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

July 24, 2026

[redacted]
LAKEWOOD SENIOR LIVING-DRUMS LLC
[redacted]

RE: FRITZINGERTOWN SENIOR LIVING COMMUNITY
159 SOUTH OLD TURNPIKE ROAD
DRUMS, PA, 18222
LICENSE/COC#: 20166

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *FRITZINGERTOWN SENIOR LIVING COMMUNITY* **License #**: *20166* **License Expiration**: *12/18/2026*

Address: *159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *LAKEWOOD SENIOR LIVING-DRUMS LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *29* **Total Daily Staff**: *165* **Waking Staff**: *124*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *07/01/2026*

Inspection Dates and Department Representative

07/01/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *164* **Residents Served**: *107*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Evergreen* **Capacity**: *60* **Residents Served**: *23*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *107*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *29* **Have Physical Disability**: *0*

Inspections / Reviews

07/01/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/20/2026*

07/20/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/23/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/25/2026*

Inspections / Reviews *(continued)*

07/24/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/23/2026*

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

187d Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] at bedtime. On [redacted] resident [redacted] was not administered the medication.

Plan of Correction ***Accept [redacted] - 07/20/2026)***

Violation 1 — 2600.187(d): Follow Prescriber's Orders

Regulation
2600.187(d): The home shall follow the directions of the prescriber.
Description of Violation
Resident [redacted] is prescribed [redacted] at bedtime. On 6/15/26, Resident [redacted] was not administered the medication.
Plan of Correction
1. Immediate correction for the resident affected. Resident [redacted] medication record and physician orders were reviewed with the resident's prescriber. Administration of [redacted] at bedtime has resumed as ordered, and the resident's skin condition was assessed by the nurse with no adverse effect from the missed dose noted. The Medication Administration Record (MAR) was corrected and the omission documented.
2. Identification of other residents affected. The Director of Nursing/designee audited the MARs of current residents receiving medication administration services to identify any additional missed doses or omissions without documented cause. Any discrepancies identified through this audit will be reported to the resident's prescriber and corrected.
3. Measures to prevent recurrence.
• Medication administration staff (medication technicians and nurses) were re-in-serviced on 2600.187(d), the home's medication administration policy, and the requirement to administer medications as ordered by the prescriber and to document each administration on the MAR at the time it is given.
• Staff re-trained on the procedure for documenting the reason for any medication not administered and on timely notifying the nurse/prescriber of any missed or refused dose.
4. Monitoring to ensure ongoing compliance. The Director of Nursing (or designee) will conduct weekly MAR audits of a sample of residents for 30 days. Results will be reviewed through the home's Quality Assurance process, and any pattern of omission will result in retraining or corrective action for the responsible staff member. The Administrator is responsible for ongoing compliance.
Person Responsible: Administrator / Director of Nursing. Completion Date: 08/10/2026.

Licensee's Proposed Overall Completion Date: *08/10/2026*

Implemented [redacted] - 07/24/2026)

227a Support Plan 30 Days

2. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

227a Support Plan 30 Days *(continued)*

Description of Violation

Resident [redacted] 's Resident Assessment Support Plan (RASP) dated [redacted], indicates that the resident needs assistants with correspondence, there is no service plan to meet the resident's need.

Resident [redacted] Resident Assessment Support Plan (RASP) dated [redacted] indicates that the resident needs assistants with positioning in bed/chair and Behavior/Cognition, there is no service plan to meet the resident's need.

Resident [redacted] s Resident Assessment Support Plan (RASP) dated [redacted] indicates that the resident needs assistants with positioning in bed/chair, Behavior/Cognitive, and using the telephone, there is no service plan to meet the resident's need.

Resident [redacted] s Resident Assessment Support Plan (RASP) dated [redacted] indicates the resident diet as mechanical soft, but the medical evaluation lists the diet as purred and the resident's Behavior/Cognitive ability there is no service plan to meet the resident's need.

Plan of Correction ***Accept [redacted] - 07/20/2026)***

Violation 2 2600.227(a): Support Plan Within 30 Days

Regulation
2600.227(a): A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.
Description of Violation
• Resident [redacted] s Resident Assessment Support Plan (RASP) dated 2/18/2026 indicates the resident needs assistance with correspondence; there is no service plan to meet the resident's need.
• Resident [redacted] s RASP dated 7/5/2025 indicates the resident needs assistance with positioning in bed/chair and Behavior/Cognition; there is no service plan to meet the resident's need.
• Resident [redacted] s RASP dated 8/7/2025 indicates the resident needs assistance with positioning in bed/chair, Behavior/Cognition, and using the telephone; there is no service plan to meet the resident's need.
• Resident [redacted] s RASP dated 8/3/2025 indicates a diet of mechanical soft, but the medical evaluation lists the diet as pureed, and the resident's Behavior/Cognition need has no service plan to meet the resident's need.
Plan of Correction
1. Immediate correction for the residents affected. The support plans for Residents [redacted] and [redacted] will be revised to include a plan for addressing each of the needs identified on each respective resident's RASP, and to correlate the needs reflected on Resident [redacted] DME with the RASP. Person Responsible: Administrator / Director of Nursing. Completion Date: 07/21/2026.
2. Identification of other residents affected. The Director of Nursing (or designee) is auditing the RASP and support plan of every current resident to confirm that each need identified on the RASP has a corresponding service plan, and that the diet and other orders on each support plan match the resident's RASP and medical evaluation. Any

227a Support Plan 30 Days (continued)

discrepancy will be corrected. Person Responsible: Administrator / Director of Nursing. Completion Date: 08/20/2026.
3. Measures to prevent recurrence.
• Staff responsible for developing support plans will be re in serviced by Administrator on 2600.227(a) and 2600.227(c), needs identified on the RASP must have a corresponding written service plan. Director of Nursing or Director of Resident Care Services will do spot checks of RASPs and DMEs to ensure consistency and that the respective support plan reflects the identified needs.
Person Responsible: Administrator / Director of Nursing. Completion Date: 07/20/2026.
• Support plans are reviewed and updated at least annually and whenever the resident's experiences a significant change of condition, with any change in the medical evaluation (including diet) triggering a corresponding update to the RASP and support plan.
Person Responsible: Administrator / Director of Nursing. Completion Date: 08/20/2026.

4. Monitoring to ensure ongoing compliance. The Director of Nursing (or designee) is in the process all new admission support plans within the 30 day window and will review a sample of 15 existing residents' support plans weekly for 30 days, for completeness and consistency with the RASP and medical evaluation. Findings will be reviewed through the home's Quality Assurance process, with corrective action taken when a discrepancy is noted. The Administrator is responsible for ongoing compliance.
Person Responsible: Administrator / Director of Nursing. Completion Date: 08/20/2026.

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

Implemented [redacted] - 07/24/2026)