drill Sleeping Hours (continued)

Description of Violation

The most recent fire drill conducted during sleeping hours was on 9/26/25. The previous sleeping hours fire drill was conducted on 3/12/25.

Plan of Correction

Accept ( ) - 05/18/2026

The Administrator [redacted] is responsible to fix problem. In order to be compliant with PA Code 2600.132.e. an overnight fire drill was conducted during sleeping hours and was held on 04/30/2026 at 1:30AM. The previous overnight drill was conducted on 03/12/2026. The most recent fire drill ensures that a 2nd sleeping hour fire drill was held within a six (6) month period. The residents are in bed from 9PM with some residents getting up at 6AM. In order to be in continued compliance with PA Code 2600.132.e., the Administrator [redacted] will ensure that going forward that a fire drill during sleeping hours be held every 6 months. During these drills the Administrator [redacted] will also verify the home's sleeping hours, response time and that there were adequate staff members present. Please see attached Fire Drill Log.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ( ) - 06/03/2026

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

At 1:37 p.m., a medication blister pack of Calcium vitamin D600, Eliquis 2.5 mg; and Metoprol 50mg was unlocked, unattended, and accessible in Resident #5's room.

Plan of Correction

Accept ( ) - 05/18/2026

The Director of Nursing (DON) [redacted] is responsible to fix the immediate violation and problem. On 04/09/2026 in order to be in compliance with PA Code 2600.183.b., the Director of Nursing (DON) [redacted] immediately secured and locked box with the following medications: Calcium Vitamin D600, Eliquis 2.5 mg; Metoprol 50mg for ("Resident #5"). The Director of Nursing (DON) [redacted] implemented a audit check reminder in the EMAR computer system for staff to check on a weekly basis to ensure that all medications are locked, secured in a resident's room. The staff will be prompted weekly to ensure that all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. The Administrator [redacted] from the date of 4/9/2026 will ensure that the Director of Nursing (DON) [redacted] and all Medication Technicians will conduct EMAR request to check lock box in resident's room to ensure medications are secure in the evenings and every Friday for monitoring of self administration of medicine on a weekly audit basis. Going forward the Director of Nursing (DON) [redacted] and staff Medication Technicians will audit and monitor all medication storage which also includes following the manufacturer's instructions, storage and disposal. The audits will be completed using the facility's medication audit sheets. See attached.

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

Implemented ( ) - 06/03/2026

185a - Implement Storage Procedures

4. Requirements

185a Implement Storage Procedures (continued)

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 #4 has a physician's order for Preparation H External Cream 1% to be applied as needed up to twice daily. The medication was not available at the time of the inspection.

Plan of Correction

Accept ( ) - 05/18/2026)

The Director of Nursing (DON) [redacted] is responsible to fix the immediate violation and problem. On 04/09/2026 in order to be in compliance with PA Code 2600.185a the Director of Nursing (DON) [redacted] immediately submitted a pharmacy request on 04/09/2026 for ("Resident #4") PRN (Pro Re Nata = as needed) medication as follows: Preparation H External Cream 1%. Going forward from 04/29/2026 the Director of Nursing (DON) [redacted] and a assigned Medication Technician will monitor and ensure the that PA Code 2600.185.a. is adhered to by implementing a medication audit tool and following the home's procedures for the safe storage, access, security, distribution and usage of medications by trained staff persons. Going forward from 04/09/2026 the Director of Nursing (DON) [redacted] will ensure that all medications are stored in a safe secure manner by ensuring that the medication audit tool is used in compliance with PA Code 2600.185.a. Also going forward from 04/09/2026 the Director of Nursing (DON) will ensure that the staff are trained properly in medication storage and medical equipment. Medications should be stored as per manufacturers instructions. PRN'S (Pro Re Nata = as needed) should be accessible to the resident at all times. Going forward from 04/09/2026 the Director of Nursing (DON) [redacted] will implement and monitor the facility's medication audit tool which greatly reduces the risk that medications are not available when needed by resident. See attached.

Licensee's Proposed Overall Completion Date: 05/04/2026

Implemented ( ) - 06/03/2026)

190b Insulin Injections

5. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department approved medications administration course that includes the passing of a written performance based competency test within the past 2 years, as well as successful completion of a Department approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A's diabetic training was last completed on 11/11/24 and per the facility, staff person A has been administering insulin medication from 11/12/24 to 4/9/26 to residents.

Plan of Correction

Accept ( ) - 05/18/2026)

The Director of Nursing (DON) [redacted] and the Administrator [redacted] is responsible to fix problem to be in compliance with PA Code 2600.b. In order to fix problem ("Staff Member A") completed Diabetic Training on 04/28/2026. Going Forward the Administrator [redacted] will verify that the Director of Nursing (DON) [redacted] ensure that all Medication Technicians are trained in the proper procedures to safely and correctly administer medications to the residents. This also includes verifying that each Medication Technician has a passing grade which is greater > than 90% on the Medication Administration test. In order to continue to be in compliance with PA Code 2600.190.b. The Director of Nursing (DON) [redacted] along with Administrator [redacted] will continue to monitor and ensure that a staff member who has passed the Medication Administration course must initially complete the annual practicum as defined by the course every year. See attached - Diabetic Training completion

**190b - Insulin Injections (continued)**

certificate for ("Staff Member A").

Licensee's Proposed Overall Completion Date: 05/04/2026

Implemented (█) - 06/03/2026