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

August 26, 2026

[redacted], OWNER
THE VILLAGES OF MAPLE HEIGHTS, LLC
[redacted]

RE: THE VILLAGES OF MAPLE HEIGHTS
429 MANOR DRIVE
EBENSBURG, PA, 15931
LICENSE/COC#: 33865

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2026, 05/28/2026, 06/01/2026, 06/01/2026 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 VILLAGES OF MAPLE HEIGHTS* **License #**: *33865* **License Expiration**: *07/01/2027*

Address: *429 MANOR DRIVE, EBENSBURG, PA 15931*

County: *CAMBRIA* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *THE VILLAGES OF MAPLE HEIGHTS, LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *11/20/2013* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *42* **Waking Staff**: *32*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/01/2026*

Inspection Dates and Department Representative

05/27/2026 - On-Site: [redacted]

05/28/2026 - On-Site: [redacted]

06/01/2026 - Off-Site: [redacted]

06/01/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served**: *33*

Special Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *33*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *9* **Have Physical Disability**: *4*

Inspections / Reviews

05/27/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/01/2026*

Inspections / Reviews *(continued)*

08/06/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/25/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/21/2026*

08/26/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/25/2026*

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

17 Record confidentiality

1. Requirements

2800.
17. Confidentiality of Records - 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

On 5/27/26, at 9:33am, empty pillow packets and medication pharmacy labels containing the following resident names and their prescribed medications were unlocked, unattended, and accessible in the bin attached to the medication cart:

- *Resident #4's ipratropium bromide .02% medication label with this prescribed medication orders and [redacted] prescribing physician.*
- *Resident #5's room number, prescribing physician and [redacted] order for trazodone 100mg.*
- *Resident #6's room number, prescribing physician, and [redacted] orders for eliquis 5mg twice daily, fluoxetine 20mg twice daily for depression, and furosemide 40mg, magnesium oxide 400mg once daily, and metoprolol succ er 25mg.*

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

An audit of the med cart was completed by the Resident Care Coordinator on 5/27/26 at 4:30 pm and the process of disposal was changed. Empty pillow packs will be securely disposed of in drawer of locked medication cart.
Staff will be given education by the Administrator/designee regarding 2800.17 on "Confidentiality of records" and the revised process of package disposal. Education will be conducted 8/3/26 and will be completed by 8/20/26.
Administrator or designee will complete a weekly audit to ensure that empty medication packs are appropriately disposed. This audit will begin 8/3/26 for 4 weeks and then monthly for 3 months and will be completed by 11/6/26.
Results of audit will be reviewed monthly through Quality Management Review.

Proposed Overall Completion Date: 11/06/2026

Licensee's Proposed Overall Completion Date: *08/06/2026*

Implemented ([redacted] - 08/26/2026)

85a Sanitary conditions

2. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/27/26, at 9:20am and 2:35pm, a strong smell of urine was present in the bedroom and bathroom of Room [redacted] and in the hallway outside these shared resident rooms.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

The carpet and mattresses were cleaned in room [redacted] on 6/1/26.

85a Sanitary conditions (continued)

A facility audit was completed on 6/1/26 by the Resident Care Coordinator and no other areas of concern were identified.
The facility will schedule carpet cleaning in room [redacted] to be performed on a weekly basis.
Staff will be given education by the Administrator/Designee regarding 2800.85a on "Sanitary Conditions" along with additional education on providing incontinent care and alerting housekeeping of any noted odors. This education will begin 8/3/26 and be completed by 8/20/26.

An audit will be completed daily during facility rounds to ensure there is no smell of urine.
Administrator or designee will complete a weekly audit beginning 8/3/26 for 4 weeks and then monthly for 3 months and will be completed by 11/6/26. Results of this audit will be reviewed monthly through Quality Management Review.

Proposed Overall Completion Date: 11/06/2026

Licensee's Proposed Overall Completion Date: *08/20/2026*

Implemented ([redacted] - 08/26/2026)

141a Medical evaluation

3. Requirements

2800.
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:
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The initial medical evaluation for Resident #1, dated [redacted], does not include an indication that a tuberculin skin test has been administered with negative results within 2 years, or the results of [redacted] chest x ray.

The initial medical evaluation for Resident #7, dated [redacted] does not include medication regimen, contraindicated medications, medication side effects and the ability to self administer medications reviewed at the time of the evaluation or an indication of the results of [redacted] tuberculin skin test.

Plan of Correction

Accept ([redacted] - 08/06/2026)

Resident #1 no longer resides at the facility. Resident #7 had a medication list dated for [redacted] attached to the Medical Evaluation upon admission of [redacted]. It lists his allergies and all information needed. Tuberculin test administered within 15 days of admission is attached to the Medical Evaluation.
The Resident Care Coordinator will complete an audit of resident medical evaluations to ensure that tuberculin skin test results and the current medication regimen is included with the Medical Evaluation. This will be completed by 8/1/2026.

