

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

September 24, 2026

[REDACTED] OWNER/ADMINISTRATOR
SCENIC VIEW PERSONAL CARE LLC
[REDACTED]

RE: SCENIC VIEW PERSONAL CARE
1305 CHURCH DRIVE
PALMERTON, PA, 18071
LICENSE/COC#: 22876

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/16/2026 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: SCENIC VIEW PERSONAL CARE

License #: 22876

License Expiration: 07/28/2026

Address: 1305 CHURCH DRIVE, PALMERTON, PA 18071

County: CARBON

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: SCENIC VIEW PERSONAL CARE LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/22/1999

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 24

Waking Staff: 18

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 06/16/2026

Inspection Dates and Department Representative

06/16/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 25

Residents Served: 22

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 22

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 0

Inspections / Reviews

06/16/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/09/2026

09/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/09/2026

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

Inspections / Reviews (*continued*)

09/24/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License**1. Requirements**

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 6/16/26 the home's License Inspection Summary, dated 8/27/25, was not posted in a conspicuous and public place in the home.

Plan of Correction**Accept () - 07/14/2026)**

This regulation is important to make family and residents aware that the facility has a current license and that the facility has been annually inspected.

The violated occurred when there wasn't the proper 2025 inspection posted , just a complaint was posted.

The day of the inspection the Administer printed out and posted 2025 License Inspection Summary.

The Administrator in the future will be responsible for posting the current License Inspection Summary , in a public place after they have determined that the plan of correction is fully implemented. picture attached

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

Implemented () - 09/24/2026)**51 - Criminal Background Check****2. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A's first day of work was [REDACTED]. A criminal background check was not requested until [REDACTED] Staff person B's first day of work was [REDACTED] A criminal background check was not requested until [REDACTED]

Plan of Correction**Accept () - 08/05/2026)**

This regulation is important to ensure a safe work environment for staff and residents . Administrator will review all personal files prior the employees official day of work . The administrator will sign off the pre employment compliance form verifying that the back ground check is complete before hire date .

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

Implemented () - 09/24/2026)**65a - FS Orientation 1st Day****3. Requirements**

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

65a FS Orientation 1st Day (continued)

4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation on any of the topics required by this regulation.

Staff person B, whose first day of work was [REDACTED] did not receive orientation on any of the topics required by this regulation.

Plan of Correction**Accept ([REDACTED] - 08/05/2026)**

This regulation is important because it ensures that staff are being training properly incase of fire emergencies.

The violation occurred due to an oversight by the administrator due to quick turn around time and misunderstanding [REDACTED]

The Administrator has had Staff member A and Staff person B complete all orientation training .

The Administrator will sign off on pre employment compliance form verifying that all orientation fire safety is complete on the 1st day of work.

Licensee's Proposed Overall Completion Date: 07/08/2026

Implemented ([REDACTED] - 09/24/2026)**65b - Rights/Abuse 40 Hours****4. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation on any of the topics required by this regulation.

Staff person B, whose first day of work was [REDACTED] did not receive orientation on any of the topics required by this regulation.

Plan of Correction**Accept ([REDACTED] - 08/05/2026)**

This regulation is important because it ensures that that the residents are being cared for properly trained staff.

The violation occurred due to an oversight by the administrator due to quick turn around time and misunderstanding [REDACTED]

The Administrator has had Staff member A and Staff person B complete all orientation training .

The Administrator will sign off on pre employment compliance form verifying that all orientation Rights/Abuse is

65b - Rights/Abuse 40 Hours (continued)

complete within the 40 hours work week .

Licensee's Proposed Overall Completion Date: 07/08/2026

Implemented () - 09/24/2026)

65f - Training Topics**5. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff persons C and D did not receive training in Medication self-administration training or Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2025 training year.

Repeated violation 8/27/25.

Plan of Correction

Accept () - 08/05/2026)

This regulation is important because it ensures that staff are being training properly on important training topics.

