

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

September 17, 2026

[REDACTED]
HFA INC
[REDACTED]
[REDACTED]

RE: OLIVIA VILLAGE
13771 SOUTH EAGLE VALLEY ROAD
TYRONE, PA, 16686
LICENSE/COC#: 31917

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: OLIVIA VILLAGE

License #: 31917

License Expiration: 07/03/2027

Address: 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686

County: BLAIR

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: HFA INC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/29/2004

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff:

Total Daily Staff: 5

Waking Staff: 4

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 08/18/2026

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 33

Residents Served: 5

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 5

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

08/18/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/07/2026

09/10/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/17/2026

Inspections / Reviews *(continued)*

09/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

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

On [REDACTED] at 9:09 AM, the home's medication administration records (MARs) binder was sitting atop the medication cart in the open, unlocked, unattended, and accessible office next to the dining room. The MARs include protected health information for all of the residents including for Resident [REDACTED] including [REDACTED] social security number, date of birth, a list of medical diagnosis, and a list of prescribed medications.

Plan of Correction

Accept [REDACTED] - 09/10/2026)

1. The home's MARs binder sits atop the medication cart in the open unlocked attended Medication Room. The physical set up of the Home is a Medication Room, purposely for medications across the dining room (open view) few steps accessible, from the medication room door to the entry of the dining room. Nobody can access the medication room as the med staff stands right at the entrance of the med room door, the only access. The medication cart is always stationed in the medication room. The medication room door is open and attended during medication administration. Morning medications are given during breakfast time and is given as residents come in the dining room. The med staff is on site giving medications to residents and attending to the medication room where the medication cart and MARS are. The medication room is locked at all times other than at times of medication administration, most of the time meds are scheduled at meal times. The med staff holds the key to the medication room door. The MAR is kept atop the medication cart in a secured, protected, locked medication room, not an office. Please see attached physical set up of the Medication Room

2. The Administrator and staff will make sure the Medication Room and medication cart with the MARS are locked at all times other than when attending and administering medications.

Please see attached physical set up of the Medication Room

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented [REDACTED] - 09/17/2026)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED] for Resident [REDACTED] indicates the resident requires "attendance if activities are outside of the home" and that [REDACTED] or staff will accompany [the resident] if [REDACTED] wants to walk outside the building." On [REDACTED] at about 10:45 AM and on [REDACTED] at about 2:05 PM, Resident [REDACTED] didn't receive the assistance as required as the resident was found alone at a neighboring property and had to be brought back to the home by staff.

23a - Activities of Daily Living Assistance (continued)

Plan of Correction

Accept [REDACTED] 09/10/2026)

Resident [REDACTED] was accompanied by staff outside to sit at the swing. [REDACTED] said [REDACTED] just wanted to sit and that [REDACTED] is ok alone. The RASP still indicates that [REDACTED] needs attendance outside of the Home, the admission RASP which we don't update immediately until staff is confident the resident is fully adjusted to the Home so staff stay alerted. Staff continues to observe resident's behavior. Resident [REDACTED] is very independent and has strong willed personality. [REDACTED] believes [REDACTED] knows what [REDACTED] is doing until this incident happened. [REDACTED] said [REDACTED] just wanted to say hello to the neighbors. There was only one incident according to our records. A Reportable Incident was completed and sent to DHS that time, 7/10/2026

Reportable incident 7/10/2026
updated RASP 8/20/2026

1. Administrator and staff continuously reminds Res [REDACTED] the dangers of going to the road.
2. Administrator and staff offered some activities that would interest and relax [REDACTED] Staff explored some activities to keep [REDACTED] busy; [REDACTED] loves tending to the garden in the morning, sweep the front porch and keep arranging the furniture inside the home. [REDACTED] now guards and guide the rest of the residents and friendly to staff.
3. Staff will continue to explore activities that [REDACTED] would be interested.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented [REDACTED] 09/17/2026)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:03 AM, there was an incontinence pad and two flies on the unoccupied bed used by Resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/10/2026)

A fly was observed when we went to Res [REDACTED] Room. The room was open because Resident [REDACTED] always keep it open. [REDACTED] goes in and out to the living room during the day. The incontinence pad was clean and dry. The bedsheets were clean and dry.

1. Administrator and staff continuously monitor incontinent residents.
2. Administrator and staff assist residents with toileting and incontinence every 2 hours. Incontinent pads and bed linen are checked as well and changed as necessary.
2. Administrator and staff bring out wet incontinent pads and underwear to the garbage can outside as a practice.
2. Administrator and staff checks the beds and bed linen in the room every shift to ensure sanitary condition.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented [REDACTED] 09/17/2026)

85b Infestation**4. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [REDACTED] there was evidence of bedbugs in the form of bedbug feces, bedbug shells, and several live bedbugs in the home. Three live bedbugs were seen in Resident [REDACTED]'s bedroom. The resident's bedlinens were covered with bedbug feces and stains. Two live bedbugs were observed in staff person A's office including one on the desk and one on the wall by the sliding glass window.

