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

October 20, 2026

[redacted]
CAMBRIDGE VILLAGE FAMILY LLC
[redacted]

RE: ROSE HAVEN AT MOUNTAIN TOP
453 S MAIN ROAD
MOUNTAIN TOP, PA, 18707
LICENSE/COC#: 23389

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/04/2026 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: *ROSE HAVEN AT MOUNTAIN TOP* **License #**: *23389* **License Expiration**: *10/01/2026*

Address: *453 S MAIN ROAD, MOUNTAIN TOP, PA 18707*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *CAMBRIDGE VILLAGE FAMILY LLC*

Address: [redacted]

Phone: **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *44* **Waking Staff**: *33*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *08/14/2026*

Inspection Dates and Department Representative

08/04/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *93* **Residents Served**: *42*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *42*

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

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

08/04/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/14/2026*

09/25/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/02/2026*

Inspections / Reviews *(continued)*

10/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/09/2026*

10/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/13/2026*

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

16c Written Incident Report

1. 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 [redacted] at 4:19 a.m. the home's Fire Panel monitoring report shows "Agency dispatched" this was not reported to the Department.

Plan of Correction ***Accept [redacted] - 09/25/2026)***

Immediate-The ED was unable to locate the reportable incident for the fire company dispatch on 7/11/2026. A late reportable was completed as discussed by licensing representative
Corrective-An in-service will be completed by the RDO or designee with the ED and RCC starting 9/14/2026 completed by 9/30/2026 on when to complete a reportable per 2600.16c and also the importance of timely submission and storage of incidents
Preventative- Audits reviewing reportable incidents will be completed by the ED or designee starting on 9/14/2026 weekly for 4 weeks, then monthly for 3 months and completed by Nov 15,2026. Any issues identified will be addressed by the ED immediately, all audits will be kept in a binder in the ED's office

Licensee's Proposed Overall Completion Date: *11/18/2026*

Implemented [redacted] - 10/13/2026)

17 Record Confidentiality

2. 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 3:00 p.m. the medication room door was open, unattended and accessible, leaving resident records available for anyone to view.

Plan of Correction ***Accept [redacted] - 09/25/2026)***

Immediate- upon discovery of the med room door being left open, the med room door was immediately closed and secured. RD had immediately had discussed with the med tech on schedule and reviewed regulation 2600.17 and the importance of compliance
Corrective- the ED or designee will provide training on regulation 2600.17 to all med techs and employees that utilize the med room starting on 9/14/2026 and will be completed by 9/30/2026
Preventative-daily audits will be completed by the ED or designee for 4 weeks starting 9/14/2026 then weekly for 4 weeks to ensure compliance ending on Nov 11/2026 all audits will be kept in a binder in the ED's office

Licensee's Proposed Overall Completion Date: *11/12/2026*

Implemented [redacted] - 10/13/2026)

60a - Staff/Support Plan

4. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted] the home had a census of 42 residents. Resident [redacted] resident assessment and support plan dated [redacted] identifies the resident as total immobile and requires 2 staff persons for assistance to evacuate and transfer. Resident [redacted] was also identified as requiring a two-person assist based on staff interviews. According to the home's staffing schedule and a review of staff timecards, the home had only one staff person working in the home from 11:37 p.m. on [redacted] until 12:48 a.m. on [redacted]

Plan of Correction ***Accept [redacted] 10/07/2026)***

Immediate- The present care schedule was immediately reviewed on 8/04/26 by the ED and RCC to ensure staffing compliance to meet the needs of the residents . Staffing ratios are to remain at 3/3/2. The ED and RCC will review the next 2 weeks and confirm staffing levels, cross checking the employees with their schedules and availability. The ED and RCC will monitor and print daily schedules to ensure appropriate staffing levels and will provide coverage if needed.
Corrective- The ED and RCC reviewed on 8/04/2026 the care schedules for compliance for the next 2 weeks to ensure appropriate staffing. coverage and was able to confirm they are appropriate. RDO will complete training for ED and RCC to be completed by 9/30/2026
Preventative- The ED and RCC will audit the schedules starting 8/10/2026 weekly for 4 weeks and the bi-weekly for 4 weeks, monthly for 1 month ending on Nov 10/2026. The audits will be kept in a binder located in the ED's office. The ED and RCC will continue to monitor and review the schedule daily starting on 8/4/26 continuing and ongoing

Licensee's Proposed Overall Completion Date: *12/30/2026*

Implemented [redacted] - 10/13/2026)

132b - Safety Inspection/Fire Drill

5. 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 home has not had an inspection by a fire safety expert as they cannot provide the inspector's credentials.

