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

July 24, 2026

[redacted] OWNER/OPERATOR
DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC
[redacted]

RE: DELAWARE VALLEY PERSONAL CARE CENTER
109 RIVERS EDGE DRIVE
MATAMORES, PA, 18336
LICENSE/COC#: 23013

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/12/2026 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**: *DELAWARE VALLEY PERSONAL CARE CENTER* **License #**: *23013* **License Expiration**: *04/26/2027*

**Address**: *109 RIVERS EDGE DRIVE, MATAMORES, PA 18336*

**County**: *PIKE* **Region**: *NORTHEAST*

## Administrator

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

## Legal Entity

**Name**: *DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC*

**Address**: [redacted]

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

## Certificate(s) of Occupancy

**Type**: *I-1* **Date**: *03/03/2021* **Issued By**: *L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *46* **Waking Staff**: *35*

## Inspection Information

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

**Reason**: *Renewal, Incident* **Exit Conference Date**: *05/12/2026*

## Inspection Dates and Department Representative

*05/12/2026 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *100* **Residents Served**: *44*

### Secured Dementia Care Unit

**In Home**: *No* **Area**: **Capacity**: **Residents Served**:

### Hospice

**Current Residents**: *3*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *44*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *2* **Have Physical Disability**: *0*

# Inspections / Reviews

### 05/12/2026 Full

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/07/2026*

### 07/10/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *07/14/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/15/2026*

## Inspections / Reviews *(continued)*

**07/24/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *07/14/2026*

**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 [redacted] the home discovered resident #1 tipped staff person A between 5 and 10 dollars for assisting the resident with care. The home did not report this incident to the department until 4/24/26.*

**Plan of Correction** ***Accept ([redacted] - 07/10/2026)***

*Immediate action: Administrator and designee reviewed regulation to be sure of understanding*
*Preventative action: Administrator will ensure all incidents are reported within the acceptable timeframe. Complaint hotline will be utilized after normal business hours.*
*Compliance Monitoring : Discussions at morning meeting with all department heads to ensure all issues that may be reportable are addressed*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/24/2026)***

## 20b4 - Use of Funds

**2. Requirements**

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
4. Resident funds and property shall only be used for the resident's benefit.

**Description of Violation**

*On [redacted] the home discovered staff person A accepted between 5 and 10 dollars as tips for assisting resident #1 with care.*

**Plan of Correction** ***Accept ([redacted] - 07/10/2026)***

*Immediate Action: All staff persons were interviewed that were potentially involved.*
*Preventive Action: Inservices were held will all staff to ensure they understand our internal policy as well as those put forth by governing agencies to prevent financial abuse of our population*
*Compliance Monitoring: All new hires are introduced to the employee handbook and regulation which states accepting gifts or money is not acceptable. Administrator conducts and checks all new hire work and training.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/24/2026)***

## 28a - Refunds

**3. Requirements**

2600.
28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

## 28a - Refunds *(continued)*

**Description of Violation**

*Resident #2's room was cleared of personal belongings on [redacted] The resident's family was due a refund of $5430.96 for the additional days of the month but the refund was not sent to the family until [redacted]*

**Plan of Correction** ***Accept ( - 07/10/2026)***

*Immediate Action: All back offices in charge of accounts payable were notified of regulation in personal care homes.*
*Preventive Action: Administrator created calendar to make note of discharge days days and 30 days out for refund issuance compliance.*
*Compliance Monitoring: Administrator will will email accounts payable weekly for status updates on all outstanding refunds and to ensure timelines are met.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/24/2026)***

## 42s - Privacy

**4. Requirements**

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*The home has video cameras installed on the first and second floor hallways that record for a 2-week period. The home did not have postings or notifications indicating that images are being recorded in those areas.*

**Plan of Correction** ***Accept ( - 07/10/2026)***

*Immediate Action: Signs were posted throughout the building that residents and family were under video surveillance.*
*Preventive Action: All residents and or family members sign waiver/acceptance upon admission as part of their contract*
*Compliance Monitoring: All signs will stay in place notifying all who enter cameras are in use.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/24/2026)***

## 51 - Criminal Background Check

**5. Requirements**

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

*Staff person A's first day of work was [redacted]. A criminal background check was not requested until [redacted]*
*Staff person B's first day of work was [redacted] A criminal background check was not requested until [redacted].*

**Plan of Correction** ***Accept ( - 07/10/2026)***

*Immediate Action: Administrator reviewed regulation to ensure understanding.*
*Preventive Action: Checklist in place on all new hire paperwork for background checks.*

## *51 Criminal Background Check (continued)*

*Compliance Monitoring: Administrator or designee will make sure all background checks are processed and received prior to first day of work*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( [redacted] - 07/24/2026)***

## 65a - FS Orientation 1st Day

**6. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

*Staff person B, whose first day of work was [redacted] did not receive orientation on the required topics until [redacted]*

