

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

October 14, 2026

[REDACTED], CEO
CHRIST THE KING MANOR INC
1100 WEST LONG AVENUE
DUBOIS, PA, 15801

RE: CHRIST THE KING MANOR
1100 WEST LONG AVENUE
DUBOIS, PA, 15801
LICENSE/COC#: 44864

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2026, 07/09/2026 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: CHRIST THE KING MANOR **License #:** 44864 **License Expiration:** 06/20/2027
Address: 1100 WEST LONG AVENUE, DUBOIS, PA 15801
County: CLEARFIELD **Region:** WESTERN

Administrator

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

Legal Entity

Name: CHRIST THE KING MANOR INC
Address: 1100 WEST LONG AVENUE, DUBOIS, PA, 15801
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 08/15/1996 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 72 **Waking Staff:** 54

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 07/09/2026

Inspection Dates and Department Representative

07/08/2026 - On-Site: [REDACTED]
07/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 51

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 20 **Residents Served:** 14

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 51
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 21 **Have Physical Disability:** 0

Inspections / Reviews

07/08/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/03/2026

08/12/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/08/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/19/2026

Inspections / Reviews (*continued*)

08/19/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/09/2026

10/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On multiple occasions, resident #1 inappropriately touched, or attempted to touch █████ residents to include: On 6/15/26, resident #1 was rubbing other resident's backs. A █████ resident became upset when resident #1 approached █████ and screamed at resident #1 to "get away." On 5/30/26, resident #1 was found in the T.V. room inappropriately touching and kissing another resident. On 5/26/26, resident #1 was trying to get in bed with another █████ resident. On 5/18/26, resident #1 tried several times to kiss multiple people. On 5/9/26, resident #1 was in the T.V. room on sofa with a █████ resident. Resident #1 had █████ hands under the █████ resident's shirt feeling around in █████. However, these allegations of abuse were not reported in accordance with the Older Adult Protective Services Act.

Plan of Correction

Accept (████ - 08/19/2026)

Immediate Action: It is our intention that any allegation of abuse will be reported to the Area Agency on Aging and Department of Human Services immediately. All staff members were provided additional training by PC Administrator on July 29, 2026 in regard to the Older Adult Protective services act and any new staff members beyond this date will be trained on the Older Adult Protective services act by Administrator or designee prior to day one of their training. Resident #1 was provided a 30 notice of discharge from the facility and has since been discharged.

Corrective Action: Administrator will utilize the abuse reporting checklist starting 7/13/26 to assure all required notifications are made timely when an allegation, suspicion, or observation of abuse is identified.

Preventative Action: Administrator and/or designee will verify completion of required reports and maintain documentation of all notifications by August 31, 2026.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented (████ - 10/14/2026)

16c - Written Incident Report

2. 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 multiple occasions, resident #1 inappropriately touched, or attempted to touch █████ residents to include: On 6/15/26, resident #1 was rubbing other resident's backs. A █████ resident became upset when resident #1 approached █████ and screamed at resident #1 to "get away." On 5/30/26, resident #1 was found in the T.V. room inappropriately touching and kissing another resident. On 5/26/26, resident #1 was trying to get in bed with another █████ resident. On 5/18/26, resident #1 tried several times to kiss multiple people. On 5/9/26, resident #1 was in the T.V. room on sofa with a █████ resident. Resident #1 had █████ hands under the █████ resident's shirt feeling

16c Written Incident Report (continued)

around [REDACTED]. However, the home did not report these allegations of abuse to the Department.

Plan of Correction

Accept ([REDACTED]) - 08/19/2026

Immediate Action: It is our intention that any allegation of abuse will be reported to the Area Agency on Aging and Department of Human Services immediately. All staff members were provided additional training by PC Administrator on July 29, 2026 in regard to the Older Adult Protective services act and any new staff members beyond this date will be trained on the Older Adult Protective services act by Administrator or designee prior to day one of their training.

Corrective Action: Administrator will utilize the abuse reporting checklist starting 7/13/26 to assure all required notifications are made timely when an allegation, suspicion, or observation of abuse is identified.

Preventative Action: Administrator and/or designee will verify completion of required reports and maintain documentation of all notifications by 08/31/ 2026.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented ([REDACTED]) - 10/14/2026

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

2600.

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

Description of Violation

On 5/28/26, at approximately 6:30 p.m., resident #2 was found hitting resident #1 with a fist in another resident's bedroom. The residents were found by staff persons A & B. Resident #2 had a history of aggression, particularly towards [REDACTED] residents; however, this was the first physical incident with resident #1 and there were no documented injuries.

REPEATED VIOLATION 1/2/26

Plan of Correction

Accept ([REDACTED]) - 08/19/2026

Immediate Action: The facility is committed to ensuring that every resident is treated with dignity, courtesy, respect, and compassion at all times. Immediately following the above stated incident med tech separated residents and assessed for injury, both resident families and physician were notified on 07/09/ 2026.

Corrective Action: All direct care staff were reeducation by Administrator and Wellness Director on resident rights, dignity and respect requirements under Pennsylvania Personal Care Home regulations on July 29, 2026 during quarterly staffing meeting.

