

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

August 4, 2026

[REDACTED]
JEFFCO HEALTH SERVICES INC
[REDACTED]

RE: PENN HIGHLANDS JEFFERSON
MANOR P. C.
417 RT. 28
BROOKVILLE, PA, 15825
LICENSE/COC#: 40624

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/10/2026 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: PENN HIGHLANDS JEFFERSON MANOR P. C.

License #: 40624

License Expiration: 06/30/2026

Address: 417 RT. 28, BROOKVILLE, PA 15825

County: JEFFERSON

Region: WESTERN

Administrator

Name:

Phone:

Email:

Legal Entity

Name: JEFFCO HEALTH SERVICES INC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/09/1994

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 55

Waking Staff: 41

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 06/10/2026

Inspection Dates and Department Representative

06/10/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48

Residents Served: 32

Secured Dementia Care Unit

In Home: Yes

Area: SDCU

Capacity: 24

Residents Served: 15

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 32

Diagnosed with Mental Illness: 23

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 23

Have Physical Disability: 0

Inspections / Reviews

06/10/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 07/09/2026

07/13/2026 - POC Submission

Submitted By:

Date Submitted: 07/21/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 07/20/2026

Inspections / Reviews (*continued*)

07/16/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/23/2026

08/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On [REDACTED] at 5:45 p.m., resident [REDACTED] grabbed resident [REDACTED] right breast while in the dining room of the Secured Dementia Care Unit (SDCU). This was witnessed by staff person A, staff person B, and staff person C. Resident [REDACTED] has a history of sexually inappropriate behaviors.

Plan of Correction

Accept [REDACTED] - 07/13/2026)

On 6/2/2026 staff person C immediately removed resident [REDACTED] from the situation. And both residents were put on 15 minute safety checks.

On 6/3/2026 the administrator gave education to all staff on resident safety and how to handle inappropriate situations with residents

Starting on 6/1/2027 the administrator will give education annually to all staff on resident safety and how to handle inappropriate situations with residents

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

Implemented [REDACTED] - 08/04/2026)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move [REDACTED] arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompt [REDACTED] escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident [REDACTED] was admitted to the SDCU on [REDACTED]; however, the resident does not have a diagnosis of [REDACTED] disease or other dementia for the need of a SDCU and the resident does not have access to and be able to follow directions for the operation of the keypads or other lock-releasing devices to exit the secured dementia care unit. The resident indicated [REDACTED] does not consent to being in the SDCU.

Plan of Correction

Accept [REDACTED] - 07/16/2026)

On 6/10/2027 the administrator followed up with resident [REDACTED] PCP to clarify all diagnosis and found that [REDACTED] does have a [REDACTED] diagnosis.

On 6/12/2026 the PCP came in to reevaluate [REDACTED] again and the RCC did a new DME to show [REDACTED] diagnosis.

Starting on 7/1/2026 the administrator will go over all diagnosis for residents to ensure their DMEs are up to date and correct. all diagnosis will be gone over annual and upon admission.

Licensee's Proposed Overall Completion Date: 07/13/2026

Implemented [REDACTED] 08/04/2026)

225c - Additional Assessment

3. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED]'s assessment, dated [REDACTED] does not include the resident's need for 15-minute checks beginning [REDACTED] due to sexually inappropriate behaviors.

REPEATED VIOLATION - [REDACTED] et al.

Plan of Correction

Accepted [REDACTED] 07/16/2026)

On 6/10/2026 the RCC did an addendum to the RASP to show resident [REDACTED] 15 minute checks.

On 6/3/2026 the administrator gave education to the RCC on how to properly do a RASP and addendums.

Starting on 7/1/2026 the administrator will audit all the RASP to ensure they are up to date. They will be audited annually and upon admission

Licensee's Proposed Overall Completion Date: 07/13/2026

Implemented [REDACTED] 08/04/2026)

231g Non Dementia Admission**4. Requirements**

2600.

231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

1. The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.
2. If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.
3. The individual shall have access to and be able to follow directions for the operation of the key pads or other lock releasing devices to exit the secured dementia care unit.

Description of Violation

Resident [REDACTED] who does not have a primary diagnosis of [REDACTED] disease or other [REDACTED] resides in the SDCU. The resident does not consent to being in the SDCU.

Plan of Correction

Accepted [REDACTED] - 07/16/2026)

On 6/10/2027 the administrator followed up with resident [REDACTED] PCP to clarify all diagnosis and found that [REDACTED] does have a dementia diagnosis.

On 6/12/2026 the PCP came in to reevaluate [REDACTED] again and the RCC did a new DME to show [REDACTED] dementia diagnosis.

Starting on 7/1/2026 the administrator will go over all diagnosis for residents on the SDU to ensure they all have the proper diagnosis to be on the unit; all diagnosis will be gone over annual and upon admission.

Licensee's Proposed Overall Completion Date: 07/13/2026

Implemented [REDACTED] - 08/04/2026)