

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

July 2, 2026

[REDACTED], OWNER
KEPPLER PERSONAL CARE PORTAGE, INC
[REDACTED]

RE: REBEKAH MANOR WELLNESS
COMMUNITY
1000 WASHINGTON AVE.
PORTAGE, PA, 15946
LICENSE/COC#: 34018

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2026, 05/29/2026 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: REBEKAH MANOR WELLNESS COMMUNITY License #: 34018 License Expiration: 02/10/2027
 Address: 1000 WASHINGTON AVE., PORTAGE, PA 15946
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: KEPPLER PERSONAL CARE PORTAGE, INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 08/07/0987 Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 05/29/2026

Inspection Dates and Department Representative

05/28/2026 - On-Site: [REDACTED]
 05/29/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 37 Residents Served: 29
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 25
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

05/28/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/15/2026

Inspections / Reviews (*continued*)

06/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/01/2026

07/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2026

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

On 5/28/26, at 9:12AM, there were binders containing resident names, allergies, diagnoses, personal care information, DOB, room #, hospice information observed on a small table in the dining area beside the kitchen unlocked, unattended, and accessible to anyone in the home.

On 5/28/26, at 9:13AM, there was an unlocked 2 drawer filing cabinet sitting on a cabinet beside the small table containing the same confidential resident information unlocked, unattended, and accessible to anyone in the home.

On 5/28/26, at 9:23AM, there were 2 NARC binders sitting on the 2 med carts in the living area of the home. The binders contained resident names, prescription names, dosage, prescribing physicians and were unlocked, unattended, and accessible to anyone in the home.

Plan of Correction

Accept () - 06/24/2026

- 1. Staff will be provided with education on HIPAA and Resident Rights at June Staff Meeting 6/25/2026. See attached education to be presented.
- 2. Staff educated to keep all resident information confidential and in locked cabinet at all times. Locks placed on filing cabinet and cupboards 6/10/2026. See attached pictures.
- 3. Lead Aide/Med Aides educated 6/1/2026 to keep NARC binders locked in medicine cart while they are not in use.

Licensee's Proposed Overall Completion Date: 06/25/2026

Implemented () - 07/02/2026

64c Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

() the home's administrator, completed only 9 hours of Department-approved training in the 2025 calendar training year.

Plan of Correction

Accept () - 06/24/2026

For Calendar year 2026, Administrator is on track to complete required hours for training. The following hours have been completed- see attached certifications/training hours. All Administrator education will be kept in the Administrator binder moving forward for tracking purposes.

Licensee's Proposed Overall Completion Date: 06/14/2026

Implemented () - 07/02/2026

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/28/26, the bathroom next to the basement door had a pungent urine odor that could be smelled in the dining area of the home.

Plan of Correction

Accept () - 06/24/2026

1. Cleaning logs created 6/10/2026 and staff educated on schedule of cleanings. This will be monitored. See cleaning logs attached.

Licensee's Proposed Overall Completion Date: 06/14/2026

Implemented () - 07/02/2026

88a - Surfaces

4. 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

On 5/28/26, at 9:18AM, the bathroom next to the basement door had floor tiles peeling up, missing and the area around the bottom of the toilet was black in color with what appeared to be mold.

Plan of Correction

Accept () - 06/24/2026

1. Bathroom will be remodeled by 6/27/2026- Floor will be replaced.

Licensee's Proposed Overall Completion Date: 06/27/2026

Implemented () - 07/02/2026

92 - Windows

5. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 5/28/26, at 12:12PM, the bedroom window in room#2 was open and had no screen.

Plan of Correction

Accept () - 06/24/2026

1. Screen was in room and reinstalled 9/1/2026. Resident educated on importance of keeping screen in place for sanitation purposes. This will be monitored.

Licensee's Proposed Overall Completion Date: 06/14/2026

Implemented () - 07/02/2026

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The resident's most recent medical evaluation was completed [REDACTED].

Resident #2 was admitted to the home on [REDACTED]. The resident's most recent medical evaluation was completed [REDACTED].

Plan of Correction

Accept ([REDACTED]) - 06/24/2026)

All medical evaluations are currently up to date and signed by the physician. See attached.

