

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

October 20, 2026

[REDACTED], OWNER / ADMINISTRATOR
CORNERSTONE OF CLAYSBURG LLC
969 BEDFORD STREET
CLAYSBURG, PA, 16625

RE: CORNERSTONE OF CLAYSBURG
969 BEDFORD STREET
CLAYSBURG, PA, 16625
LICENSE/COC#: 33327

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2026, 08/18/2026 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: CORNERSTONE OF CLAYSBURG

License #: 33327

License Expiration: 07/17/2026

Address: 969 BEDFORD STREET, CLAYSBURG, PA 16625

County: BLAIR

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: CORNERSTONE OF CLAYSBURG LLC

Address: 969 BEDFORD STREET, CLAYSBURG, PA, 16625

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other

Date: 03/14/1984

Issued By: Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 34

Total Daily Staff: 57

Waking Staff: 43

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 08/18/2026

Inspection Dates and Department Representative

08/17/2026 - On-Site: [REDACTED]

08/18/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 24

Residents Served: 23

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 18

Are 60 Years of Age or Older: 17

Diagnosed with Mental Illness: 4

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 0

Have Physical Disability: 3

Inspections / Reviews

08/17/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/19/2026

09/21/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/28/2026

Inspections / Reviews (*continued*)

09/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/19/2026

10/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On the following dates and times, an Agent of the Department requested bank statements for Resident #4 and Resident #5:

- 8/17/26 at 10:15 AM
- 8/17/26 at 3:15 PM
- 8/17/26 at 3:40 PM
- 8/18/26 at 9:05 AM
- 8/18/26 at 2:05 PM

However, these bank statements were not received. The home provides financial management for both residents.

Plan of Correction**Directed (- 09/29/2026)**

Bank statements are not received/kept for resident #4 as has a joint account with . The issue was when the check was received from the 2024 Rent Rebate and when it was given to the resident. The money for the rent rebate was received in April of 2026 and not given to the resident until August of 2026. Looking back through our corporate accounts, I was not able to provide proof of receiving the check, just when the money was distributed. Going forward, the Administrator will assure the rent rebates are given to residents in a timely manner.

Bank statements are not available for the department for resident #5, as monthly social security monies are direct deposited into our corporate account. We set this up a year or so ago with resident #5's who was POA since resident #5 cannot read well or manage own finances. Those checks are deposited on the first of each month to our corporate bank account and those documents would not be available to the residents.

Going forward, the Administrator will make sure the rent rebate monies and any other distribution of funds to residents is documented on paper and placed in the resident's file for the State's inquiries.

The Corporate bank accounts are only accessible to the Administrator. State inspectors are able to request information but the checks in question were past the "request date" by the bank. Bank statements that the residents receive for their personal accounts (that we help with or hold money for) are filed in their file folders, locked in the office and are accessible to the state at any time. The administrator can provide a copy of residents deposits in the corporate account at any time (within a 2 months time frame.) Resident's bank statements are available to the state (as long as the resident resides in the home) at any time upon request. The administrator is the only staff member who handles the resident's financial information.

[Directed]

- *In addition to the steps above, the Administrator was educated by the inspectors during the on-site inspection regarding regulation 2600.5(a)1.*
- *Beginning no later than 10/16/26, the Administrator or designee will audit all current residents who receive financial management from the home, have all the financial documentation filed and readily available. Documentation of these audits will be kept and available for review by the Department*

5a1 - DHS Access (continued)

Directed Completion Date: 10/16/2026

Implemented () - 10/20/2026

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Care Facility Carbon Monoxide Alarm Standards Act, effective June 23, 2016, if the Carbon Monoxide (CO) alarm operates by a battery, the battery must be labelled with the date of installation and be replaced at least once annually. On 8/18/26, the batteries in the CO alarm located Kitchen Breezeway and the CO alarm located in the 2nd floor hallway were not labeled with a date as to when the batteries were last changed.

Plan of Correction

Accept () - 09/30/2026

Starting in September 2026, new batteries were placed in the carbon monoxide detectors and dated as such. Going forward the Administrator will replace and date the new batteries in September.

