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

November 4, 2026

[redacted] ADMINISTRATOR
PRESBYTERIAN HOMES INC
[redacted]

RE: CARRIAGE COURTS
210 BIG SPRING ROAD
NEWVILLE, PA, 17241
LICENSE/COC#: 31022

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2026 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: *CARRIAGE COURTS* **License #**: *31022* **License Expiration**: *03/22/2027*

Address: *210 BIG SPRING ROAD, NEWVILLE, PA 17241*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *PRESBYTERIAN HOMES INC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-1* **Date**: *05/20/1996* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *31* **Waking Staff**: *23*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *10/05/2026*

Inspection Dates and Department Representative

10/05/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* **Residents Served**: *31*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *31*

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

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

Inspections / Reviews

10/05/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/23/2026*

10/22/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/04/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/06/2026*

Inspections / Reviews *(continued)*

11/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/04/2026*

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 10/5/26 at 9:17 AM, records including the grab-n-go books (including resident names, dates of birth, emergency contacts, and diagnosis information), and controlled substance count sheets for all residents were unlocked, unattended, and accessible in the medication office.

Plan of Correction ***Accept (- 10/22/2026)***

Plan of Correction:
1. The door to the medication office was immediately shut by [redacted] on 10/5/26. - Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/5/26
2. Audits were conducted daily on 10/7/26-10/21/26 by the personal care home administrator or designee to ensure the medication room door was locked when not in use. (see completed audits). Weighted door closure installed on medication room door 10/15/26.- Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/21/26
3. Current direct care staff were educated on 10/6/26 by the personal care home administrator to ensure that the medication room door remains locked when not in use as it relates to Regulation 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.- Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/20/26
4. The personal care home administrator or designee will conduct daily audits for two weeks, weekly audits for two weeks, and then monthly audits for two months to ensure the medication room door remains locked when not in use. These audits will be brought to quality management meetings to be reviewed, and recommendations will be made as needed. -Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 12/30/26

***Documentation for the completion of the1st two weeks of audits will be provided to the department 10/21/26.-* [redacted]

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented (- 11/04/2026)

89b - Hot Water Temperature

2. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 10/5/26 at 10:57 AM, the hot water temperature at the bathroom sink in Resident 1's room measured 123.1 degrees Fahrenheit and at 12:05 PM it was 123.1 degrees Fahrenheit.

89b Hot Water Temperature (continued)

On 10/5/26 at 11:52 AM, the hot water temperature at the bathroom sink in Resident #2's room measured 124.9 degrees Fahrenheit and at 12:10 PM it was 125.2 degrees Fahrenheit.

Plan of Correction ***Accept (- 10/22/2026)***

Plan of Correction:

1. The issue was identified with hot water temperature controls and we immediately had a contractor come out on 10/5/26 who made adjustments to the temperature controller. We are still working on fixing the larger issue. Responsible Person Director of Environmental Services or Designee, Completion Date 10/5/26

2. Audits were conducted on all shifts 10/9/26 11/6/26 by the personal care home administrator or designee to measure the hot water temperature in areas accessible to the resident to ensure the temperature did not exceed 120 degrees Fahrenheit. (see completed audits) Responsible Person Director of Environmental Services or Designee, Completion Date 11/6/26

3. Current personal care home staff were educated by the personal care home administrator on Regulation 2600. 89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F. Responsible Person Personal Care Home Administrator or Designee, Completion Date 10/20/26

4. The personal care home administrator or designee will conduct daily audits on each shift for four weeks and then daily audits for two months to ensure the hot water temperature in areas accessible to the resident does not exceed 120 degrees Fahrenheit. These audits will be brought to quality management meetings to be reviewed, and recommendations will be made as needed. Responsible Person Director of Environmental Services or Designee, Completion Date 1/2/27

***Documentation for the completion of the1st two weeks of audits will be provided to the department 10/21/26.*

Licensee's Proposed Overall Completion Date: *11/06/2026*

Implemented (- 11/04/2026)

132d - Evacuation

3. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill conducted on 5/28/26 at 4:55 AM had an evacuation time of 5 minutes 21 seconds. The letter from the fire safety expert dated 10/24/25 indicates the maximum safe evacuation time is 4 minutes.