**Plan of Correction** ***Accept ( [redacted] - 07/10/2026)***

*Immediate Action: Administrator and facility maintenance director reviewed regulation and employee file in question to ensure understanding*

*Preventive Action: Checklist for 1st day topics is included in new hire paperwork along with checklist.*

*Compliance Monitoring: Administrator will make sure checklist is complete on all new hires their start day.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( [redacted] - 07/24/2026)***

## 65g - Annual Training Content

**7. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

## 65g - Annual Training Content *(continued)*

**Description of Violation**

*Staff person C did not receive training in fire safety by a fire safety expert, or a person trained by a fire safety expert during training year 2025.*
*Staff person D did not receive training in the following topics during training year 2025: Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, Emergency preparedness procedures, Resident rights, The Older Adult Protective Services Act, and Falls and accident prevention.*

**Plan of Correction** ***Accept ([redacted] - 07/10/2026)***

*Immediate Action: Staff person C was trained as soon this was uncovered. Staff person D was no longer employed.*
*Preventive Action - Facilities maintenance person took course to become certified in fire safety in order to ensure all staff are properly trained and documented. Resident rights, OAPSA, Falls and Accident prevention are part of new hire orientation.*
*Compliance Monitoring: All new hire staff are trained upon hire and checklists are in place for administrator to sign off on.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/24/2026)***

## 82c - Locking Poisonous Materials

**8. Requirements**

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**Description of Violation**

*At 9:30 a.m., the first-floor laundry room contained ten 1 gallon bottles of Monogram bleach with a manufacture's label indicating "dangerous to humans and animals" that was unlocked, unattended, and accessible to residents. Not all the residents of the home, including resident #3, have been assessed capable of recognizing and using poisons safely.*

**Plan of Correction** ***Accept ([redacted] - 07/10/2026)***

*Immediate Action: Laundry room door was closed and locked.*
*Preventive Action: All staff were in-serviced on locking doors to rooms with poisonous materials and what those materials are.*
*Compliance Monitoring: During morning rounds by department heads and administrator will check to make sure all poisonous materials are stored properly throughout the facility.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/24/2026)***

## 125a - Combustible Storage

**9. Requirements**

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

*At 9:30 a.m., a washcloth was lying on the vent house of the second dryer, and a hand towel was on the ground*

## *125a - Combustible Storage (continued)*

*touching the back of the first dryer in the first-floor laundry room.*

**Plan of Correction** ***Accept ( [redacted] - 07/10/2026)***

*Immediate Action: Washcloth was removed and surrounding area was searched for other combustible materials that may need to be removed, no others were found.*
*Preventive Action: Sign was posted near lint trap sign off to check for items on or around the area that may ignite near heat source.*
*Compliance Monitoring: During morning rounds area will be checked by department heads/designee*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( [redacted] - 07/24/2026)***

## 132c - Fire Drill Records

**10. Requirements**

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The fire drill record for the drill conducted on 2/25/26 does not include if the time was a.m. or p.m. Also, the fire drill records for the drills conducted on 1/22/26, 2/25/26, 3/12/26, and 4/20/26 do not specify the exit routes used; for those drills the exit route is listed as "stairwells". The evacuation times recorded for these drills do not include both the minutes and seconds for the evacuations. The fire drill record only indicates the number of minutes the evacuations took.*

**Plan of Correction** ***Accept ( [redacted] - 07/10/2026)***

*Immediate Action: Administrator and facility maintenance director reviewed drills in question to ensure understanding of errors.*
*Preventive Action: Fire Drill Log now has areas highlighted that must be filled out in order to accurately document drill.*
*Compliance Monitoring: Administrator and  Maintenance will both check fire drill log to ensure all mentioned areas of concern are recorded to include seconds, routes, a.m. or p.m.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( [redacted] - 07/24/2026)***

## 141a 1-10 Medical Evaluation Information

**11. 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 #3's status change medical evaluation dated [redacted] did not indicate on page 5 if the resident's needs could be met safely at the personal care home.*

**Plan of Correction** ***Accept ([redacted] - 07/10/2026)***

*Immediate Action: Administrator reviewed DME in question to ensure understanding of violation.*
*Preventive Action: Administrator, med tech, and physician will triple check all DMES to make sure all areas are filled in and not left blank prior to filing in resident's chart.*
*Compliance monitoring: Tickler file to indicate DME/Rasp due dates now includes check mark for completed fully*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/24/2026)***

## 161d - Dietary Needs

**12. Requirements**

2600.
161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**Description of Violation**

*Resident 3's medical evaluation dated [redacted] and support plan dated [redacted] document the resident requires a mechanical soft diet. Staff person E indicated the kitchen has not been serving the resident a mechanical soft diet*

