

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

June 9, 2026

[REDACTED], ADMINISTRATOR  
LEEDS HEALTH CARE SERVICES INC  
60 NEITZ ROAD  
NORTHUMBERLAND, PA, 17857

RE: NOTTINGHAM VILLAGE  
RETIREMENT CENTER  
60 NEITZ ROAD  
NORTHUMBERLAND, PA, 17857  
LICENSE/COC#: 20213

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2026 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:** NOTTINGHAM VILLAGE RETIREMENT CENTER      **License #:** 20213      **License Expiration:** 04/26/2027  
**Address:** 60 NEITZ ROAD, NORTHUMBERLAND, PA 17857  
**County:** NORTHUMBERLAND      **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** LEEDS HEALTH CARE SERVICES INC  
**Address:** 60 NEITZ ROAD, NORTHUMBERLAND, PA, 17857  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 07/02/2002      **Issued By:** DLI

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 56      **Waking Staff:** 42

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 04/14/2026

**Inspection Dates and Department Representative**

04/14/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 90      **Residents Served:** 56

**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:** 56  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

**Inspections / Reviews**

04/14/2026 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/15/2026

05/29/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 06/03/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 06/11/2026

Inspections / Reviews *(continued)*

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The Licensing Inspection Summary from 6/12/26 was not posted in a public, conspicuous place.

Plan of Correction

Accept ( ) - 05/29/2026

A new copy of the LIS was printed and posted by the administrator on 4/14/2026 (day of the inspection). Resident services staff will monitor compliance by auditing LIS posting daily to ensure conspicuous posting of LIS. See attached daily audit tool in progress. Audit began on 4/17/2026 and will continue until 100% accuracy is met for six consecutive weeks. Administrator to spot check audit weekly. See attached administrator audit tool.

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

Implemented ( ) - 06/09/2026

17 - Record Confidentiality

2. 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 9:15 a.m. a computer on a medication cart down from the nurses station was found unlocked and unattended, allowing unauthorized access to resident information.

At approximately 9:17 a.m. a computer on a medication cart near room 230 was found unlocked and unattended, allowing unauthorized access to resident information.

Repeated violation: 6/12/25

Plan of Correction

Accept ( ) - 05/29/2026

Record confidentiality was reviewed with all charge staff. See attached education. Administrator will complete weekly spot checks of medication cart laptops to ensure confidentiality is being appropriately managed. Spot checks will continue until 100% accuracy is achieved for 8 consecutive weeks. See attached audit tool in progress.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented ( ) - 06/09/2026

63a - First Aid/CPR Training

3. Requirements

2600.

63a - First Aid/CPR Training (continued)

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 4/3/26 from 7:00 a.m. to 3:00 p.m., 56 residents were present in the facility. During this time no staff person present in the facility was certified in first aid and CPR.

On 4/3/26 from 3:00 p.m. to 11:00 p.m., 56 residents were present in the facility. During this time 1 staff person in the facility was certified in first aid and CPR.

On 4/4/26 from 10:00 p.m. to 11:00 p.m., 56 residents were present in the facility. During this time 1 staff person in the facility was certified in first aid and CPR.

Plan of Correction

Accept ( ) - 05/29/2026

A review of all staff files was completed on 4/30/2026 to identify any staff in need of CPR/1st Aid training. CPR/1st Aid class has been scheduled on 05/13/2026 for applicable staff. Administrator will conduct monthly audits to determine staff members who have certification coming up for renewal and schedule classes accordingly. Audits will be ongoing to maintain compliance.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented ( ) - 06/09/2026

81b - Resident Personal Equipment

4. 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

Room 227 utilizes a bedside mobility device. The device was loose and able to be moved 6 inches out away from the mattress.

Repeated violation: 6/12/25

Plan of Correction

Accept ( ) - 05/29/2026

Enabler bar in room 277 was secured to resident's bed as of 04/14/2026 while surveyor was still in the room. See attached photo. Monthly audits of enabler bars in use will be completed by Nursing Supervisor to ensure enablers are safely secured to beds. Audits will continue until 100% accuracy is met for three consecutive months. See attached audit tool. Administrator will conduct monthly spot checks to ensure audit completion. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented ( ) - 06/09/2026

82a - Poisonous Materials

5. Requirements

82a Poisonous Materials (continued)

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 9:40 a.m. in the basement laundry room there was a plastic spray bottle, marked with a marker, "Window Cleaner," that did not have a manufacturer's label on it.

Plan of Correction

Accept ( ) - 05/29/2026

Incorrectly labeled bottle was properly disposed of on day of inspection 04/14/2026. Environmental services staff were educated on need to provide manufacturer's labels for bottles. See attached staff education. Weekly audits will be conducted to ensure that all chemicals are stored in bottles with original labels. Audits will continue until 100% efficiency is reached for eight consecutive weeks. Director of Environmental Services will oversee audits. See attached audit tool in progress. Administrator will spot check every two weeks until goal is achieved. See attached administrator audit tool in progress.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented ( ) - 06/09/2026

103e Left Overs

6. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 1:30 p.m. there was a bag of meatballs in the freezer that was unlabeled and undated.

