

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

September 2, 2026

[REDACTED]
ROCHESTER VILLA OPCO LLC
[REDACTED]

RE: THE VILLAS AT ROCHESTER
174 VIRGINIA AVENUE
ROCHESTER, PA, 15074
LICENSE/COC#: 45279

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2026 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: THE VILLAS AT ROCHESTER

License #: 45279

License Expiration: 07/01/2026

Address: 174 VIRGINIA AVENUE, ROCHESTER, PA 15074

County: BEAVER

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: ROCHESTER VILLA OPCO LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 07/05/1995

Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 54

Waking Staff: 41

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Monitoring

Exit Conference Date: 05/07/2026

Inspection Dates and Department Representative

05/07/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 105

Residents Served: 51

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 48

Are 60 Years of Age or Older: 43

Diagnosed with Mental Illness: 25

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 3

Have Physical Disability: 3

Inspections / Reviews

05/07/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/31/2026

06/15/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/23/2026

Inspections / Reviews (*continued*)

06/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/24/2026

09/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2026

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

At approximately 11:22 a.m., resident pharmacy receipts were unlocked, unattended, and accessible in a wall file in the hallway outside the Administrators offices in the Victorian hallway, to include: resident [REDACTED] and resident [REDACTED]

Repeated violation- [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/29/2026)

- Pharmacy sheets were removed immediately from the administrations door by the PCHA or designee on 5/7/2026
- Staff was be educated by the previous PCHA on 6/11/2026 and on 06/23/26 by current PCHA on record confidentiality and proper placement of residents private documentation based of HIPPA regulations.
- Daily audit began 06/24/26 and will be completed by PCHA or designee for 3 weeks to ensure resident record confidentiality.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented [REDACTED] - 08/28/2026)

63a - First Aid/CPR Training

2. Requirements

2600.

- 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

There were 51 residents present in the home on [REDACTED]. On this date, from 11:00 p.m.- 7:00 a.m., 2 staff were present in the home; however, only staff person A was certified in first aid, obstructed airway techniques, and CPR.

There were 51 residents present in the home on [REDACTED]. On this date, from 11:00 p.m.- 7:00 a.m., 2 staff were present in the home; however, only staff person B was certified in first aid, obstructed airway techniques, and CPR.

Plan of Correction

Accept [REDACTED] - 06/15/2026)

- PCHA immediately scheduled CPR/first aid training for overnight staff on 5/7/2026
- Staff will be trained on CPR/First aid training by 6/15/2026 by Jenna Reho.
- HR or designated will audit staff files ensuring all staff have received training by 6/15/2026.

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented [REDACTED] 08/28/2026)

81b - Resident Personal Equipment

3. 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

At approximately 10:40 a.m., the bed enabler on resident [REDACTED]'s cover was attached to the bed enabler but not securely in place, leaving a gap measuring 11" x 18", posing an entrapment risk.

Plan of Correction

Accepted [REDACTED] - 06/29/2026)

- Family was notified 5/8/2026 by PCHA or designee. Family stated a new enabler bar will be purchased. Update - Enabler bar was purchased and fastened securely.
- PCHA or designated person will complete a weekly audit resident room ensuring all enabler bars are in compliance for 3 weeks beginning 06/23/26.
- Staff was educated by previous PCHA on 6/11/2026 and by current PCHA on 06/23/26 regarding regulations and proper enabler bar measurements.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented [REDACTED] - 08/28/2026)

85a Sanitary Conditions**4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The glucometer labeled for resident [REDACTED] was used to measure blood glucose levels for resident [REDACTED] on the following dates at 17:00:

Date	Glucose Reading
[REDACTED]	[REDACTED]

At approximately 10:30 a.m., the shower mat of the bathroom, inside the shared bedroom belonging to resident [REDACTED] and resident [REDACTED], appears to be covered in a black mold-like substance.

At approximately 11:07 a.m., the bed sheets and the pillow case, belonging to resident [REDACTED], had brown smears stains resembling a tobacco like discoloration.

At approximately 11:09 a.m., the shared bathroom between bedrooms [REDACTED] and [REDACTED] had a large volume size puddle of a yellow liquid substance around the toilet; giving off a strong urine-like odor.