141a Medical evaluation (continued)

The Administrator will educate the Resident Care Coordinator on 2800.141.a "Medical Evaluation" and ensuring the completion along with attachments of the requirements of this regulation. This education will be completed by 8/6/26.

The Administrator/designee will audit that Medical Evaluations are completed as outlined in the regulation. This audit will start 8/3/2026 and will be conducted monthly for 3 months and will be completed by 11/6/26. Results of this audit will be reviewed through the monthly Quality Management Review.

Proposed Overall Completion Date: 11/06/2026

Licensee's Proposed Overall Completion Date: *08/06/2026*

Implemented (- 08/26/2026)

141b1 Annual medical evaluation

4. Requirements

2800.
141.b. A resident shall have a medical evaluation:
1. At least annually.

Description of Violation

Resident #1's most recent medical evaluation, completed on does not include the results of Tuberculin skin test or chest x-ray.

Resident #7's most recent medical evaluation, completed on does not include the results of Tuberculin skin test that was administered on

Plan of Correction ***Accept (- 08/06/2026)***

Resident #1 no longer resides at the facility. Resident #7 had results of tuberculin test attached to medical evaluation.

The Resident Care Coordinator will complete an audit of resident medical evaluations to ensure that tuberculin skin test results are included with the Annual Medical Evaluation. This will be completed by 8/1/2026.

The Administrator will educate the Resident Care Coordinator on 2800.141.b1 "Medical Evaluation" and ensuring the completion along with attachments of the requirements of this regulation. This education will be completed by 8/6/26.

The Administrator/designee will audit that Annual Medical Evaluations are completed as outlined in the regulation. This audit will start 8/3/2026 and will be conducted monthly for 3 months and will be completed by 11/6/26.

141b1 Annual medical evaluation (continued)

Results of this audit will be reviewed through the monthly Quality Management Review.

Proposed Overall Completion Date: 11/06/2026

Licensee's Proposed Overall Completion Date: *08/06/2026*

Implemented (- 08/26/2026)

184b - Labeling OTC/CAM

5. Requirements

2800.
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 5/27/26, OTC medications, Loratadine and Sentry Silver, belonging to Resident #1 were in the medication cart and was not labeled with the resident's name.

Plan of Correction ***Accept (- 08/06/2026)***

Resident #1 no longer resides at the facility. OTC medication found in cart was labeled with resident's name on 5/27/26 by the Resident Care Coordinator.

An audit of the med cart was conducted by the Resident Care Coordinator on 5/27/26 and there were no additional OTC medications present that were not labeled with resident name.

Staff will be educated by the administrator/designee regarding 2800.184.b "Labeling OTC/CAM. Education will be conducted beginning 8/3/26 and will be completed by 8/20/26.

Administrator/ designee will complete a weekly audit beginning 8/3/26 for 4 weeks and then monthly for 3 months to ensure that OTC medication is appropriately labeled. This audit will be completed on 11/6/26 and reviewed during the monthly Quality Management Review.

Proposed Overall Completion Date: 11/06/2026

Licensee's Proposed Overall Completion Date: *08/06/2026*

Implemented (- 08/26/2026)

190c Record of training

6. Requirements

2800.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The 2024 medication administration training record for Staff members A and B does not include a record of the 2

190c Record of training (continued)

Medication Administration Record (MAR) reviews and 2 observations that must be completed annually for both staff.

Repeated Violation - 3/16/25, et al.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

Staff member A had 2 MAR reviews and observations for 2025, 5/2025 and 11/2025. In 2026 [redacted] has had a MAR review on 2/2026 and an observation on 5/2026. Another MAR review and observation was completed 7/30/26 and another will be completed 10/30/2026
Staff member B did have 2 MAR reviews and observations: July of 2024 and December 2024 as evidenced by the attached documentation.

A baseline audit will be completed by Administrator or designee beginning 8/3/26 and will be completed by 8/26/26 to ensure that all Medication Administration training records are accurate and up to date.

The administrator and Resident Care Coordinator will establish a spreadsheet to review Medication Administration Training Records to ensure completion as outlined in the regulation. The Administrator will educate the Resident Care Coordinator on 2800.190.c "Record of training" by 8/3/2026.

Administrator or designee will complete a weekly audit beginning 8/3/26 for 4 weeks and then monthly for 3 months. This audit will be completed by 11/6/26. Audits will be reviewed monthly at the Quality Management Review.

Proposed Overall Completion Date: 11/06/2026

Licensee's Proposed Overall Completion Date: *08/06/2026*

Implemented ([redacted] - 08/26/2026)