The violation occurred due to an oversight by the administrator due to quick turn around time and misunderstanding that this had to be done annually not only at hire.

The Administrator has had Staff member C and Staff member D complete all training topics for 2025 .

The Administrator will be responsible for conducting quarterly reviews of the training records to ensure all employees are on track with training hours.

Licensee's Proposed Overall Completion Date: 07/08/2026

Implemented () - 09/24/2026)

65g - Annual Training Content**6. 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:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff persons C and D did not receive training in Emergency preparedness procedures and recognition and response to crises and emergency situations, Resident rights, The Older Adult Protective Services Act, or Falls and accident prevention during the 2025 training year.

Repeated violation 8/27/25.

65g - Annual Training Content (continued)**Plan of Correction****Accept () - 08/05/2026)**

This regulation is important because it ensures that staff are being training properly on important training topics. The violation occurred due to an oversight by the administrator due to quick turn around time and misunderstanding that this had to be done annually not only at hire. The Administrator has had Staff member C and Staff member D complete all training topics for 2025 . The Administrator will be responsible for conducting quarterly reviews of the training records to ensure all employees are on track with training hours.

Licensee's Proposed Overall Completion Date: 07/08/2026**Implemented () - 09/24/2026)****85e - Trash Outside Home****7. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation*At 9:25 a.m. the lid to the home's dumpster was open.***Plan of Correction****Accept () - 08/05/2026)**

This regulation is important to prevent insects and rodents from going into the trash and spreading disease . Preventing trash from spilling and blowing out into the area as well as keeping the smell contained . Administrator contacted Sanitation to install a lock on the dumpster to keep the lids from blowing up. Staff Educated on Reg 85e , on keeping dumpster locked at all times after use Lock has been installed , see attached picture.

Licensee's Proposed Overall Completion Date: 07/07/2026**Implemented () - 09/24/2026)****102h - Toilet Paper****8. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation*At 9:25 a.m. there was no toilet paper for the toilet in the common area bathroom in the hallway.***Plan of Correction****Accept () - 08/05/2026)**

The regulation is important to ensure residents have property toiletries for sanitary used. Violation occurred when the toilet paper was removed by another resident who frequently removes toilet paper from other bathrooms. Toilet paper was replaced when noticed it was removed . Staff is to keep common area bathroom locked to prevent resident from stealing extra toilet paper .

102h - Toilet Paper (continued)

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

Implemented () - 09/24/2026)

103h - Thawing Food**9. Requirements**

2600.

103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Description of Violation

At approximately 3:00 p.m. there was a tray of hamburger patties being thawed on the kitchen's main counter in the center of the kitchen.

Plan of Correction

Accept () - 08/05/2026)

The regulation is important to ensure meat is thawed properly to prevent residents from getting sick .

Violation occurred when kitchen staff left hamburger's out on the counter 2 hours prior to supper time .

Hamburger's were immediately placed in the refrigerator to defrost.

All kitchen staff were retrained on reg 103.h on the property way to defrost frozen foods .

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

Implemented () - 09/24/2026)

132b - Safety Inspection/Fire Drill**10. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 3/1/24. The fire safety inspection letters dated 7/21/25 and 3/27/26 indicate only that a fire safety inspection was completed.

Plan of Correction

Accept () - 08/05/2026)

I attached last fire drill observed by a safety expert was on 07/21/2025

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

Implemented () - 09/24/2026)

132c - Fire Drill Records**11. Requirements**

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 6/2/26 at 1100 did not include the day of the week of the drill, the number of residents in the home, the number of residents evacuated during the drill, the number of staff participating in the drill, or if the alarm was activated and operable.

Repeated violation 8/27/25.

Plan of Correction

Accept () - 08/05/2026

This regulation is important because it insures that the proper drills are conducted for the safety of the residents and staff

The violation occurred because the day of the week, number of residents and the number of staff were missing .

