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

July 31, 2026

[redacted]
CHRIST THE KING MANOR INC
[redacted]

RE: CHRIST THE KING MANOR
1100 WEST LONG AVENUE
DUBOIS, PA, 15801
LICENSE/COC#: 44864

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2026 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: *CHRIST THE KING MANOR* **License #**: *44864* **License Expiration**: *06/20/2026*

Address: *1100 WEST LONG AVENUE, DUBOIS, PA 15801*

County: *CLEARFIELD* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *CHRIST THE KING MANOR INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *08/15/1996* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *67* **Waking Staff**: *50*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *05/08/2026*

Inspection Dates and Department Representative

05/06/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *50*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *20* **Residents Served**: *15*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *50*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *17*

Have Physical Disability: *0*

Inspections / Reviews

05/06/2026 Partial

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

06/22/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/29/2026*

Inspections / Reviews *(continued)*

07/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/05/2026*

07/31/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] before dinner, resident [redacted] began taking the placemats off of resident [redacted] s table. Resident [redacted] became upset and agitated with resident [redacted] and grabbed resident [redacted] s hand, scratching resident [redacted] s hand with [redacted] fingernails, causing the hand to bleed significantly. Resident [redacted] became very agitated, stating [redacted] broke my finger as staff person A intervened by asking resident [redacted] to release resident #[redacted] hand and directing resident [redacted] from the table and applying pressure to resident [redacted] 's hand to stop the bleeding as resident [redacted] was swinging [redacted] arms, trying to hit staff person A and threatening to stomp staff person A's foot. Staff person A contacted the medication tech to clean and bandage resident [redacted] hand. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction ***Directed ([redacted] - 07/14/2026)***

It is our intent that any allegation of abuse will be reported to the local Area Agency on Aging and Department of Human services. Administrator and Wellness Director reviewed and reeducated all personal care home staff on abuse reporting policy and procedure to ensure that abuse or suspected abuse is appropriately reported, investigated, and immediately reported to protective services. Administrator has initiated an abuse reporting checklist to assure all required notifications are made timely when an allegation, suspicion, or observation of abuse is identified. Administrator and/or designee will verify completion of required reports and maintain documentation of all notifications.

Proposed Overall Completion Date: 06/26/2026

Directed:

By 7/31/26, the administrator will reeducate all staff regarding the requirement that any suspected abuse of a resident served in the home must immediately be reported to Protective Services. Documentation will be kept.

[redacted] 7/14/26

Directed Completion Date: *07/31/2026*

Implemented [redacted] 07/31/2026)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1 10 Medical Evaluation Information *(continued)*

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted]'s medical evaluation, dated [redacted], did not include the immunization history. This area was blank.

Resident [redacted]'s medical evaluation, dated [redacted], did not include the need for a secured dementia care unit.

Plan of Correction ***Accept [redacted] - 07/14/2026)***

It is our intention that medical evaluation forms be completed appropriately and on correct DME form. Resident #[redacted] medical evaluation was corrected on 5/7/26 by wellness director to include immunization history. Resident [redacted] medical evaluation was corrected on 5/7/26 by wellness director and placed on updated medical evaluation form to include the need for a secured dementia unit. The Administrator and/or Wellness Director will complete monthly audits on a random sample of 10 resident's medical evaluation forms monthly for 3 months to assure accuracy.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented [redacted] - 07/31/2026)

227d - Support Plan Medical/Dental

3. Requirements

2600.

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

Resident [redacted]s support plan, dated [redacted] and resident [redacted] support plan, dated [redacted], did not include the contact information for all outside agencies providing health care support.

Plan of Correction ***Accept [redacted] - 07/14/2026)***

It is our intent that resident support plans be competed appropriately and accurately. Resident[redacted] and resident [redacted] support plans were updated on 5/7/2026 by wellness director to include the contact information for all outside agencies providing health care support. The Administrator and/or wellness director will complete monthly audits of a sample of 10 resident support plans to assure accuracy. Audit will be conducted monthly for 3 months.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented [redacted] - 07/31/2026)

234d - Support Plan Revision

4. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident [redacted] was completed on [redacted]; however, the support plan was not revised to address the resident's increase in aggression and blank for the areas of hallucinations, communication of needs, understanding instructions, short/long term memory, and ability to use and avoid poisonous materials.

Plan of Correction ***Accept [redacted] - 07/14/2026)***

It is our intent that resident support plans be updated appropriately to reflect changes in condition and needs. Resident [redacted] support plan was revised on 5/7/26 by wellness director to include resident's increase in aggression and properly completed within the areas of hallucinations, communication of needs, understanding instructions, short/long term memory, and ability to avoid poisonous materials. The Administrator and/or wellness director will complete monthly audits of a sample of 10 resident support plans to assure accurate completion with any change in condition. Audit will be conducted monthly for 3 months.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented [redacted] - 07/31/2026)

251c - Standardized Forms

5. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [redacted]s medical evaluation, dated [redacted], was not completed on the Department's current standardized form.

Plan of Correction ***Accept [redacted] - 07/14/2026)***

It is our intent that the department standardized forms are being utilized. Resident [redacted] medical evaluation form was revised on 5/7/26 by wellness director on appropriate standardized form. Administrator and/or wellness director will complete monthly audits of a random sample of 10 resident medical evaluation forms to assure proper use of department's current standardized form. Audit will be conducted monthly for 3 months.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented [redacted] - 07/31/2026)