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

August 18, 2026

[redacted], ADMINISTRATOR
SHENANDOAH OPCO LLC
101 E WASHINGTON STREET
SHENANDOAH, PA, 17976

RE: SHENANDOAH SENIOR LIVING COMMUNITY
101 E WASHINGTON STREET
SHENANDOAH, PA, 17976
LICENSE/COC#: 23140

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2026 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: *SHENANDOAH SENIOR LIVING COMMUNITY* **License #**: *23140* **License Expiration**: *07/01/2027*

Address: *101 E WASHINGTON STREET, SHENANDOAH, PA 17976*

County: *SCHUYLKILL* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SHENANDOAH OPCO LLC*

Address: *101 E WASHINGTON STREET, SHENANDOAH, PA, 17976*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *02/06/1995* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *9* **Total Daily Staff**: *24* **Waking Staff**: *18*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/28/2026*

Inspection Dates and Department Representative

07/28/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *23* **Residents Served**: *14*

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**: *14*

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

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

07/28/2026 Full

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

08/14/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/17/2026*

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:** *08/17/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/24/2026*

08/18/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/17/2026*

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

102i - Soap Dispenser

1. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 2:10 p.m., in resident's #1, #2, #3, and #4's shared bathroom there were 2 bars of soap stored on the bathroom sink countertop.

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

All staff re-educated on regulation on 7/29/2026. Audit of all bathrooms completed on 7/30/2026 and labels added to all personal hygiene products and all bar soap placed in soap box with resident's name. Day Shift and Evening Shift are responsible for completing bathroom audits according to the schedule below:
August 1–August 14, 2026
• Daily bathroom audits.
August 17–August 28, 2026
• Audits every Monday and Friday.
September 4–September 25, 2026
• Audits every Friday.
October 1–December 1, 2026
• Monthly audits on the 1st of each month.
See attached documents.

Licensee's Proposed Overall Completion Date: *12/01/2026*

Implemented ([redacted] - 08/18/2026)

103e - Left Overs

2. Requirements

2600.
103.e. Food served and returned from an individual’s plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 9:43 a.m., in the resident dining room there were 5 unlabeled, undated squirt containers identified by staff as syrup.

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

All staff re-educated on violation on 7/29/2026. Audit of all food areas conducted by PCHA on 7/29/2026 and containers of syrup labels with food label, date, and type of food. Night shift will conduct a daily audit of:
• All resident refrigerators
• Dining room food storage areas
See attached documents.

Licensee's Proposed Overall Completion Date: *08/01/2027*

Implemented ([redacted] - 08/18/2026)

132b - Safety Inspection/Fire Drill

3. 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 previous year's fire safety inspection that was observed by a fire safety expert was conducted on 6/5/25. The last annual fire safety inspection observed by a fire safety expert was conducted on 7/23/26.

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

PCHA discussed scheduling 2027 annual fire drill with fire chief, unable to schedule so PCHA created fire schedule to include annual fire drill and annual fire letter to be monitored with monthly fire drills by PCHA. PCHA will review fire drill schedule monthly on the 1st - reminder to reach out to fire chief beginning 5/1/2027.

Licensee's Proposed Overall Completion Date: *07/01/2027*

Implemented ([redacted] - 08/18/2026)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent overnight fire drill was conducted on 9/16/25 at 12:40 a.m.

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

Fire drill conducted on 8/12/2026 at 0450 AM with time of 2 min 25 sec. Personal Care to combine with attached SNF and complete drills as scheduled. See attached fire drill schedule and updated fire drill log. PCHA to complete checks of fire drill schedule on the 1st of each month to ensure that overnight fire drills are completed per regulations.

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

Implemented ([redacted] - 08/18/2026)

144c1 - Smoking Area Guidelines

5. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 9:44 a.m., there were 2 nylon covered chairs in the designated smoking area. The chairs did not have tags indicating that they are fire resistant. Also, the designated smoking area is located on a covered patio, and it did not have a fire extinguisher.

144c1 Smoking Area Guidelines *(continued)*

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

Chairs were replaced on 8/10/2026 with material that have no nylon or flammable materials. Fire extinguisher was placed by maintenance on 7/28/2026. PCHA to complete monthly audits ensuring a fire extinguisher is in place and routinely checked by maintenance and that there are no flammable materials present.

Licensee's Proposed Overall Completion Date: *08/01/2027*

Implemented ([redacted] - 08/18/2026)

185a - Implement Storage Procedures

6. 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

On 6/2/26, resident #3 had a glucometer reading of 198. The reading was not documented on the medication administration record. The missed entry created a series of transcription errors in glucometer reading dates, and times from 6/2/26 to 6/30/26.

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

All staff re educated on 7/29/2026. Night Shift will complete glucometer audits according to the following schedule:
August 1, 2026 August 31, 2026
• Daily audits
September 1, 2026 September 30, 2026
• Every Monday and Friday
October 1, 2026 October 31, 2026
• Every Friday
November 1, 2026 January 1, 2027
• Monthly on the first day of each month

Licensee's Proposed Overall Completion Date: *01/01/2027*

Implemented ([redacted] - 08/18/2026)

187a - Medication Record

7. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #3's medication administration record states Lantus Subcutaneous Solution 100 unit/ML, inject 30 units subcutaneously at bedtime. The pharmacy label says inject 38 units.
Resident #3's medication administration record states Lidocaine External Patch with no dosage. The label states Lidocaine PA Pad 4%.
Resident #3's medication administration record states Lisinopril oral tablet 2.5 mg. Give 2.5 mg by mouth one time a

187a - Medication Record (continued)

day for hypertension. The Label states for Kidney Protection.

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

All staff re-educated on 7/30/2026. Cart audit completed on 7/30/2026 and PCP notified of issues related to medication label not matching MAR - orders clarified and corrected. The Administrator will complete weekly medication cart audits for four (4) consecutive weeks. Following successful completion, audits will continue monthly.

Licensee's Proposed Overall Completion Date: *08/01/2027*

Implemented (- 08/18/2026)

190c - Record of Training

8. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff person A's Annual Practicum requalification record completion date was not entered on 8/4/25. Also, the original qualification date of was not entered on requalification record beginning 2/4/26.

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

Audit of all staff files conducted on 8/12/2026. PCHA re-educated on record of training - PCHA completed re-certification of Med Tech train the trainer on 8/12/2026 and reviewed requirements of record of training. See attached updated record of training for staff person A.

Licensee's Proposed Overall Completion Date: *08/12/2026*

Implemented (- 08/18/2026)