Preventative Action: Administrator and/or Wellness Director will complete weekly dignity and respect observation audits for four (4) weeks starting on 7/13/2026.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented ([REDACTED]) - 10/14/2026

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 7/2/26, from 3:42 p.m. until 11:00 p.m., there were 48 residents present in the home. During that time there were no staff persons present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

On 7/3/26, from 3:30 p.m. until 11:00 p.m., there were 48 residents present in the home. During that time there were no staff persons present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

On 7/4/26, from 3:30 p.m. until 11:00 p.m., there were 48 residents present in the home. During that time there were no staff persons present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accept () - 08/19/2026

Immediate Action: It is our intention that for every 50 residents at least one staff member is present at all times who is trained in first aid, certified obstructed airway techniques and CPR. Staffing schedules were immediately reviewed by Administrator and Wellness Director to assure that a minimal of one staff member for every 50 residents trained in first aid and CPR were present on all shifts on 07/09/2026.

Corrective Action: All staff members charts were reviewed by Administrator and Wellness Director on 7/13/26 to determine need for First Aid CPR AED training.

Preventative Action: A total of 10 additional staff members has been scheduled on 8/24/26 to receive Heartsaver First Aid CPR AED training. Certification of completion to be provided upon course completion.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 10/14/2026

65b - Rights/Abuse 40 Hours

5. 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:

4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed () 40th scheduled work hour on () However, this staff person did not complete training in the following topics:

4. Reporting of reportable incidents and conditions.

Staff person B completed () 40th scheduled work hour on () However, this staff person did not complete training in the following topics:

4. Reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (*continued*)**Plan of Correction**

Accept () - 08/19/2026

Immediate Action: It is our intention that all new staff members and/or volunteers receive training and orientation on the reporting of reportable incidents and conditions within 40 scheduled work hours. All current employee charts were reviewed by Administrator and Wellness Director on 7/15/2026 to assure all have received training on reportable incident and conditions.

Corrective Action: Staff member A was provided training on reportable incident and conditions on July 29, 2026. Staff member B was employed on a casual basis and has since voluntarily resigned.

Preventative Action: Administrator and/or Wellness Director will ensure that all new staff members receive training on reporting of incidents and conditions through monitoring the orientation check list 08/31/ 2026.

Licensee's Proposed Overall Completion Date: 08/14/2026

Implemented () - 10/14/2026

65e - 12 Hours Annual Training

6. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person B received no hours of annual training in training year January 1, 2025 to December 31, 2025.

Plan of Correction

Accept () - 08/19/2026

Immediate Action: It is our intention that all direct care staff members receive at least 12 hours of annual training relating to their job duties. All current employee charts were reviewed by Administrator and Wellness Director On 7/15/26 to determine number of hours towards annual training hours that have been obtained.

Corrective Action: Staff member B was employed on a casual basis and has since voluntarily resigned on therefore additional training hours were not obtained by this past employee.

Preventative Action: Administrator and/or Wellness Director will ensure that direct care staff receive 12 hours of annual training related to their job though monitoring and utilization of the record of training form started on 7/15/26.

Licensee's Proposed Overall Completion Date: 08/14/2026

Implemented () - 10/14/2026

65f - Training Topics

7. Requirements

2600.

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

1. Medication self-administration training.

65f - Training Topics (continued)

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in the following topics during training year January 1, 2025 to December 31, 2025:

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.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Direct care staff person C did not receive training in the following topic during training year January 1, 2025 to December 31, 2025:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Plan of Correction

Accept () - 08/19/2026)

Immediate Action: It is our intention that all direct care staff receive annual trainings as determined within the requirements of 55 Pa Code 2600.65. Staff member C was retrained on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan by Wellness Director on July 29, 2026. Staff member B was employed on a casual basis and has since voluntarily resigned, therefore additional training hours were not able to be provided to this past employee.

Corrective Action: Administrator will review the training records of all current direct care staff to verify compliance with the requirements of 55 Pa Code 2600.65 by 8/29/26. Any missing or overdue trainings identified during the review will be completed promptly and employee training files will be updated accordingly.

Preventative Action: Administrator or designee will audit employee training records monthly for 3 months, 10/01/2026, to assure accuracy.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 10/14/2026)

65g - Annual Training Content

8. 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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
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.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in the following topics during training year January 1, 2025 to December 31, 2025:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.*
- 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.*

Staff person C did not receive training in following topics during training year January 1, 2025 to December 31, 2025:

- 3. Resident rights.*

Staff person D did not receive training in following topics during training year January 1, 2025 to December 31, 2025:

- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
- 5. Falls and accident prevention.*

Plan of Correction

Accept ([REDACTED]) - 08/19/2026)

Immediate Action: It is our intention that all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive trained annually in the following areas: Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, The Older Adult Protective Services Act, and falls and accident prevention . Education done 07/20/2026.

Corrective Action: Staff member C has been reeducated in regards to resident rights on July 20, 2026 by Wellness Director. Staff member D was reeducated on July 10, 2026 by Wellness Director in regards to falls and accident prevention.

