

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

August 27, 2026

[REDACTED]  
EMBASSY DARLINGTON LLC  
[REDACTED]

RE: LAKEVIEW PERSONAL CARE  
498 LISBON ROAD  
DARLINGTON, PA, 16115  
LICENSE/COC#: 45161

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: LAKEVIEW PERSONAL CARE

License #: 45161

License Expiration: 06/17/2026

Address: 498 LISBON ROAD, DARLINGTON, PA 16115

County: BEAVER

Region: WESTERN

## Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: EMBASSY DARLINGTON LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/23/1992

Issued By: Dept L &amp; I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 54

Waking Staff: 41

## Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident, Monitoring

Exit Conference Date: 06/01/2026

## Inspection Dates and Department Representative

06/01/2026 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 92

Residents Served: 46

## Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

## Hospice

Current Residents: 8

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 46

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 8

Have Physical Disability: 1

## Inspections / Reviews

06/01/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/27/2026

06/26/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/06/2026

Inspections / Reviews (*continued*)

## 08/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/28/2026

## 08/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2026

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], at approximately 3:30 p.m., resident [REDACTED] entered resident [REDACTED]'s bedroom and verbally threatened to stab resident [REDACTED] if [REDACTED] did not give resident [REDACTED] access to a phone. Fearful of resident [REDACTED], resident [REDACTED] activated [REDACTED] personal life alert button which called the police to respond on scene as well. However, the home did not report this incident to the department until [REDACTED].

Repeated Violation- [REDACTED]

## Plan of Correction

Accept [REDACTED] - 06/26/2026)

The incident involving Resident [REDACTED] and Resident [REDACTED] was reported to the Department on 5/27/26. Upon review, it was determined that the incident met the criteria for reporting within 24 hours.

On June 2, 2026, the Administrator [REDACTED] reviewed the reporting requirements with all supervisory staff and reinforced the requirement that reportable incidents must be communicated to the Department's Personal Care Home Regional Office or Complaint Hotline within 24 hours of occurrence.

Beginning June 2, 2026, to prevent future occurrences, the home has implemented a mandatory Incident Reporting Checklist that must be completed for every reportable event.

The checklist includes notification of the Administrator [REDACTED] and the Wellness Director [REDACTED] immediately following any incident involving threats, abuse allegations, police involvement, serious injuries, or other reportable events. The Administrator ([REDACTED]) and the Wellness Director ([REDACTED]) will determine reportability the same day and ensure all required notifications to the Department are completed within the required timeframe.

The Administrator [REDACTED] and the Wellness Director ([REDACTED]) will review all incident reports within 24 hours of occurrence for a period of six months to verify that reportable incidents have been identified and reported to the Department within the required timeframe. A monthly audit log of all reportable incidents and Department notifications will be maintained. Any identified deficiencies will be addressed immediately through corrective action and additional staff education.

Licensee's Proposed Overall Completion Date: 06/26/2026

Implemented [REDACTED] - 08/27/2026)

## 25b - Contract Signatures

## 2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

## Description of Violation

Resident [REDACTED] was admitted into the home on [REDACTED] however, the resident did not sign the contract nor did it indicate the residents inability to sign.

**25b Contract Signatures (continued)**

Resident [REDACTED] was admitted into the home on [REDACTED] however, the resident has not signed the contract.

**Plan of Correction**

Accept [REDACTED] - 08/21/2026)

On 6/3/26 the Administrator ([REDACTED]) reviewed Resident [REDACTED] contract with the resident and signed the admission paperwork.

On 6/3/26 the Administrator ([REDACTED]) reviewed Resident [REDACTED] contract with the resident and signed the admission paperwork.

Beginning on 6/3/26 the Administrator ([REDACTED]) revised the admission process and revised to include a standardized Admission Checklist requiring verification that all required contract signatures have been obtained prior to the completion of the admission process.

Beginning on 6/3/26 the Administrator ([REDACTED]) and Wellness Director ([REDACTED]) will review each new admission packet within 24 hours of admission to ensure all required documentation and signatures are complete.

Starting 6/3/26 the Administrator ([REDACTED]) will audit 100% of all new admission contracts for a period of 90 days to verify compliance with signature requirements. Any identified deficiencies will be corrected immediately and staff will receive additional education as needed.

Licensee's Proposed Overall Completion Date: 07/03/2026

Implemented [REDACTED] - 08/27/2026)

**42c - Treatment of Residents****3. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

On [REDACTED] at approximately 3:30 p.m. resident [REDACTED] was found by direct care staff member yelling at resident [REDACTED] in [REDACTED] room. Resident [REDACTED] told resident [REDACTED] [REDACTED] would [REDACTED] if [REDACTED] did not allow the resident to use [REDACTED] phone. Resident [REDACTED] became fearful of the resident and pressed [REDACTED] panic button/ Life Alert around [REDACTED] neck to call the police to report [REDACTED] is in danger and fearful that resident [REDACTED] may [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 08/21/2026)

On 5/23/26 Immediately upon becoming aware of the incident, staff intervened and separated Resident [REDACTED] and Resident [REDACTED]. Resident [REDACTED] was reassured, assessed for emotional distress, and provided support.