The new batteries were placed in the CO2 detectors (and dated) on 9/14/26. This was done by the administrator. The administrator was educated by the inspectors that the batteries need to be replaced and dated each year and the administrator will add the changing of the batteries to the yearly calendar and make sure it is done every year by September 14.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/20/2026

20b8 - Quarterly Account

3. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

As of 8/18/26, Residents #4, #5 and #6 have not received quarterly statements account of financial transactions.

Plan of Correction

Accept () - 09/30/2026

Quarterly statements will be provided to the residents starting in September 2026 by the Administrator. Currently money is distributed and accounted for with a signature on a monthly basis.

Quarterly statements were provided to the residents on 9/21/26 for the months of July, August and September 2026. The administrator is the only staff person responsible for the residents' financials (if needed.) I currently provide a monthly signed record of the resident's monies, and as of September 21, 2026 I will be providing quarterly reports for the residents to review in December (year end), March, June, September and December of 2026.

Licensee's Proposed Overall Completion Date: 09/28/2026

20b8 - Quarterly Account (continued)

Implemented () - 10/20/2026

42s - Privacy

4. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 8/17/26, there were several cameras located throughout the home that have the capability to monitor the audio and record both audio and video. The cameras are located in the second floor sitting room, first floor sitting room, first floor living room, activity room, breezeway room, the hallway near the med room and the office. There are no signs posted advising of video monitoring.

Plan of Correction

Directed () - 09/30/2026

Notification of video monitoring signs were added to the cameras in the second floor sitting room, first floor sitting room, activity room, and the back hall near the med room. The other cameras in the living room, breezeway, and office were disabled and removed from the premises. Going forward, the Administrator will ensure staff, residents and guests are aware of the cameras and consent is received when they enter the Home.

As of September 21, 2026 only 4 cameras are still in use for the safety of the residents and staff. The remainder of the cameras have been removed and the "app" that is used to monitor the cameras has been disabled, so no one has access to the cameras in the facility. The administrator will check the app again by the end of September, and if it is still not able to be accessed, the rest of the cameras will be removed from the premises by the administrator.

[Directed]

- In addition to the steps above, the Administrator or designee, will ensure none of the video monitoring has audio. This will be completed by 10/16/26.
- The administrator was educated by the inspectors during the on-site inspection regarding regulation 2600.42(s).
- Beginning no later than 10/16/26, if the home continues to utilize cameras, the Administrator or designee will complete quarterly audits of the video monitoring to ensure no audit is being used and signage continues to be posted. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 10/16/2026

Implemented () - 10/20/2026

132g - Fire Drills Days/Times

6. 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.

132g - Fire Drills Days/Times (continued)

Description of Violation

The fire drills on 5/27/25 at 2:15 AM, 11/4/25 at 3:05 AM and on 3/1/26 3:45 AM were conducted with two staff persons. However, the home is typically staffed with one staff person during the overnight shift, from 9:00 PM to 7:00 AM.

Plan of Correction

Directed () - 09/30/2026)

An overnight fire drill was conducted on 8/26/26 utilizing one staff member on duty at the time. All 22 residents were evacuated from the home safely in the allotted time we are given of 3 minutes. Going forward, the Administrator will NOT actively participate in the fire drills, allowing the staff on duty to assist residents.

A special staff meeting was held on 9/23/26 and the staff was educated on fire safety by our local fire station Captain, (). The staff reviewed the emergency action plan, tested the smoke alarm, and handled the fire extinguishers so they were comfortable with escape routes and their role(s) when it comes to the drills and/or a real emergency.

[Directed]

- In addition to the steps above, the Administrator or designee, will educate all staff on regulation 2600.132(g) by 10/16/26. Documentation of this education will be kept and available for review by the Department.
- Beginning no later than 10/16/26, the administrator will complete audits every 6 months of the fire drill records to ensure the same amount of staff scheduled to work are the same amount of staff participating in fire drills conducted during sleeping drills. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 10/16/2026

Implemented () - 10/20/2026)

185a - Implement Storage Procedures

7. 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

Resident #1 is prescribed blood glucose readings four times a day via a Freestyle Libre reader at 7:30 AM, 11:30 AM, 4:30 PM and 8:00 PM. Resident #1 is prescribed sliding scale units of Insulin Novolog based on the glucose readings. However, the resident's Freestyle Libre glucose monitor does not retain the routine readings to determine if the correct insulin Novolog units were administered as ordered.