The Fire Drill record was updated immediately to include all that was missing .

Administrator/ Asst Admin will review all fire drills records monthly to ensure they are fully documented with day, month, year, number of residents and staff.

Licensee's Proposed Overall Completion Date: 07/08/2026

Implemented () - 09/24/2026

132g - Fire Drills Days/Times**12. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's schedule indicates that two staff persons are scheduled to work 3rd shift from 11:00 p.m. to 7:00 a.m. On 1/3/26 at 3:00 a.m. a sleeping hour drill was conducted with three staff persons participating. The administrator of the home confirmed that they conducted and participated in this fire drill along with the staff scheduled for 3rd shift.

Plan of Correction

Accept () - 08/05/2026

This regulation is important because it insures that proper drills are conducted for the safety of the Residents and staff.

The violation occurred when the Administrator assisted with the fire drill during the night when it should have only been 2 staff members.

The Fire Drill was updated to 3 staff members

Administrator / Asst Admin has been educated not to assist when conducting a fire drill and to document the proper amount of staff on that shift.

Licensee's Proposed Overall Completion Date: 07/08/2026

Implemented () - 09/24/2026

141a 1-10 Medical Evaluation Information

13. 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

The annual medical evaluation dated [REDACTED] for resident #1 did not include the resident's level of assistance for ambulation and transfers in section 10 or the resident's cognitive functioning level in section 12.

The initial medical evaluation dated [REDACTED] for resident #2 did not include the resident's level of assistance for ambulation and transfers in section 10 or the whether the resident has special care needs for dementia in section 14 and did not indicate if the resident's needs could be met safely at the personal care home on page 5.

The annual medical evaluation dated [REDACTED] for resident #3 did not include the resident's level of assistance for ambulation and transfers in section 10 or the resident's cognitive functioning level in section 12.

Plan of Correction

Accept ([REDACTED]) - 08/05/2026)

This regulation is important to ensure all Residents are appropriate for personal care and gives clinicians the ability to document information .when and where care is delivered.

Violation occurred when medical evaluation forms were not filled in properly by physicians and staff over looked missing checked boxes.

Administrator has had new DMEs complete by physician on Resident 1, 2, and 3

Administrator will implement a monthly audit of DME for the next 3 mo to ensure that all DMEs are completed properly .

Licensee's Proposed Overall Completion Date: 07/08/2026

Implemented ([REDACTED]) - 09/24/2026)

144b - Policy on Smoking

14. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home allows smoking in a designated area outdoors in the parking lot. The home rules signed by resident #2 on [REDACTED] indicates that smoking is not allowed in the building or on the premises.

144b - Policy on Smoking (continued)

Plan of Correction

Accept () - 08/05/2026)

This regulation is important to ensure all residents know where smoking is permitted and not allowed in the building .

The violation occurred when the home had in there Home Rules that there was no smoking on the premises in there Home rules when in doubt we do have a smoking area.

The Administer redrafted the Home Rules to indicate the smoking designated areas.

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

Implemented () - 09/24/2026)

184a - Resident's Meds Labeled

15. Requirements

2600.

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 # 4 is prescribed Entresto 51mg, twice daily, hold if systolic blood pressure (SBP) is less than 90. The pharmacy label for the medication did not include the order to hold the medication for SBP less than 90.

Repeated violation 8/27/25.

Plan of Correction

Accept () - 08/05/2026)

This Regulation is important because it makes that proper medication administration is being followed

The violation occurred when the VA sent the resident the medication of Entresto 51mg and did not include the order to hold the medication for SBP less than 90, on the medication bottle.

Asst. Admin called the VA immediately for a correct label.

Asst Admin will check labels with MAR to confirm labels and orders match,when conducting weekly cart audit.

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

Implemented () - 09/24/2026)

185a - Implement Storage Procedures

16. 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 #5 is prescribed Tylenol, two tablets every 6 hours as needed. The medication was not available in the medication cart to administer if needed.