On 5/23/26 Resident [REDACTED] was counseled regarding appropriate behavior and assessed to determine potential causes of the threatening behavior.

On 6/2/26 The residents' support plans were reviewed and updated as necessary to address supervision,

**42c - Treatment of Residents (continued)**

*behavioral interventions, and resident safety.*

*On 6/2/26 all direct care staff received a re-education on resident rights, dignity and respect, abuse prevention, resident-to-resident altercations, de-escalation techniques, and procedures for responding to threatening or intimidating behaviors by the Wellness Director ( ).*

*On 6/3/26 the facility reviewed all residents with known behavioral concerns to determine whether additional interventions, supervision, assessments, or support plan revisions are needed to ensure the safety and well-being of all residents.*

*Beginning June 1, 2026, the Administrator ( ) and Wellness Director ( ) will conduct weekly reviews of incident reports and behavioral concerns for 90 days to ensure appropriate staff intervention, documentation, and follow-up. Any identified concerns will be addressed immediately through counseling, support plan updates, and additional staff education as needed.*

**Licensee's Proposed Overall Completion Date:** 07/03/2026

**Implemented** - 08/27/2026)

**95 - Furniture and Equipment****4. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*The only elevator lift from the 1st floor to the lower level was inoperable.*

**Plan of Correction**

**Accept** - 08/21/2026)

*On 6/15/26 the corporate lawyers responded with direction to "Do what we need to do to get this rectified" as quickly as possible. On 6/15/26 the Administrator ( ) contacted Otis Elevator to come and provide us with a bid to repair, replace etc. the lift. They have set a date for 7/12/26 to come to the community. (Please see attachment for the correspondence)*

*We have been providing transportation and options for activities beginning when the lift initially failed to provide all residents in the lower level to be transported up to the first level for any activities that they might want to attend as well as a resident holding a bible study in the upper level.*

*Activities also continue to be held in the lower level for any residents who do not want to come up to the upper level.*

*I will continue to update your office as I get more information about the elevator and it's repair or replacement.*

**Licensee's Proposed Overall Completion Date:** 07/03/2026

**Implemented** - 08/27/2026)

## 101j7 - Lighting/Operable Lamp

## 5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

Resident [REDACTED] operable lamp was approximately 4 feet from the resident's bed and unable to be turned on from bedside.

## Plan of Correction

Accept [REDACTED] - 08/21/2026)

On 6/2/26, resident [REDACTED] bedroom lamp was repositioned again so that it was within reach of the resident while in bed and could be turned on and off from the bedside. The lamp was tested to ensure it was operable and met regulatory requirements.

On 6/3/26 the Administrator ([REDACTED]) ordered a LINUX battery operated LED light switch night light. on 6/8/26 It was installed next to residents bed and is easily accessible for the resident to turn on.

Beginning 6/3/26 The Maintenance Director ([REDACTED]) will review resident #5's bedroom and ensure that the switch is properly functioning daily for two weeks and monthly thereafter. A tracker will be kept.

On June 2, 2026, the Administrator ([REDACTED]) and Maintenance Director ([REDACTED]) conducted an audit of all resident bedrooms to verify that each room contains an operable bedside lamp or other lighting source that can be activated from the resident's bedside.

On June 3, 2026, Housekeeping, Maintenance, and direct care staff were re-educated on the requirement that bedside lighting must remain accessible to residents and that room setup changes should not interfere with resident access to lighting.

Beginning June 3, 2026, the Maintenance Director ([REDACTED]) will complete a monthly environmental safety audit of all resident rooms for a period of six months to verify compliance with bedside lighting requirements. Findings will be documented, and any deficiencies will be corrected immediately. Results of the audits will be reviewed by the Administrator as part of the facility's Quality Assurance program. A tracker will be kept.

Licensee's Proposed Overall Completion Date: 07/03/2026

Implemented [REDACTED] 08/27/2026)

## 131f - Fire Extinguisher Inspection

## 6. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

## Description of Violation

On [REDACTED] at 9:30 a.m., the home had multiple fire extinguishers in the home to include two in each hall of the home to include A-hall, B Hall, C Hall, D Hall, Lower level, Mina floor tv room, main floor activity room, main entrance

**131f - Fire Extinguisher Inspection (continued)**

hallway, lower storage rooms; however, most recent fire extinguisher inspection was completed 1/2025.