Plan of Correction ***Accept (- 10/22/2026)***

Plan of Correction:

1. We could not immediately correct this deficiency due to it being in the past. However, on 6/29/26 a fire drill was completed, and the personal care unit was evacuated in 3 minutes and 36 seconds, meeting the safe evacuation time. Responsible Person Director of Environmental Services or Designee

2. A meeting with a fire safety expert is scheduled for 10/23/26 to conduct a full evacuation drill and reevaluate

132d - Evacuation (continued)

our safe evacuation time regarding our levels of care and increase in census. - Responsible Person- Director of Environmental Services or Designee, Completion Date- 10/27/26

3. Current personal care staff were educated on 10/6/26 by the personal care home administrator to review our safe evacuation time and how that relates to regulation 2600. 132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person in the home. - Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/20/26

4. Personal care administrator or designee will audit fire drill logs to ensure drills are under maximum safe evacuation time monthly for three months and quarterly for three quarters. These audits will be brought to quality management meetings to be reviewed, and recommendations will be made as needed. -Responsible Person- Director of Environmental Services or Designee, Completion Date- September 2027

Licensee's Proposed Overall Completion Date: *10/27/2026*

Implemented ([redacted] - 11/04/2026)

183b - Meds and Syringes Locked

4. 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 10/5/26 at 9:17 AM, several packages of Dupixent pens prescribed for Resident #3 and a vial of Lantus insulin prescribed for Resident #4 were unlocked, unattended, and accessible in the medication office.

Repeated Violation - 9/9/25

Plan of Correction ***Accept ([redacted] - 10/22/2026)***

Plan of Correction:
1. The door to the medication office was immediately shut by [redacted] on 10/5/26. - Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/5/26

2. Audits were conducted daily on 10/7/26-10/21/26 by the personal care home administrator or designee to ensure the medication room door was locked when not in use. (see completed audits). Weighted door closure installed on medication room door 10/15/26.- Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/21/26

3. Current direct care staff were educated on 10/6/26 by the personal care home administrator to ensure that the medication room door remains locked when not in use as it relates to Regulation 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

183b - Meds and Syringes Locked (continued)

disclosure.- Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/20/26

4. The personal care home administrator or designee will conduct daily audits for two weeks, weekly audits for two weeks, and then monthly audits for two months to ensure the medication room door remains locked when not in use. These audits will be brought to quality management meetings to be reviewed, and recommendations will be made as needed. -Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 12/30/26

***Documentation for the completion of the1st two weeks of audits will be provided to the department 10/21/26.-* [redacted]

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented ([redacted] - 11/04/2026)

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:
6. Dose.

Description of Violation

Resident #6 is prescribed NovoLOG injection solution 100 units / ML to be adminstered three times a day according to a sliding scale. On 10/4/26 at 8:00 AM, the resident's blood sugar was recorded as 288, however, the medication administration record does not include the amount of insulin that was administered.

Plan of Correction ***Accept ([redacted] - 10/22/2026)***

Plan of Correction:
1. A late entry progress note was entered 10/7/26 by Direct Care Staff [redacted] *to document the amount of insulin administered to resident # 6 on 10/4/26. -Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/7/26*

2. Audits were conducted daily on 10/6/26- 10/13/26 for all residents who are prescribed sliding scale insulin by the personal care home administrator or designee to ensure the medication administration record was accurate. (see completed audits) -Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/13/26

3. Current direct care staff were educated on 10/6/26 by the personal care home administrator to ensure that the medication administration record includes the amount of insulin given to residents who have a sliding scale as it relates to 2600. 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered: 6. Dose. -Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 10/20/26

4. The personal care home administrator or designee will conduct daily audits for one-week, weekly audits for four weeks and then monthly audits for two months to ensure the medication administration record includes the amount of insulin administered to residents who have a sliding scale. These audits will be brought to quality management meetings to be reviewed, and recommendations will be made as needed.-Responsible Person- Personal Care Home Administrator or Designee, Completion Date- 1/5/27

***Documentation for the completion of the 1st week of audits will be provided to the department 10/21/26.-* [redacted]

187a - Medication Record (continued)

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented (- 11/04/2026)