Plan of Correction

Accept [REDACTED] 09/10/2026)

1. 8/19/2026, Resident [REDACTED] was moved to another clean room. As a practice, all clothes that were moved in the other room were washed and ran in the dryer. All other clothes and belongings were vacuum sealed.
2. 8/20/2026, Staff cleaned, vacuumed and sprayed Resident [REDACTED] room (Room [REDACTED]) with bed bug spray. The staff inspected and sprayed the walls, ceiling and box spring (one side up) and mattress (one side up).
3. 8/24/2026, Administrator and staff checked all occupied rooms in the Home including the office for bed bugs. None was found. Office was inspected, vacuumed and sprayed with bed bug spray.
4. 8/25/2026, Administrator and staff reviewed the Cleaning Schedules and Maintenance Practices of the Home with regards to bed bugs:
 - a. The staff inspect the walls, ceilings, box springs (one side up) and mattresses (one side up) weekly every Thursday which coincides with linen change task and bedroom cleaning schedules. The latest inspection of rooms was done last Thursday, 9/3/2026.
 - b. If found any bug, staff will do full bed bug maintenance. Wash clothes and run in the dryer, vacuum-seal all other clothes and belongings, spray all walls, ceilings, box springs (one side up), and mattresses (one side up). Staff continues to do room inspection and maintenance every Thursdays which coincides with operational linen change schedule.
 - c. If active infestation is observed, the Administrator will call a company to evaluate and treat. In the past, Ehrlich Pest control was contracted to do 3 major treatment services and Reitz Pest control did 1 service for a room. The companies decide how often the treatments are done.
6. Administrator will educate and train staff during orientation on identifying and how to treat bed bugs.

Licensee's Proposed Overall Completion Date: 09/05/2026

Implemented [REDACTED] 09/17/2026)

101j3 Bed/Linens/Pillows/Blankets**5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

Resident [REDACTED] bed linens were covered with bedbug feces and stains.

Plan of Correction

Accept [REDACTED] - 09/10/2026)

1. 8/18/2026 - Resident [REDACTED] bed linens were changed with clean and in good repair.

101j3 Bed/Linens/Pillows/Blankets (continued)

2. 8/19/2026 Resident [REDACTED] was moved to another room with another bed and furniture, new bed linens clean and in good repair were provided.
3. 8/26/2026 Administrator and staff checked all residents bed linens to ensure they are free of stains, clean and in good repair.
4. 8/27 Administrator and staff checked the linen closet to ensure everything stored are free of stains and in good repair.

Licensee's Proposed Overall Completion Date: 09/06/2026

Implemented [REDACTED] - 09/17/2026)

183b - Meds and Syringes Locked**6. 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

On [REDACTED] at 9:08 AM, medications prescribed for the residents were unlocked, unattended, and accessible on top of and inside the unlocked medication cart in the open office next to the dining room including:

[REDACTED] prescribed for Resident [REDACTED] stored inside the medication cart
 [REDACTED] and [REDACTED] prescribed for Resident [REDACTED] stored inside the medication cart
 [REDACTED] prescribed for Resident [REDACTED] stored inside the medication cart; [REDACTED] [REDACTED] sitting on top of the medication cart prescribed for Resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/10/2026)

The home's medications prescribed for the residents were unlocked, attended and accessible on top of the unlocked medication cart inside the open unlocked attended Medication Room. The medication staff is giving medications to the residents one by one as they come in to the dining room. The physical set up of the Home is a Medication Room, purposely for medications, which is across the dining room (open view) few steps accessible from the medication room door to the entry of the dining room. Nobody can access the medication room as the med staff stands right at the entrance of the med room door and dining room. The medication room door is open and attended during medication administration. Morning medications are given during breakfast time and is given as residents come in the dining room. The med staff is on site giving medications to residents and attending to the medication room where the medication cart and MARS are. The medication room is locked at all times other than at times of medication administration, most of the time meds are scheduled at meal times. The med staff holds the key to the medication room door and medication cart. The MAR is kept atop the medication cart and medications are organized and kept in the medication cart, all in a secured, protected, locked medication room, not an office. Medication cart is always stationed in the medication room.

Please see attached Medication Room physical set up

Licensee's Proposed Overall Completion Date: 09/06/2026

Implemented [REDACTED] - 09/17/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take one tablet by mouth daily. 8AM. And [REDACTED], take 1 tablet by mouth daily at 8:00 AM. On [REDACTED] at 12:50 PM, the licensing representative was shown a medication grinder in which there was a pink and blue powder. Staff person A stated that the powder was Resident [REDACTED]'s 8:00 AM doses of [REDACTED] and [REDACTED] that were going to be mixed into the resident's food at lunch time.

The home had no written orders to crush Resident [REDACTED]'s medications.

Plan of Correction

Accept [REDACTED] - 09/10/2026)

1. 8/18/2026 - The Administrator obtained a written order to crush Resident's [REDACTED] medications.
2. The Administrator will ensure there is a written order for the directions of administering medications from prescriber during admissions or any changes in resident's status.

Please see attached written order.

Licensee's Proposed Overall Completion Date: 09/06/2026

Implemented [REDACTED] - 09/17/2026)

225c - Additional Assessment

8. Requirements

2600.

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

1. Annually.

Description of Violation

Resident [REDACTED]'s most recent assessment was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] S - 09/10/2026)

1. 8/18/2026 - The Administrator printed the updated RASP. Resident [REDACTED] signed the updated RASP.
2. The Administrator made a list of RASP's renewal dates on top of the Home's RASP binder provided for staff review / reference to ensure renewal is up to date.
3. The Administrator will review all resident's RASPs monthly on the 1st of the month for updates to ensure renewal is up to date.

Please see attached
RASP RENEWAL DATES
Resident [REDACTED] updated RASP

Licensee's Proposed Overall Completion Date: 09/06/2026

Implemented [REDACTED] - 09/17/2026)