Licensee's Proposed Overall Completion Date: 06/14/2026

Implemented ([REDACTED]) - 07/02/2026)

185a - Implement Storage Procedures

7. 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.

Description of Violation

Resident #3 is prescribed a Breo Ellipta inhaler daily at 8:00AM. On 5/28/26 this medication was not available in the home.

Plan of Correction

Accept ([REDACTED]) - 06/24/2026)

1. Lead Aide on duty ordered Breo Ellipta Inhaler 5/28/2026. Pharmacy delivered next day, 5/29/2026.

2. Administrator spoke to [REDACTED]. Cart Audits will be performed quarterly to review medications in cart vs orders on Medication Administration Record. Cart Audit due by end of June.

3. Lead Aide/Med Aide provided with re-education on medication ordering process.

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

Implemented ([REDACTED]) - 07/02/2026)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed a Breo Ellipta Inhaler daily at 8:00AM. Staff Member B initialed on 5/28/26, at 8:00AM, that the inhaler was administered, however, it was not available in the home at that time.

Plan of Correction

Accept ([REDACTED]) - 06/24/2026)

1. Lead Aide/Med Aide provided with re-education on medication administration process and process for signing of Medication Administration Records.

2. Administrator spoke to [REDACTED]. Cart Audits will be performed quarterly to review medications in cart

187b - Date/Time of Medication Admin. (continued)

vs orders on Medication Administration Record. Cart Audit due by end of June.

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

Implemented () - 07/02/2026

190a - Completion Medication Course

9. 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 Member B does not have a current medication administration training and administered medication on the following dates and times to residents:

- On 5/1/26, 5/8/26 at 8:00AM to Resident #1.
- On 5/8/26 at 8:00AM to Resident #2.
- On 5/1/26, 5/8/26 at 8:00AM to Resident #3.
- On 5/1/26, 5/8/26 at 8:00AM to Resident #4.
- On 5/8/26 at 12:00PM to Resident #2.
- On 5/1/26, 5/8/26 at 12:00PM to Resident #3.
- On 5/13/26, 5/15/26, 5/16/26, 5/17/26, 5/18/26, 5/19/26, 5/20/26, 5/22/26, 5/24/26, 5/25/26, 5/26/26, 5/27/26 at 5:00PM to Resident #1.
- On 5/13/26, 5/15/26, 5/16/26, 5/17/26, 5/18/26, 5/19/26, 5/20/26, 5/22/26, 5/24/26, 5/25/26, 5/26/26, 5/27/26 at 8:00PM to Resident #1.
- On 5/13/26, 5/15/26, 5/16/26, 5/17/26, 5/18/26, 5/19/26, 5/20/26, 5/22/26, 5/24/26, 5/25/26, 5/26/26, 5/27/26 at 8:00PM to Resident #2.
- On 5/13/26, 5/15/26, 5/16/26, 5/17/26, 5/18/26, 5/19/26, 5/20/26, 5/22/26, 5/24/26, 5/25/26, 5/26/26, 5/27/26 at 8:00PM to Resident #3.
- On 5/13/26, 5/15/26, 5/16/26, 5/17/26, 5/18/26, 5/19/26, 5/20/26, 5/22/26, 5/24/26, 5/25/26, 5/26/26, 5/27/26 at 8:00PM to Resident #4.

Plan of Correction

Accept () - 06/24/2026

1. All staff that administer medications did successfully complete a Department-approved medication administration course that includes the passing of the Department's performance-based competency test within the last two years. However they were not up to date on every 6 month chart reviews and observations.

2. Administrator received the Medication Train the Trainer Certificate 5/5/2026 and will be able to complete all requirements moving forward.

3. Administrator is working with [redacted] is a certified trainer and is going to assist in getting all staff up to date with medication certification requirements.

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

190a - Completion Medication Course *(continued)*

Implemented ([REDACTED] - 07/02/2026)

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1 was admitted in the home on [REDACTED] Resident #1's most recent assessment was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 06/24/2026)

All resident assessments are currently up to date. See attached.

Licensee's Proposed Overall Completion Date: 06/14/2026

Implemented ([REDACTED] - 07/02/2026)