



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BETHANY VILLAGE OPCO LLC**

LEGAL ENTITY

To operate **BETHANY VILLAGE SENIOR LIVING COMMUNITY**

NAME OF FACILITY OR AGENCY

Located at **150 NOBLE LANE, BETHANY, PA 18431**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **70**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 14, 2026** until **October 14, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **234430**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23



Pennsylvania Department of Human Services

Emailing Date: October 14, 2026

[REDACTED]
Bethany Village Opco LLC
150 Noble Lane
Bethany, Pennsylvania 18431

RE: Bethany Village Senior Living
Community
License #: 234430

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 20, 2026 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa. Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in dark ink, reading "Juliet Marsala". The script is cursive and fluid, with the first name "Juliet" and last name "Marsala" clearly distinguishable.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

June 12, 2026

[REDACTED]
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]

Legal Entity

Name: BETHANY VILLAGE INC

Address: 150 NOBLE LANE, BETHANY, PA, 18431

Phone: 5702513463

Email: BETHANYSLC@AOL.COM

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** [REDACTED] - 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 at 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** [REDACTED] - 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** [REDACTED] - 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** [REDACTED] - 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 [REDACTED] - 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 [REDACTED] - 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 [REDACTED] - 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 [REDACTED] - 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** [REDACTED] - 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 [REDACTED] - 06/12/2026)