Plan of Correction

Accept ( ) - 05/29/2026

Improperly labeled and open meatballs were disposed of on day of inspection 04/14/2026. Daily audits will be conducted by Hospitality staff to ensure all food items are labeled, dated, and sealed. Audits will continue until 100% accuracy is reached for four consecutive weeks. Director of Hospitality will oversee audits. See attached audit tool in progress. Administrator will spot check weekly until goal is achieved. See attached administrator audit tool in progress.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented ( ) - 06/09/2026

107d Procedure Emergency Management Agency Submission

7. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The facility's written emergency procedures were not submitted to the local emergency management agency in 2025.

Plan of Correction

Accept ( ) - 05/29/2026

EOP was sent to local EMA on 05/12/2026. EMA director indicated receipt of EOP on 05/12/2026. See attached email correspondence. Administrator to review EOP and submit EOP to local EMA for their records on an annual basis.

Licensee's Proposed Overall Completion Date: 05/12/2026

107d - Procedure Emergency Management Agency Submission (continued)

Implemented ( ) - 06/09/2026

132b - Safety Inspection/Fire Drill

8. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last supervised fire drill observed by a fire safety expert was conducted on 7/16/25. The previous supervised fire drill observed by a fire safety expert was conducted on 6/14/24.

Plan of Correction

Accept ( ) - 05/29/2026

The facility's next annual Fire-Safety Inspection and Supervised Fire Drill is scheduled for 06/10/2026 at 10am. Northeast Inspection Consultants (NEIC) will be conducting the inspection. Administrator will continue to schedule routine inspections/drills on an annual basis to maintain compliance.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented ( ) - 06/09/2026

141a - Medical Evaluation

9. 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.

Description of Violation

Resident #2 was admitted on [redacted] The resident's initial medical evaluation was dated [redacted]

Plan of Correction

Accept ( ) - 05/29/2026

Going forward, the administrator will audit all DMEs of newly admitted residents for accurate and timely completion. Audit will occur monthly and will continue until accuracy is maintained for three consecutive months. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented ( ) - 06/09/2026

141b1 - Annual Medical Evaluation

10. Requirements

2600.

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

Description of Violation

Resident #3's most recent medical evaluation is dated [redacted]. The prior medical evaluation was completed on [redacted]

Resident #3's annual medical evaluation dated [redacted] does not indicate the resident's needs can be met in personal care.

## 141b1 - Annual Medical Evaluation (continued)

**Plan of Correction**

Accept (█) - 05/29/2026)

Verbal confirmation received on 04/17/2026 from PCP of resident #3 indicating that PCP agrees the resident's needs can be met in the personal care home. Update noted on DME by Nursing Supervisor. See attached DME with update. The administrator will conduct monthly audits on all Annual DMEs due/completed within the month for accurate and timely completion. Audit will continue until accuracy is maintained for three consecutive months. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented (█) - 06/09/2026)

## 184a - Resident's Meds Labeled

**11. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

**Description of Violation**

The pharmacy label for Resident #1's Vitamin B Complex Oral tablet and Wellbutrin SR Oral Tablet Extended Release 12 hours MG was torn and did not include the amount of medication to be administered.

**Plan of Correction**

Accept (█) - 05/29/2026)

New medication labels were obtained for both medications. See attached document with photos of labels. Administrator to conduct monthly inspections of facility med carts to ensure medication labels are present in their entirety. Audit to continue until compliant for 3 consecutive months. See attached administrator audit tool in progress.

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented (█) - 06/09/2026)

## 185a - Implement Storage Procedures

**12. 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**

Resident #1 has a physician's order for Potassium Iodide Oral Tablet to be administered by mouth as needed for nuclear exposure. At approximately 1:35 p.m. this medication was not available in the medication cart for administration.

**Plan of Correction**

Accept (█) - 05/29/2026)

Resident #1's Potassium Iodide Oral Tablet was discontinued by the physician on 05/01/2026. See attached physician's call report. Medication was discontinued due to resident █

Licensee's Proposed Overall Completion Date: 05/12/2026

185a - Implement Storage Procedures *(continued)*

*Implemented (█ - 06/09/2026)*

225a - Assessment 15 Days

**13. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*Resident #2 was admitted on █ The resident's initial assessment was completed on █*

**Plan of Correction**

*Accept (█ - 05/29/2026)*

*Going forward, the administrator will audit all RASPs of newly admitted residents for accurate and timely completion. Audit will occur monthly and will continue until accuracy is maintained for three consecutive months. See attached administrator audit tool in progress.*

**Licensee's Proposed Overall Completion Date: 05/12/2026**

*Implemented (█ - 06/09/2026)*

225c - Additional Assessment

**14. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

*Resident #4 has an order dated █ for a mechanical soft diet and pureed foods. The resident's assessment dated █ has not been updated to include the need for the mechanical soft and pureed foods.*

**Plan of Correction**

*Accept (█ - 05/29/2026)*

*Resident #4's RASP was updated on 04/14/2026 to reflect current diet orders. See attached RASP. Nursing Supervisor will conduct monthly audits on 4 randomly selected resident RASPs to review accuracy. Audit will continue until no errors are found for three consecutive months. See RASP Audit tool. Administrator will spot check audit monthly for completion. See administrator audit tool.*

**Licensee's Proposed Overall Completion Date: 05/12/2026**

*Implemented (█ - 06/09/2026)*