

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

October 8, 2026

[REDACTED], PERSONAL CARE HOME ADMINISTRATOR
CORNWALL MANOR
PO BOX 125
CORNWALL, PA, 17016

RE: CORNWALL MANOR
1 BOYD STREET, PO BOX 125
CORSON HALL
CORNWALL, PA, 17016
LICENSE/COC#: 34288

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2026, 09/02/2026 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: CORNWALL MANOR **License #:** 34288 **License Expiration:** 01/31/2027
Address: 1 BOYD STREET, PO BOX 125, CORSON HALL, CORNWALL, PA 17016
County: LEBANON **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: CORNWALL MANOR
Address: PO BOX 125, CORNWALL, PA, 17016
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 09/26/1996 **Issued By:** Labor & Industry
Type: Other **Date:** 09/10/2021 **Issued By:** Cornwall Boro

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:** 0
Reason: Renewal **Exit Conference Date:** 09/02/2026

Inspection Dates and Department Representative

09/01/2026 - On-Site: [REDACTED]
09/02/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 45 **Residents Served:** 35

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:** 35
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

09/01/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/01/2026

Inspections / Reviews (*continued*)

09/25/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/02/2026

10/02/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/09/2026

10/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 utilizes a bedside mobility device to aid in repositioning and transferring out of bed. On 9/1/26, at 11:58PM, this device was not securely fastened to the bedframe and was able to be pulled out several inches, posing an entrapment risk.

Repeated Violation - 9/8/25

Plan of Correction

Accept () - 10/02/2026

1. Upon discovery of the issue, the PCHA and Maintenance Technician immediately secured and tightened the bed mobility device strap to ensure it was properly fastened and safe for resident use.
2. A memo (dated 9/23/2026-see attached) was distributed by the PCHA to all Corson Personal Care staff outlining the revision to the staff assignment sheets. The updated assignment sheets now include a weekly inspection of bed mobility devices to ensure they are clean, in good repair, free of hazards, and securely fastened to the bed frame. Staff were also instructed that if any concerns, deficiencies, or maintenance issues are identified during these inspections, they must promptly submit a Maintenance Work Order via email and notify the PCHA and Nursing Manager to ensure timely follow-up and corrective action.
3. Staff assignment sheets have been revised to include weekly inspection/audit of bed mobility devices during scheduled linen changes.(effective 9/23/2026-see attached)
4. On 9/24/2026, in response to the Maintenance Work Order request, the Maintenance Technician reviewed all resident rooms equipped with bed mobility devices to verify that each device was in good repair, free from hazards, and securely fastened to the bed frame. The inspection confirmed that all devices met safety expectations.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented () - 10/07/2026

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 9/1/26, there was an approximate 2-inch accumulation of lint in the lint trap of the industrial dryer and approximately 2-inch accumulation of lint in the spacing underneath the lint trap of the smaller dryer. There were no clothes in either dryer at the time.

Plan of Correction

Accept () - 10/02/2026

1. During the walk-through inspection, the dryer vent traps located beneath the lint filters were found to contain

105g Lint Removal and Duct Cleaning (continued)

excessive lint accumulation. Maintenance was notified immediately, and the dryer vents were cleaned by the Maintenance Technician on September 2, 2026.

2. To prevent future occurrences, the Maintenance Technician will clean and inspect the dryer vent traps on a monthly basis and more frequently as needed.

3. On 9/25/2026, the Director of Housekeeping distributed a memo (see attached) to all staff reinforcing expectations regarding dryer lint trap maintenance. The memo reminded staff to promptly notify the Maintenance Technician if they observe an accumulation of lint in a dryer trap to ensure timely cleaning and reduce fire safety risks.

Additionally, signage(see attached) was posted the same day near the dryer areas as a visual reminder of this expectation. The signage includes a daily staff initialing requirement to document monitoring of the dryer lint traps and further reinforce accountability and compliance with the established process.

4. Lastly, the PCHA will conduct random audits of the dryer vent traps twice monthly through 12/31/2027 to ensure ongoing compliance with this process and to monitor the effectiveness of the corrective action(effective 9/25/2026 see attached).

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented () - 10/07/2026)

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 last fire drill conducted during sleeping hours was on 5/25/26 at 5:20AM. The previous sleeping hours fire drill was conducted on 9/16/25 at 12:05AM.

Plan of Correction

Accept () - 10/02/2026)

1. The PCHA reviewed and updated the 2026 fire drill schedule (on 9/24/2026 emailed to Maintenance team and Director of Maintenance) and ensured that all required fire drills, including sleeping hour fire drills, were scheduled in accordance with regulatory requirements. Fire drills will be conducted during sleeping hours at least every six months to maintain compliance. Documentation of all fire drills will be maintained, monitored, and periodically reviewed by the PCHA to ensure ongoing compliance with fire safety regulations.

2. Additionally, the PCHA reviewed the applicable regulation (on 9/24/2026) related to this violation to ensure a clear understanding of the requirements and compliance expectations.