Plan of Correction ***Accept ([redacted] 09/25/2026)***

Immediate- the fire safety expert was immediately contacted 8/10/2026 requesting [redacted] credentials reflecting [redacted] qualifications
Corrective action - the credentials will be kept on-site and will remain easily accessible. A training will be

132b - Safety Inspection/Fire Drill (continued)

completed by the ED or designee for the RCC to review regulation 2600.132b as well as proper storage of documents starting on 9/14/2026 and ending on 9/30/2026
Preventative-the ED or designee will audit the binder securing the fire safety expert credentials monthly for 3 months stating 9/14/2026 ending 12/14/2026. All audits will be kept in a binder located in the EDs office

Licensee's Proposed Overall Completion Date: *12/14/2026*

Implemented [redacted] - 10/13/2026)

141b1 - Annual Medical Evaluation

6. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted]s most recent Medical Evaluation was completed on [redacted]

Plan of Correction ***Accept[redacted] 09/25/2026)***

immediate -a blank DME for res [redacted]was send to their physician 8/10/2026 by the Op specialist to obtain a recent, date compliant, and updated DME form and will be placed into the resident's chart upon receipt
Corrective- a training will be provided by the designee and ED to staff that manage and update resident's DME regulation 2600.141b1 starting on 9/14/2026 and ending on 9/30/2026.
Preventative- The ED or designee will start to audit all resident's charts on 9/14/2026 with focus on the DMEs to ensure they are date and information compliant, weekly for 4 weeks and then monthly for 3 months. Audits will be kept in a binder in the EDs office. Audits ending date Dec 14/2026

Licensee's Proposed Overall Completion Date: *12/14/2026*

Implemented [redacted] - 10/20/2026)

183b - Meds and Syringes Locked

7. 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

At approximately 3:00 p.m. the medication room was unlocked, unattended and accessible. There were 2 unsecured roll packs of medication for Resident [redacted] in a see-through bin in the room.

Plan of Correction ***Accept [redacted] - 09/25/2026)***

Immediate- upon discovery the medication was immediately placed and secured in the med chart, and the ED had spoken with the med tech on shift to discuss regulation 2600.183b and the importance of compliance
Corrective -the med cart and med room was checked by the ED and designee for any other unsecured medications. All medications and medical supplies were placed in a secured area by the ED on 8/10/2026. A training will be conducted by the ED or designee starting 9/14/2026 for all staff on regulation 2600.83b1 and will be completed by 9/30/2026.
Preventative audits will be completed by the ED or designee daily starting on 9/14/2026 checking med rooms to ensure all medications and medical supplies are put where they are secured when not in use or under supervision daily for 4 weeks and then weekly for 4 weeks and monthly for 1 month ending on Dec 10,2026. The audit binder

183b - Meds and Syringes Locked (continued)

will be kept in the ED's office

Licensee's Proposed Overall Completion Date: *12/10/2026*

Implemented [redacted] - 10/13/2026)

183c - Refrigerated Meds Locked

8. Requirements

2600.
183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

At approximately 3:00 p.m. the medication room was unlocked, unattended and accessible. The refrigerator in the medication room did not have a lock on it, leaving the syringes in the refrigerator unlocked and unsecured.

Plan of Correction ***Accept [redacted] - 09/25/2026)***

immediate- upon discovery the med room doors were closed and secured, locks were ordered by the RD for all refrigerators located in the medication rooms holding medications or medical supplied belonging to the residents and will all be installed by no later than 9/30/2026
corrective-the RD had ordered the locks for the refrigerators located in the med rooms and are to be installed no later than 9/30/2026. Training will be completed by the ED or designee on regulation 2600.183c for all staff utilizing the med room and refrigerators starting on 9/14/2026 and completed by 9/30/2026
preventative- audits will be conducted by the ED or designee starting on 9/14/2026 daily for 4 weeks, then weekly for 4 weeks, and monthly for 1 month ending on 12/10/2026. All audits will be kept in a binder located in the ED's office

Licensee's Proposed Overall Completion Date: *12/10/2026*

Implemented ([redacted] - 10/13/2026)

225c - Additional Assessment

9. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]

Resident [redacted]s most recent assessment was completed on [redacted]

Resident [redacted] most recent assessment was completed on [redacted]

Resident [redacted] most recent assessment was completed on [redacted]

225c - Additional Assessment (continued)

Plan of Correction ***Accept [redacted] - 09/25/2026)***

immediate- resident [redacted], and [redacted] were reviewed and began to be updated on 8/10/2026 in reflection of regulation of 2600.225c by the RCC and designee
corrective- a training will be completed by the RD for the ED and RCC starting on 9/14/2026 and ending on 9/30/2026 on regulation 2600.225c.
preventative- the ED or designee will complete audits on all residents assessments starting on 9/14/2026 weekly for 4 weeks and monthly for 3 months ensuring compliance ending on 12/10/2026. The audits will be kept in a binder in the ED's office

Licensee's Proposed Overall Completion Date: *12/10/2026*

Implemented [redacted] - 10/20/2026)

227d - Support Plan Medical/Dental

10. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] started receiving hospice services on [redacted] The resident's support plan does not indicate the specific responsibilities of the hospice agency and the home's staff. The resident's support plan dated [redacted] indicates the home's staff will complete showers 2 times per week. However, interviews with the home's staff noted the hospice agency is now taking care of the resident's bathing needs.

Plan of Correction ***Accept [redacted] - 09/25/2026)***

immediate -Resident [redacted] support plan was reviewed and updated by the Ops specialist to appropriately reflect the services provided by the hospice agency completed on 8/10/2026
corrective- the RD will complete a training with the ED and RCC on regulation 2600.227d and will be completed by 9/30/2026
preventative-the ED and designee will complete audits of all hospice resident's charts/support plans starting on 9/14/2026 weekly, then monthly for 3 months ensuring that the hospice services are accurately documented and resident specific ending on 12/10/2026 . All audits will be kept in a binder in the ED's office

The Administrator or designee will audit all hospice residents resident assessments per month

Licensee's Proposed Overall Completion Date: *12/10/2026*

Implemented [redacted] 10/13/2026)