Plan of Correction

Accept () - 08/05/2026)

This regulation is important to ensure all medications are in the cart when the resident is in need of them.

The violation occurred when the expired Tylenol was taken out of the cart and the new Tylenol did not arrive till that evening. .

The facility contacted the pharmacy immediately to make sure the Tylenol was being delivered that evening .

185a - Implement Storage Procedures (continued)

Asst Admin will implement a medication cart audit once a week to ensure all medications are in the cart.

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

Implemented () - 09/24/2026

187b - Date/Time of Medication Admin.**17. 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 Oxycodone 325, one tablet twice daily at 8:00 a.m. and 8:00 p.m. On 6/13/26 the medication was not administered at 8:00 a.m. according to the Controlled Drug Count Sheet for this medication. The medication was initialed as administered on the Medication Administration Record (MAR) on 6/13/26 at 8:00 a.m.

Plan of Correction

Accept () - 08/05/2026

This regulation is important because it ensures that the residents are given there medication at the correct time as directed by prescriber.

The violation occurred when a med tech forgot to give the medication but initialed he gave it .

All med techs will will receive training on the requirements of recording at the time of administering the medication

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

Implemented () - 09/24/2026

187d - Follow Prescriber's Orders**18. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Oxycodone 325, one tablet twice daily at 8:00 a.m. and 8:00 p.m. ON 6/13/26 the medication was not administered at 8:00 a.m. as evidenced by the Controlled Drug Count sheet for the medication.

Plan of Correction

Accept () - 08/05/2026

This regulation is important because it ensures that the residents are given there medication at the correct time as directed by prescriber.

The violation occurred when the med tech forgot to give the medication but initialed he gave it.

All med techs will receive training on the requirements of recording at the time of administering the medication and following the direction of the prescriber.

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

Implemented () - 09/24/2026

190a - Completion Medication Course**19. Requirements**

2600.

190a - Completion Medication Course (continued)

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 person E, who passes medications, did not have a current annual practicum completed in 2025 or 2026.

Staff person F, who passes medication, had a [REDACTED] break in service from the home and did not complete the standard medication administration course before passing medications.

Plan of Correction

Accept ([REDACTED] - 08/05/2026)

This regulation is important to ensure staff are trained properly while giving medications.

The violation occurred when staff person E and F did not have a current annual practicum and up to date medication administration cert.

Both staff person E and F were recertified on med tech administration 07/21/2026

Administrator will take the practical observer course to ensure there is enough people to complete annual practicums.

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

Implemented ([REDACTED] - 09/24/2026)

225c - Additional Assessment**20. 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.

Description of Violation

Resident #1 receives hospice care services and has a bed that is equipped with side rails. The assessment dated [REDACTED] does not include the specific need for the side rails, the intended use and any risks associated with the use of side rails, the resident's ability to use the rails safely for the purpose they are intended and identification of the specific device to be used and whether a cover is required to meet FDA guidelines. The assessment also does not include information about the hospice services that the resident receives.

Resident #3 receives hospice care services and has a bed that is equipped with side rails. The assessment dated [REDACTED] does not include the specific need for the side rails, the intended use and any risks associated with the use of side rails, the resident's ability to use the rails safely for the purpose they are intended and identification of the specific device to be used and whether a cover is required to meet FDA guidelines. The assessment also does not include information about the hospice services that the resident receives.

Plan of Correction

Accept ([REDACTED] - 08/05/2026)

This regulation is important to ensure residents RASP is current to ensure residents are cared for properly .

The violations occurred when RASP on Resident #1 and #3 was not updated on the use of side rails .

Additional assessments for use of siderails for Resident #1 and #3 were updated on 07/04/26

The administrator will be responsible for monthly audits and reviews of RASPS and ensuring all additional

225c Additional Assessment (continued)

assessments are added to the RASPs.

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

Implemented ( **- 09/24/2026)**