

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

September 24, 2026

[REDACTED]
LAKEWOOD SENIOR LIVING-DRUMS LLC
[REDACTED]
[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 07/14/2026 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: 0 **Total Daily Staff:** 121 **Waking Staff:** 91

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 07/14/2026

Inspection Dates and Department Representative

07/14/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 164 **Residents Served:** 92

Secured Dementia Care Unit

In Home: Yes **Area:** Evergreen **Capacity:** 60 **Residents Served:** 22

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 92
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 29 **Have Physical Disability:** 0

Inspections / Reviews

07/14/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/16/2026

09/03/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/24/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/10/2026

Inspections / Reviews (*continued*)

09/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/21/2026

09/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

225c - Additional Assessment

1. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] assessment dated [REDACTED] does not address the resident's need for assistance in turning and positioning, it indicates not applicable.

Plan of Correction

Accept [REDACTED] - 09/17/2026)

Description of Violation

Resident [REDACTED]'s assessment, dated 2/3/26, does not address the resident's need for assistance with turning and positioning; it indicates "not applicable."

Plan of Correction

- The Director of Nursing updated Resident [REDACTED] assessment to accurately reflect the need for assistance with turning and positioning and added the corresponding service to the support plan.

Completed 8/19/2026

- The Director of Nursing audited current resident assessments to confirm each identified need is accurately reflected, and corrected any discrepancies identified.

Completed 8/19/2026

- Staff responsible for assessments were re-educated by the Administrator/Director of Nursing on Regulation 2600.225(c). A signed attendance roster is retained by the Administrator.

Completed 8/19/2026

- The Director of Nursing/designee will periodically audit a sample of assessments to verify continued compliance.

Completion date 9/14/2026

- The Administrator will monitor ongoing compliance and will review the Director of Nursing's audit results.

Completion date 9/14/2026

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] 09/24/2026)

227c - Support Plan Revision

2. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [REDACTED]'s assessment dated [REDACTED] indicates the resident has wound care being completed on the resident's sacral area and the resident receives hospice services. The support plan does not indicate what services hospice is responsible for.

Resident [REDACTED] assessment dated [REDACTED] indicates the resident utilizes hospice services, the support plan does not

227c - Support Plan Revision (continued)

indicate what services hospice is responsible for.

Plan of Correction**Accept** [REDACTED] - 09/17/2026)*Description of Violation*

Resident [REDACTED] assessment, dated 2/3/26, indicates wound care to the sacral area and hospice services; the support plan does not indicate what services hospice is responsible for. Resident [REDACTED]'s assessment, dated 6/23/26, indicates hospice services; the support plan does not indicate what services hospice is responsible for.

Plan of Correction

- The Director of Nursing revised the support plans for Residents [REDACTED] and [REDACTED] to specify the services hospice is responsible for and consistent with the current assessment and the hospice plan of care.

Completed 8/19/2026

- The Director of Nursing audited a sample of records of current residents receiving hospice services to confirm each support plan identifies the services hospice provides, correcting any gaps found.

Completed 8/19/2026

- Staff responsible for support plans were educated by the Administrator/Director of Nursing on Regulation 2600.227(c). A signed attendance roster is retained by the Administrator.

Completed 8/19/2026

- The Director of Nursing/designee will periodically audit a sample of support plans to verify continued compliance.

Completion date 9/14/2026

- The Administrator will monitor ongoing compliance and will review the Director of Nursing's audit results.

Completion date 9/14/2026

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] 09/24/2026)