Plan of Correction

Accept () - 09/30/2026)

The day the inspectors were on site, staff downloaded the freestyle libra APP to allow daily monitoring and retention of the blood glucose readings for resident #1. Using the app, staff and state inspectors would be able to compare blood glucose readings to what is documented by staff in the eMAR system.

185a - Implement Storage Procedures (continued)

The freestyle libra app is accessible by any med tech on the computer in the med room. The staff were educated on how to use the app - if needed in an emergency, or to provide information for the resident's doctor(s) or the state. Our in-house Med Trainer [REDACTED] will use the app to compare and ensure compliance at the end of every month when [REDACTED] completes the med room audit at the end of every month starting September 30, 2026.

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented ([REDACTED] - 10/20/2026)

225c - Additional Assessment**8. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #2's current medical evaluation, dated [REDACTED], indicates the resident cannot safely use and avoid poisonous material. However, Resident #2's current assessment, dated [REDACTED] indicates the resident has "No Problem" with being able to safely use and avoid poisonous materials.

Repeated Violation - 5/6/25

Plan of Correction

Directed ([REDACTED] - 09/30/2026)

The DME for resident #2 was mislabeled by the PCP - a new DME was requested and received on September 16, 2026 indicating that this resident CAN safely avoid poisonous materials.

Starting in September, the Administrator will double check every DME for new residents and annual DME's (when they fall due) to ensure all the boxes are checked correctly and all the information provided is accurate. The administrator will also ensure that everything listed on the RASP corresponds with what is on the DME from the provider.

[Directed]

- In addition to the steps above, the Administrator was educated by the inspectors during the on-site inspection regarding regulation 2600.225(c).
- Beginning no later than 10/16/26, the Administrator or designee will audit all current medical evaluations and current RASPs to ensure the information is correct. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 10/16/2026

Implemented ([REDACTED] - 10/20/2026)

226a - Mobility Assessment**9. Requirements**

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #1's current medical evaluation, dated [REDACTED], indicates the resident is "Independent" with mobility

226a - Mobility Assessment (continued)

needs. However, Resident #1's current assessment, dated [REDACTED] indicates the resident is "Minimal" with mobility needs.

Resident #3's current medical evaluation, dated [REDACTED] indicates the resident is "Independent" with mobility needs. However, Resident #3's current assessment, dated [REDACTED], indicates the resident is "Minimal" with mobility needs.

Plan of Correction**Directed ([REDACTED] - 09/30/2026)**

Resident #1 has been having some mobility issues recently and we are actively looking to place [REDACTED] in a higher level facility. The RASP was completed indicating minimal assistance as we wait for the new DME to be signed by the PCP indicating skilled level care. We can then forward all of the documentation to the new facility for this resident. A new DME was also sent and received by resident #3's PCP to complete the boxes where there were questions. The support plan was updated to indicate the resident is independent with [REDACTED] mobility needs.

Starting in September 2026, the Administrator will double check every DME for new residents and annual DME's (when they fall due) to ensure all the boxes are checked correctly and all the information provided is accurate. The administrator will also ensure that everything listed on the RASP corresponds with what is on the DME from the provider. If there is a change in mobility during the course of the year, the administrator will schedule a doctors appointment and act accordingly with sending and receiving an updated DME, amending the RASP, or contacting Blair Senior Services to schedule an evaluation for a change in status.

[Directed]

- In addition to the steps above, the Administrator was educated by the inspectors during the on-site inspection regarding regulation 2600.226(a).
- Beginning no later than 10/16/26, the Administrator or designee will audit all current medical evaluations and current RASPs to ensure the information is correct. Documentation of these audits will be kept and available for review by the Department

Directed Completion Date: 10/16/2026

Implemented ([REDACTED] - 10/20/2026)