3. The fire drill schedule is shared only with Maintenance staff, as they are responsible for assisting with the activation and resetting of the fire alarm system during drills.

4. The PCHA will perform a monthly review/audit of the Fire Drill Log to ensure fire drills are appropriately scheduled and completed each month, including required sleeping hour fire drills, in accordance with regulatory requirements. (effective 9/24/2026)

Licensee's Proposed Overall Completion Date: 10/02/2026

132e - Fire Drill Sleeping Hours (*continued*)*Implemented () - 10/08/2026)*

132h - Designated Meeting Place

5. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 4/22/26 at 5:44PM, there were 35 residents in the home. However, only 34 residents evacuated.

Plan of Correction

Accept () - 10/02/2026)

1. The root cause of this incident was the resident refused to evacuate during the fire drill. The resident communicated that () was not feeling well and, as a result, declined to evacuate to the designated meeting location. The resident was on Hospice services related to a condition affecting () overall health. Following the drill, the PCHA and NHA met with the resident and responsible party on 4/24/2026 and determined, with the resident's agreement, that () care needs would be better served in the Skilled Nursing Facility. ()

2. The PCHA and Nursing Manager met jointly on 9/25/2026 and reviewed the applicable regulation and RCG requirements pertaining to resident participation in fire drill evacuations. This review ensured a clear understanding of compliance expectations.

3. The PCHA will utilize and review the DHS Fire Drill Report form during each fire drill monthly to ensure all required elements are completed, resident participation is documented, and fire drills are conducted in compliance with regulatory requirements. This report form will be audited monthly by the PCHA. (effective 9/24/2026)

4. On 9/30/2026, the PCHA issued a memo to all staff providing re-education regarding regulation which requires residents to evacuate to a designated meeting place during each fire drill.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented () - 10/08/2026)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on () The resident's previous medical evaluation was completed on ()

Plan of Correction

Accept () - 10/02/2026)

1. To prevent recurrence, the PCHA distributed a memo (on 9/30/2026) to all staff regarding the Annual Medical Evaluation Requirement to provide re-education on the regulation, reinforce compliance expectations, and ensure staff understanding of the requirement that each resident receive a medical evaluation at least annually.

2. Additionally, on 9/25/2026, the Nursing Manager revised the medical evaluation tracking/audit tool to improve

141b1 Annual Medical Evaluation (continued)

monitoring of annual medical evaluation due dates and facilitate timely scheduling and completion of required evaluations. The Nursing Manager will utilize this tool on an ongoing basis to monitor compliance.

3. Beginning 10/1/2026, the PCHA and Nursing Manager will review the revised tracking tool monthly to verify that each resident has a current medical evaluation and that upcoming due dates are identified and addressed in advance to ensure compliance with the annual medical evaluation requirement.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented () - 10/08/2026

183b - Meds and Syringes Locked**8. 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 9/1/26, at 10:06AM, the medication cabinet located in the alcove to the right of the reception area was unlocked, unattended, and accessible.

Plan of Correction

Accept () - 10/02/2026

1. Upon discovery of the medication cabinet being unlocked and unattended, immediate corrective measures were implemented. A visual reminder sign stating "DOORS MUST BE LOCKED AT ALL TIMES" was placed directly on the medication cabinet door on 9/2/2026 by the Nursing Manager.
2. In addition, a memorandum was distributed (on 9/23/2026 by PCHA see attached) to all staff reinforcing the requirement that medication storage areas remain locked at all times and emphasizing the importance of protecting resident medications from unauthorized access.
3. To ensure ongoing compliance, the Nursing Manager will conduct random audits of medication storage areas through 12/31/26. Audit findings will be reviewed, and any identified concerns will be addressed promptly through additional staff education and corrective action as needed. (beginning week of 9/20/2026

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented () - 10/08/2026

225c - Additional Assessment**9. Requirements**

2600.

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

1. Annually.

225c - Additional Assessment (continued)

Description of Violation

Resident #2's current assessment was completed on [REDACTED] However, the resident's previous assessment was completed on [REDACTED]

Repeated Violation - 9/8/25

Plan of Correction**Accept ([REDACTED] - 10/02/2026)**

1. To prevent recurrence, the PCHA distributed a memo (on 10/1/2026) to all staff regarding the assessment requirement to provide re-education on the regulation, reinforce compliance expectations, and ensure staff understanding of the requirement that each resident receive an assessment at least annually.
2. Additionally, on 9/25/2026, the Nursing Manager revised the RASP tracking/audit tool to improve monitoring of annual due dates and facilitate timely scheduling and completion of required assessments. The Nursing Manager will utilize this tool on an ongoing basis to monitor compliance.
3. Beginning 10/1/2026, the PCHA and Nursing Manager will review the revised tracking tool monthly to verify that each resident has a current assessment and that upcoming due dates are identified and addressed in advance to ensure compliance with the requirements.

Licensee's Proposed Overall Completion Date: 10/02/2026

Implemented ([REDACTED] - 10/08/2026)