Staff member B was employed on a casual basis and has since voluntarily resigned, therefore additional training hours were not able to be provided.

Preventative Action: Administrator will review the training records of all current staff to verify compliance with the requirements of 55 Pa Code 2600.65 by 8/28/26. Any missing or overdue trainings identified during the review will be completed promptly and employee training files will be updated accordingly. Any newly employed staff member orientation checklist will be reviewed by Administrator or Wellness Director to assure required trainings have been provided. Administrator or designee will audit employee training records monthly for 3 months or 10/01/2026.

Licensee's Proposed Overall Completion Date: 08/28/2026

65g Annual Training Content (*continued*)*Implemented () - 10/14/2026)*

65i Training Record

9. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training, for staff person C, did not include the date, source, and length of each course.

Plan of Correction*Accept () - 08/19/2026)*

Immediate Action: It is our intention that all staff member training records include the name of the staff person trained, date, source, content, and length of each training course. Training records were reviewed by Administrator and Wellness Director on 7/15/2026.

Corrective Action: Administrator and Wellness Director reviewed all current staff employee files on 7/15/26 to assure attached training record is being utilized.

Administrator and/or Wellness Director will assure the use of attached record of training form which will be placed in employee file for review.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 10/14/2026)

66b Training Plan Content

10. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the following required topics for the January 1, 2026 to December 31, 2026 training year:

65f1. Medication self-administration training.

65g4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

65g5. Falls and accident prevention.

Plan of Correction*Accept () - 08/19/2026)*

Immediate Action: It is our intention that the facility provide training aimed at improving the knowledge and skills of all staff persons in carrying out their job responsibilities. Administrator and Wellness Director reviewed the training records of all current staff to verify compliance with the requirements of 55 Pa Code 2600.65 on 7/15/26

66b - Training Plan Content (continued)

and initiated the use of training to confirm the dates, times, and locations of trainings are present.

Corrective Action: Administrator and Wellness Director reviewed the training records of all current staff on 7/15/26 to verify compliance with the requirements of 55 Pa Code 2600.65.

Preventative Action: Training plan will be reviewed to assure training is aimed at improving the knowledge and skills of our staff. Training plans will be reviewed monthly for 3 months, 10-01-2026, by Administrator and Wellness Director.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 10/14/2026)

185a - Implement Storage Procedures**11. 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 was prescribed Haloperidol 2mg/ml Concentrate, take 0.5ml by mouth every 6 hours as needed. However, this medication was not available in the home.

Plan of Correction

Accept () - 08/19/2026)

Immediate Action: The above referenced hospice medication was not available for administration due to having been ordered through a mail order pharmacy and had not yet been received resulting in the resident not having timely access to the prescribed medication. The hospice provider and prescribing physician was immediately notified, The prescribed medication was obtained the following day, 7/10/26, through coordination with the hospice agency.

Corrective Action: The prescribed medication was obtained the following day, 7/10/26, through coordination with the hospice agency.

Preventative Action: Wellness Director will review all new medication orders, including hospice orders, weekly for 4 weeks, starting 8/3/26 to verify that medications are received before the first scheduled dose.

Licensee's Proposed Overall Completion Date: 08/14/2026

Implemented () - 10/14/2026)

187b - Date/Time of Medication Admin.**12. 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 #4 was prescribed Refresh Optive 0.5-0.9% Solution, install one drop in each eye three times daily. Resident 4's July 2026 medication administration record (MAR) did not include the initials of the staff person who administered this medication on 7/7/26 at 2:00 p.m. and 9:00 p.m.

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

REPEATED VIOLATION - 7/1/25 et al.

Plan of Correction

Accept () - 08/19/2026

Immediate Action: The identified medication administration record (MAR) was reviewed on 7/10/26 and verified through staff interview.

Corrective Action: The medication technician responsible for the documentation was immediately provided reeducation on 7/10/26 regarding the requirement to accurately document and initial each medication administered at the time of administration.

Preventative Action: Wellness Director or designee will audit medication administration records weekly for 4 weeks, starting 8/3/26, to verify that all medications administered are accurately documented and appropriately initialed.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 10/14/2026

234b - Support Plan Needs Elements

13. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated () for resident #1 did not address the need for sexually inappropriate behaviors towards () residents of the home and increased comments concerning self-harm.

The support plan, dated (), for resident #2 did not address the need for aggression towards other residents, particularly () residents of the home.

Plan of Correction

Accept () - 08/19/2026

Immediate Action: It is our intent that resident support plans are accurate and reflect resident behavioral needs. The identified resident's support plans were reviewed and updated by Wellness Director on 7/10/26 to include current behaviors, identified triggers, individualized interventions and staff approaches.

Corrective Action: The identified resident's support plans were reviewed and updated by Wellness Director on 7/10/26 to include current behaviors, identified triggers, individualized interventions and staff approaches.

Preventative Action: The Administrator and/or Wellness Director will review support plans of all residents experiencing behavioral changes within the past 90 days, starting on 8/3/26, to assure support plans identify the resident's physical, medical, social, cognitive and safety needs. Any deficiencies identified will be corrected immediately.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 10/14/2026