

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

June 12, 2026

[REDACTED], ADMINISTRATOR
BETHANY VILLAGE INC
150 NOBLE LANE
BETHANY, PA, 18431

RE: BETHANY VILLAGE
150 NOBLE LANE
BETHANY, PA, 18431
LICENSE/COC#: 20357

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2026 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: *BETHANY VILLAGE* License #: *20357* License Expiration: *06/17/2027*
 Address: *150 NOBLE LANE, BETHANY, PA 18431*
 County: *WAYNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *BETHANY VILLAGE INC*
 Address: *150 NOBLE LANE, BETHANY, PA, 18431*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/21/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/20/2026*

Inspection Dates and Department Representative

05/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *70* Residents Served: *47*

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: *47*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *1*

Inspections / Reviews

05/20/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/11/2026*

06/12/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/12/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

06/12/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.

Description of Violation

Direct care staff persons A and B did not receive training in Medication Self Administration during training year 2025.

Plan of Correction

Accept (█) - 06/08/2026

The facility understands the importance of this regulation to ensure all training topics are completed by staff.

Staff persons A and B did receive training in Medication Self Administration for the training year 2025, however, it was not documented.

Both staff persons A and B have been provided training on Medication Self Administration on 05/21/2026. All direct care staff were in-serviced on 06/01/2026 as it pertained to regulation 2600.65.f

Audit completed on 05/26/2026 to ensure no further missing in services.

To ensure continued compliance, Administrator will be responsible to review all in-service topics to ensure topics are covered by all staff. Findings will be reviewed at the Quality Management meeting.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 06/12/2026

65g - Annual Training Content

2. 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:

- 5. Falls and accident prevention.

Description of Violation

Direct care staff person A did not receive training in Falls and Accident Prevention during training year 2025.

Plan of Correction

Accept (█) - 06/08/2026

The facility understands the importance of this regulation to ensure all training topics are completed for staff.

Staff persons A and B did receive training in Falls and Accident Prevention for the training year 2025, however, it was not documented correctly on the in-service training sheet.

Both staff persons A and B have been provided training in Falls and Accident Prevention on 05/21/2026. All direct care staff were in serviced on 06/01/2026 as it pertained to regulation 2600.65.g

Audit completed on 05/26/2026 to ensure no further missing in-services.

To ensure compliance, Administrator will be responsible to review all in-service topics to ensure topics are covered by all staff. Findings will be reviewed at the Quality Management meeting.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 06/12/2026

184a - Resident's Meds Labeled

4. Requirements

2600.

184a - Resident's Meds Labeled (continued)

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

Resident # 1 is prescribed Xanax .25mg, one tablet daily at 9:00 p.m. The pharmacy label for the medication indicates the order for the medication is one tablet twice per day as needed.

Plan of Correction

Accept () - 06/08/2026

The facility understands the importance of this regulation as it pertains to the prescribed dosage and instructions for administration.

Resident #1 has an order for Xanax .25mg one tablet daily at 9:00p.m. and an order for Xanax .25 mg one tablet twice daily as needed. Both orders were entered correctly in our electronic medical records system, Quick Mar, and our medication administration record. At no time was the medication prescribed incorrectly.

Staff nurse placed a "change in order" sticker on the label while surveyor was present.

Audit of pharmacy labels were completed on 06/05/2026 to ensure no other labels were incorrect.

Nursing staff will be responsible to ensure all pharmacy labels have correct dosage and instructions for administration or a "change in order" sticker placed on pharmacy label.

Findings will be reviewed at the Quality Management meeting.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented () - 06/12/2026

187a - Medication Record

5. Requirements

2600.

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

- 6. Dose.

Description of Violation

Resident #2 is prescribed Humalog insulin before breakfast, lunch, and dinner, with insulin administered according to a sliding scale amount. Resident #2's medication administration record did not include a listing of what the sliding scale units were with corresponding blood glucose readings.

Plan of Correction

Accept () - 06/08/2026

The facility understands the importance of this regulation to ensure medication is dosed correctly.

Resident #2 has Humalog insulin order for breakfast, lunch and dinner with insulin being administered according to a sliding scale amount.

The facility electronic medical record system, Quick Mar, contained the correct sliding scale and the resident has always received the correct dose. At no time did the resident receive an incorrect dose of Humalog insulin. However, when printing the Medication Administration Record (MAR), it did not print correctly on the MAR. Staff nurse immediately corrected it and printed off a new MAR and presented it to the surveyor.

All other residents with sliding scale were audited by nursing staff to ensure compliance with MARs printing correctly.

Nursing staff will be responsible to ensure all MARs have correct dosage. Findings will be reviewed at the Quality Management meeting.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented () - 06/12/2026

190a - Completion Medication Course

6. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff persons A and B did not have current medication administration annual practicums completed.

Plan of Correction

Accept (█ - 06/08/2026)

The facility understands the importance of this regulation as it pertains to ensuring all direct care staff have current annual practicums completed.

Staff persons A and B did receive training by trainer; however, the documentation could not be located at time of survey.

Staff persons A and B annual practicum was completed on 05/21/2026. Audit of all Med Tech certifications were completed on 06/01/2026 to ensure no further missing training.

Audits will be conducted quarterly by Medication Administration Trainer to ensure compliance. Findings will be reviewed at the Quality Management meeting.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█ - 06/12/2026)