**Plan of Correction** ***Accept ([redacted] - 07/10/2026)***

*Immediate Action: DME was reviewed and discrepancy noted to contraindicate current diet.*
*Preventive Action: Interdisciplinary team reviewed current plan of care with hospice and it was deemed resident can have whatever [redacted] wants per hospice philosophy. Hospice reviewed with family and told us [redacted] diet should be regular as tolerated.*
*Compliance Monitoring: Director of Wellness and Administrator will check all DMEs are accurate before filing and notify any other departments of needs.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/24/2026)***

## 183e - Storing Medications

**13. 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 5/12/26 the Incruse Ellipta inhaler for resident #4 was not dated when the inhaler was opened for use. According to the manufacturer's instructions the inhaler is to be discarded six weeks after it is opened for use.*
*On 5/12/26 the Novolog insulin pen for resident #5 was not dated when the pen was opened for use. According to the manufacturer's instructions the insulin pen is to be discarded 28 days after it is opened for use.*

**Plan of Correction** ***Accept ( [redacted] - 07/10/2026)***

*Immediate Action: Because opened dates were not listed on inhaler or insulin both were pulled from cart, discarded and new ones opened and dated*
*Preventive Action: All staff in-serviced on regulation 183.e*
*Compliance Monitoring: For a period of 1 month random checks will be preformed weekly on medication carts by administrator, lead med tech or DOW to check dates are in place. Audit log to be completed*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( [redacted] - 07/24/2026)***

## 184b - Labeling OTC/CAM

**14. Requirements**

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

*On 5/12/26 the following over the counter medications were found in the medication cart and were not labeled with the residents' names: Calendula ointment, Equate Pain reliever 500mg, Melatonin 10mg Gummies, and Magnesium Glycinate.*

**Plan of Correction** ***Accept ( [redacted] - 07/10/2026)***

*Immediate Action: Because labels were missing all items without a name were pulled from the cart and discarded. Each item was replaced from overflow and labeled.*
*Preventive Action: All medication technicians were in-serviced on 184.b*
*Compliance Monitoring: For a period of 1 month random weekly checks were completed on med carts to ensure all items were labeled. Audit logs completed by lead med tech, administrator, or DOW.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( [redacted] - 07/24/2026)***

## 185a - Implement Storage Procedures

**15. 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.

## 185a Implement Storage Procedures *(continued)*

**Description of Violation**

*Resident #4 is prescribed Albuterol HFA inhaler, one puff every 6 hours as needed. At 1:30 p.m. the inhaler was not available in the medication cart to administer if needed.*

**Plan of Correction** ***Accept ( - 07/10/2026)***

*Immediate Action: Inhaler was ordered from the pharmacy*
*Preventive Action: Staff was in serviced on 185a from RCG*
*Compliance Monitoring: For a period of 1 month random weekly check will take place to ensure all ordered medication is in house and available. Audit log completed with each check*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/24/2026)***

## 187a - Medication Record

**16. Requirements**

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
8. Frequency of administration.
10. Duration of therapy, if applicable.

**Description of Violation**

*Resident #6 was prescribed Ciprofloxacin HCL 250mg, one tablet twice daily for 4 days. The resident's Medication Administration Record (MAR) does not indicate the end date for the order.*

**Plan of Correction** ***Accept ( - 07/10/2026)***

*Immediate Action: Administrator and lead Med Tech reviewed MAR to determine how error occurred.*
*Preventive Action: Internal eMar steps reviewed with MedTech to ensure she understood correct steps to take in software to enter end date if necessary for any medication.*
*Compliance Monitoring: Administrator, DOW or lead Med Tech will perform random weekly checks for the period of 1 month on eMar system to ensure end dates are present if indicated by provider.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ( - 07/24/2026)***

## 187d - Follow Prescriber's Orders

**17. Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #6 is prescribed Acetaminophen, Apixaban, Docusate Sodium, Escitalopram, and Gabapentin at 8:00 p.m. daily. On the medications were not administered.*
*Resident #7 is prescribed Carvedilol and Prednisone at 5:00 p.m. daily. On the medications were not administered.*

**Plan of Correction** ***Accept ( - 07/10/2026)***

*Resident#6 left building and refused to take medication with Resident #7 did take medications when*

187d - Follow Prescriber's Orders (continued)

*left the building and family assisted [redacted] with administering them while gone.*
*Staff did not correctly document in either instance in the eMar system. Med Tech staff were instructed on how to complete in system. System is not user friendly and without step by step guidance in each instance mistakes can be made inadvertently. Staff asked to document in paper charts if this arises again.*
*Compliance Monitoring: Staff instructed to contact supervisor when this occurs. As of July new Emar system will be in place making documentation easier for all.*

**Licensee's Proposed Overall Completion Date:** *06/30/2026*

***Implemented ([redacted] - 07/24/2026)***