85a - Sanitary Conditions (continued)

At approximately 11:10a.m., the carpet is heavily stained near the bed closest to the window in bedroom [REDACTED]

Plan of Correction

Accept [REDACTED] 06/29/2026)

- Resident care lead removed the bathmat from the shower, submitted a work order for the carpet to be cleaned and changed resident's sheets immediately on 5/7/2026.
- Med tech was removed from schedule and terminated from facility effective 5/11/2026. A new glucometers were ordered for both residents on 5/11/2026 by central supply
- PCHA will train all staff, including housekeeping and maintenance staff on 6/11/2026.
- Beginning 06/23/26-Housekeeping or designated person audit room weekly for 3-weeks to ensure compliance with reg 85a.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented [REDACTED] - 08/28/2026)

88a - Surfaces**5. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 10:30 a.m., the left closet bi-fold door was disconnected from the track and was leaning against the wall in the hallway, in the Renaissance unit, near bedroom [REDACTED]

At approximately 10:38 a.m., the cabinet door, beneath the bathroom sink, in the Renaissance unit, in the bathroom of bedroom [REDACTED], is disconnected from the cabinet.

At approximately 11:10 a.m., the left bi-fold closet door, in the Victorian Hallway, in bedroom [REDACTED] was disconnected, as the bottom support bracket was broken.

At approximately 11:15 a.m., the Victorian unit "lounge" room was missing a ceiling tile and had pieces of the ceiling tile collapsed and was laying in pieces on the floor. This room was unlocked and accessible to residents.

The clear plastic Fire extinguisher cover surrounding the wall mounted fire extinguisher, in the Victorian unit hallway, across from the Lounge room, was broken with sharp edges; posing a hazard.

There was a stained and bowing ceiling tile in the ceiling, in the Victorian unit, near the nurses station.

Plan of Correction

Accept [REDACTED] - 06/29/2026)

- PCHA notified maintenance immediately on 5/7/2026 of all item that need to be repaired. PCHA created a work order as well on 5/22/2026.
- PCHA provideed education to the maintenance staff on regulation 88a on 5/11/2026 and on 06/23/26.
- Beginning 06/23/26-PCHA or designated person will conduct weekly audit ensuring all doors and ceiling tiles are in good repair for 3-weeks

Licensee's Proposed Overall Completion Date: 07/10/2026

88a - Surfaces (*continued*)*Implemented* (████) - 08/28/2026)

103f - Refrigerator/Freezer Temps

6. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 10:24 a.m., the main freezer on the Renaissance Unit measured 8 degrees Fahrenheit.

Repeated violation- 02/11/2025

Plan of Correction

Accept (████) - 06/29/2026)

- DCS turned down the temperature in the the freezer on 5/7/2026.
- PCHA or designated person will check the freezer temps daily for 3-weeks which began 06/24/26.
- PCHA educated all staff on regulation 103f on 6/11/2026 and on 6/23/26

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented (████) - 08/28/2026)

105g - Lint Removal and Duct Cleaning

7. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 11:06 a.m., the apartment style dryer, on the Victorian Unit, had multiple small clumps of lint trapped between the dryer and the lint trap.

Plan of Correction

Accept (████) 06/29/2026)

- DCS removed the lint immediately on 5/7/2026.
- PCHA or designated person will check the lint traps daily beginning 06/23/26 for 3-weeks to ensure they are completely clean.
- Previous PCHA educated all staff on regulation 105g on 6/11/2026 and by current PCHA on proper lint traps cleaning techniques.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented (████) - 08/28/2026)

187a - Medication Record

8. Requirements

2600.

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

187a - Medication Record (continued)

Description of Violation

A glucometer blood glucose reading of [REDACTED] belonging to resident [REDACTED], was taken on [REDACTED] at 5:15 a.m.; however, a reading of [REDACTED] was recorded on the May medication administration record(MAR).

A glucometer blood glucose reading of [REDACTED], belonging to resident [REDACTED], was taken on [REDACTED] at 9:23 a.m.; however, a reading of [REDACTED] at 12:00 recorded on the May medication administration record(MAR).

Plan of Correction**Accept** [REDACTED] - 06/29/2026)

- Med techs were reeducated immediately on 5/7/2026 to ensure glucose reading match the MAR.
- PCHA or designated person will conducted weekly audits beginning 06/24/26 to ensure that the MAR and glucometers match for 3-weeks.
- PCHA will conduct all staff training on regulation 187a on 5/11/2026 and on 06/23/26

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented [REDACTED] - 08/28/2026)