

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

September 24, 2026

[REDACTED], ADMINISTRATOR
ALLEGHENY LUTHERAN SOCIAL MINISTRIES INC
[REDACTED]
[REDACTED]

RE: SCHREFFLER MANOR
200 RACHEL DRIVE
PLEASANT GAP, PA, 16823
LICENSE/COC#: 25634

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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SCHREFFLER MANOR

License #: 25634

License Expiration: 05/10/2027

Address: 200 RACHEL DRIVE, PLEASANT GAP, PA 16823

County: CENTRE

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: ALLEGHENY LUTHERAN SOCIAL MINISTRIES INC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/09/1994

Issued By: L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 29

Waking Staff: 22

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 07/28/2026

Inspection Dates and Department Representative

07/28/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 55

Residents Served: 29

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 29

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

07/28/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/28/2026

09/11/2026 - POC Submission

Submitted By:

Date Submitted: 09/14/2026

Reviewer:

Follow-Up Type: Document Submission Follow-Up Date: 09/15/2026

Inspections / Reviews *(continued)*

09/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

107d - Procedure Emergency Management Agency Submission**1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The facility's written emergency procedures were not submitted to the local emergency management agency in 2025.

Plan of Correction**Accepted () - 09/11/2026**

In response to the violation on 07/28/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/26/2026 by the administrator to get our Emergency and Disaster preparedness gathered and letter sent out to send to the local emergency management agency.

To enhance the currently compliant operations, on 08/03/2026 the Administrator will place on reminder on the calendar for the following year to send the letter with the Emergency plan out to the local emergency management agency and waiting to receive their approval letter, with a completion date of 08/28/2026.

Effective 08/26/2026 the Administrator will perform annual reviews of [], through [] to maintain ongoing compliance with reviewing, updating and submitting annually, to the local emergency management agency, written emergency procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 09/24/2026**132g - Fire Drills Days/Times****2. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home is routinely conducting fire drills in the middle of the month. Five of the six fire drills conducted by the home between 12/17/25 and 5/15/26 were all conducted between the 15th and the 18th of the month. As verified with the fire drill record, the noted fire drills were conducted on 12/17/25 at 10:30 p.m., 1/6/26 at 8:00 a.m., 2/18/26 at 2:00 p.m., 3/16/26 at 2:25 p.m., 4/17/26 at 3:30 p.m., and 5/15/26 at 5:45 a.m.

The home conducted a fire drill on 12/17/25 at 10:30 p.m. with three staff members participating, however as per interviews with staff and a review of the home's schedule, the home routinely staffs two staff members from 10:30 a.m. to 6:30 a.m. In a review of the home's fire drills since 6/26/25 the home has not conducted a fire drill with only to staff members present.

132g Fire Drills Days/Times (continued)**Plan of Correction****Accept () - 09/11/2026)**

In response to the violation on 07/28/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 07/30/2026 by the Administrator to create a schedule of fire drills at different times of the month.*
- 2. on [] by the [] to []*

To enhance the currently compliant operations, on 08/25/2026 the Administrator will be sure to schedule fire drills at different times of the month each month for 3 months, with a completion date of 10/30/2026.

Effective 07/30/2026 the Administrator will perform monthly reviews of review, through 10/30/2026 to maintain ongoing compliance with ensuring fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented () - 09/24/2026)**141b1 - Annual Medical Evaluation****3. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on []. The resident's previous medical evaluation was completed on [].

Plan of Correction**Accept () - 09/11/2026)**

In response to the violation on 07/28/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/29/2026 by the Charge Nurse to go through the rest of the resident's charts to ensure that the medical evaluations were completed in a timely manner per the regulations.

To enhance the currently compliant operations, on 07/30/2026 the Administrator will do training with the appropriate staff members to ensure that the evaluations are completed timely per the regulations and monitor evaluation completions for 3 months, with a completion date of 10/30/2026.

Effective 07/30/2026 the Administrator will perform monthly reviews of review monthly residents medical evaluations, through 10/30/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented () - 09/24/2026)

185a - Implement Storage Procedures**4. 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

Residents #1 uses a Freestyle Libre 3 device for continuous blood glucose monitoring. Staff of the home reported they do not have the ability to retrieve the records of past blood glucose readings for the resident.

Plan of Correction**Accept () - 09/11/2026)**

In response to the violation on 07/28/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 07/29/2026 by the LPN to all readings were filled out on the MAR for each day per the residents' orders.*
- 2. on [] by the [] to []*

To enhance the currently compliant operations, on 07/30/2026 the LPN will ensure that the MAR is filled out with each day's readings. Equipment is stored in a safe and secure place. Staff is properly trained to use device. Device is maintained and cleaned per manufactures instructions. Device is always accessible to the resident. monitor for 3 months, with a completion date of 10/30/2026.

Effective 07/30/2026 the Admin will perform monthly checks of checks to ensure proper use of, storage of and cleanliness of device., through 10/30/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons for 3 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented () - 09/24/2026)**187a - Medication Record****5. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1's July 2026 medication record indicates the resident has a PRN order for Mucinex DM ER. The medication is listed on the resident's medication record, however, the resident does not have a physician's order for the medication.

Plan of Correction**Accept () - 09/11/2026)**

In response to the violation on 07/28/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2026 by the Charge nurse to contacted resident's physician and received an order for the resident's Mucinex DM ER.

To enhance the currently compliant operations, on 07/30/2026 the Charge Nurse will review resident's medications records on a monthly basis to ensure each medication listed has a physician's order for 3 months, with a completion date of 10/30/2026.

187a Medication Record (continued)

Effective 07/30/2026 the Administrator will perform monthly reviews of review residents medication records to ensure there are orders for each medication listed, through 10/30/2026 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes a physicians' order for that medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented () - 09/24/2026)

190c - Record of Training**6. 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

The home's medication administration training record for the most recent annual practicum completed by staff person A does not include the original qualification date, the completion date, the signature of the medication trainer or if the staff member requalified or failed to requalify.

Plan of Correction

Accept () - 09/11/2026)

In response to the violation on 07/28/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/29/2026 by the Administrator to Completed the paperwork on file with the original qualification date, the completion date, trainers' signature and requalification noted.

To enhance the currently compliant operations, on 07/30/2026 the Adminsitrator will do monthly audits on the medication administration training records to ensure that all information is documented on the record per the regulations for 3 months, with a completion date of 10/30/2026.

Effective 07/30/2026 the Administrator will perform monthly audits of audits training records to ensure that all information is documented correctly and completely , through 10/30/2026 to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented () - 09/24/2026)

251c - Standardized Forms**7. Requirements**

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

251c - Standardized Forms (continued)**Description of Violation**

Resident # 2's medical evaluation dated [REDACTED] was not completed on the Department's current standardized form.

Plan of Correction**Accept ([REDACTED] - 09/11/2026)**

In response to the violation on 07/28/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/29/2026 by the Charge Nurse to contact resident's physician and have the proper medical evaluation completed on the departments current standardized form.

To enhance the currently compliant operations, on 07/30/2026 the Administrator will review the medical evaluation records of new residents, yearly evaluations and updated evaluations for 3 months to ensure that they are on the Departments current standardized form, with a completion date of 10/30/2026.

Effective 07/30/2026 the Administrator will perform monthly reviews of review residents medical evakuations to ensure it is the currant and proper form., through 10/30/2026 to maintain ongoing compliance with using standardized forms to record information in the resident's record for 3 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2026

Implemented ([REDACTED] - 09/24/2026)