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

September 1, 2026

[redacted], ADMINISTRATOR
FOXDALE VILLAGE CORPORATION
500 EAST MARYLYN AVENUE
STATE COLLEGE, PA, 16801

RE: FOXDALE VILLAGE
500 EAST MARYLYN AVENUE
STATE COLLEGE, PA, 16801
LICENSE/COC#: 24565

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2026 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: *FOXDALE VILLAGE* **License #**: *24565* **License Expiration**: *06/14/2027*

Address: *500 EAST MARYLYN AVENUE, STATE COLLEGE, PA 16801*

County: *CENTRE* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *FOXDALE VILLAGE CORPORATION*

Address: *500 EAST MARYLYN AVENUE, STATE COLLEGE, PA, 16801*

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *09/24/2023* **Issued By**: *Centre Region Code*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *45* **Waking Staff**: *34*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/23/2026*

Inspection Dates and Department Representative

07/23/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* **Residents Served**: *45*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *45*

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

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

Inspections / Reviews

07/23/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/20/2026*

08/14/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/21/2026*

Inspections / Reviews *(continued)*

08/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/31/2026*

09/01/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/31/2026*

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

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:20 a.m., there was a computer on the medication cart, unlocked and unattended, allowing access to resident records.

Plan of Correction ***Accept ([redacted] - 08/14/2026)***

1. Regulation 2600.17 is important in order to safeguard each individual resident's healthcare privacy and maintain HIPAA guidelines.
2. Licensed and non-licensed staff members received immediate education on the necessity of signing out of the electronic medical record (Point Click Care) when leaving the medication cart to administer medications to maintain confidentiality of resident records upon notification from the surveyor on 7/23/2026. The training stressed not relying on the electronic medical record systems lock-screen feature as a safeguard for maintaining the confidentiality of the resident's health records. Staff were instructed to actively log out to ensure confidentiality.
3. The administrator/designee educated all staff able to administer medications regarding the requirements of keeping residents' medical records confidential, with an emphasis on not utilizing the lock-screen feature within the EMR system, in addition to keeping residents' records confidential and accessible only to the resident, their designated person, staff providing care, agents of the Department or longe term care ombudsman.
4. The administrator/designee will audit computers being utilized during medication administration to ensure residents' medical records information cannot be accessed by anyone not authorized three times weekly for the first month, then once weekly for an additional three months to maintain ongoing compliance.
5. All audits will be reported to the QAPI committee.

Licensee's Proposed Overall Completion Date: *11/30/2026*

Implemented ([redacted] - 09/01/2026)

183b - Meds and Syringes Locked

2. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #1 is able to self-administer refresh eye drops with no assistance. The resident does not lock the medications up in a secure location, nor does the resident lock their room when they leave.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

1. Regulation 2600.183(b) is important because it ensures that medications and syringes will be kept safe from contamination, spillage, theft, or from fellow residents who are unable to self-administer medications ensuring no harm to themselves.
2. Education was provided to resident after Refresh Eye Drops were observed unsecured in the resident's room. The resident was informed that all medications, including over the counter, complementary and alternative, and syringes, must be stored in a locked area or container when kept in the resident's room. The resident agreed to keep [redacted] eye

183b Meds and Syringes Locked (continued)

drops secured in the locked bedside stand and a new key to the nightstand was provided to the resident.
3. The administrator/designee will re educate all residents who self administer medications on the regulatory requirements of proper medication storage via a locked space in each resident room or by locking the bedroom door if resident is not present in the room. Administrator will provide re education to residents who self administer medication during Resident Council on Friday, August 21, 2026, and will provide a copy of the education to any resident who is unable to attend Resident Council by August 31, 2026.
4. The administrator/designee will audit residents' rooms that self administer medications to verify all medications are stored securely weekly for one month and monthly for an additional three months. If the residents who self administer medications are unable to keep medications secure as required, staff will consult the physician or nurse practitioner to determine whether staff should assume responsibility for managing and storing the resident's medications.
5. All audits will be reported to the QAPI committee.

Licensee's Proposed Overall Completion Date: 11/30/2026

Implemented ([redacted] - 09/01/2026)