**Plan of Correction**

Accept [REDACTED] - 08/21/2026)

On June 3, 2026 the Maintenance Director ([REDACTED]) contacted Fire Foe our contracted fire safety company to schedule the required annual inspection of all fire extinguishers.

On 6/24/26 Fire Foe All fire extinguishers throughout the facility were inspected, serviced as necessary, and approved by a qualified fire safety expert. Each extinguisher was updated with the current inspection tag indicating the date of inspection.

Beginning June 3, 2026 Cintas (New) will perform a quarterly inspection of the fire extinguishers and document their findings and replace any units that need replaced. The facility has implemented a preventive maintenance tracking system for all required life safety inspections.

Licensee's Proposed Overall Completion Date: 07/03/2026

Implemented [REDACTED] - 08/27/2026)

**141a 1-10 Medical Evaluation Information****7. Requirements**

2600.

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 [REDACTED] medical evaluation, dated [REDACTED] reads "see attached" under the medical diagnosis section; however, nothing is attached.

**Plan of Correction**

Accept [REDACTED] - 08/21/2026)

On June 3, 2026 the Wellness Director ([REDACTED]) obtained the missing medical diagnosis information referenced as "see attached." from the resident's medical record file and attached it to the residents DME.

On June 4, 2026, the Wellness Director ([REDACTED]) completed an audit of all current resident medical evaluations to verify that each required section was complete and that all referenced attachments were present in the resident's record. Any incomplete evaluations identified during the audit were corrected. The admission and

**141a 1-10 Medical Evaluation Information (continued)**

medical record review process has been revised to require the Administrator ( ) and the Wellness Director ( ) to verify that all required sections of the Department's medical evaluation form are completed and that any referenced attachments are included before the document is filed in the resident's record.

Beginning 6/3/26, The Administrator Administrator ( ) 100% of all new admissions, annual medical evaluations, and updated medical evaluations for a period of six months to ensure all required sections are complete and all referenced attachments are present. Findings will be documented, and any deficiencies will be corrected immediately by obtaining the missing information from the medical provider. See attached.

Licensee's Proposed Overall Completion Date: 07/03/2026

Implemented ( ) - 08/27/2026)

**141b1 - Annual Medical Evaluation****8. Requirements**

2600.

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

**Description of Violation**

Resident ( ) medical evaluation, dated ( ), was blank in the following sections: height, pulse, temperature.

**Plan of Correction**

Accept ( ) - 08/21/2026)

On June 3, 2026, the Wellness Director ( ) contacted Resident ( ) medical provider to obtain a corrected annual medical evaluation containing the missing information for height, pulse, and temperature. The completed medical evaluation was placed in the resident's medical record upon receipt.

On June 4, 2026, The Wellness Director ( ) conducted an audit of all current resident annual medical evaluations to verify that each Department-required section was completed in its entirety. Any incomplete evaluations identified during the audit were returned to the resident's physician for completion. The facility has revised its medical record review process to require the Administrator or designee to review all annual medical evaluations upon receipt to ensure all required fields are completed before they are accepted into the resident's medical record.

On June 4, 2026, The Wellness Director ( ) has reviewed 100% of all annual and new admission medical evaluations.

Beginning June 4, 2026, the Wellness Director ( ) will perform an audit for a period of two months to ensure all required sections of the Department's medical evaluation form are complete. Any deficiencies identified will be corrected immediately by contacting the medical provider for the missing information. Results of the audits will be documented and maintained.

Licensee's Proposed Overall Completion Date: 07/03/2026

Implemented ( ) 08/27/2026)

## 225a - Assessment 15 Days

**9. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*The assessment for resident [REDACTED] dated [REDACTED], was blank in the behavior and cognitive section as well as the social and recreational needs, to include, solitary activities, group activities, and religious affiliation.*

**Plan of Correction****Accept [REDACTED] - 06/26/2026)**

*On June 4, 2026, the Wellness Director ([REDACTED]) reviewed and completed in its entirety Resident [REDACTED] assessment. The behavior and cognitive section, as well as the social and recreational needs section, including solitary activities, group activities, and religious affiliation, were completed through resident interview, observation, and review of available information. The completed assessment was placed in the resident's record.*

*On June 4, 2026, The Wellness Director ([REDACTED]) conducted an audit of all current resident assessments to verify that all required sections of the Department's assessment form were completed. Any incomplete assessments identified during the audit were corrected immediately.*

*The Wellness Director ([REDACTED]) has reviewed 100% of all new admission assessments .to ensure all required sections are completed accurately and within the required timeframe.*

*Beginning June 4, 2026, a monthly audit of resident records will also be completed to verify ongoing compliance. Any deficiencies identified will be corrected immediately and additional staff education will be provided as needed.*

**Licensee's Proposed Overall Completion Date: 06/26/2026****Implemented [REDACTED] - 08/27/2026)**