

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

July 7, 2025

[REDACTED] ADMINISTRATOR  
EMMANUEL HOME  
800 PRIESTLY AVENUE  
NORTHUMBERLAND, PA, 17857

RE: EMMANUEL HOME  
800 PRIESTLY AVENUE  
NORTHUMBERLAND, PA, 17857  
LICENSE/COC#: 20053

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2025 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: *EMMANUEL HOME* License #: *20053* License Expiration: *05/25/2026*  
 Address: *800 PRIESTLY AVENUE, NORTHUMBERLAND, PA 17857*  
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *EMMANUEL HOME*  
 Address: *800 PRIESTLY AVENUE, NORTHUMBERLAND, PA, 17857*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/28/1999* Issued By: *DLI*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *04/23/2025*

**Inspection Dates and Department Representative**

*04/23/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *38* Residents Served: *27*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**04/23/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/24/2025*

**06/02/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *06/19/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/09/2025*

Inspections / Reviews *(continued)*

06/18/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/20/2025

07/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/19/2025

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 1/25/25 at 9:15 p.m. Resident #2 received the incorrect does of insulin. The home did not report the medication error to the Department until 1/27/25.

Plan of Correction

Accept ( [redacted] - 06/09/2025)

The Director of Nursing (DON) [redacted] and the Administrator [redacted] is responsible to fix the immediate violation and problem. On 6/04/2025, in order to be in compliance with PA Code 2600.16.c. and fix immediate violation and correct the problem, the Administrator [redacted] completed DHS208 Observation and Reporting Training given by DHS and Hampton Community College. On 6/04/2025, the Administrator [redacted] provided the Director of Nursing (DON) [redacted] with DHS208 Observation and Reporting Training and regulation PA Code 2600.16.c. and emphasized the importance of reporting incidents in a timely manner all in accordance with PA Code 2600.16. Going forward from 6/04/2025, The Director of Nursing (DON) [redacted] and Administrator [redacted] are also responsible to educate and train the home's medical staff to always be in compliance with PA Code 2600.16.c. The report should not only be given in a timely manner, but the report should also include the most specific information provided from the home regarding the incident. The specific information should include the timeline of events of the actions taken by the home, the home's plans to prevent similar incidents in the future. The Director of Nursing (DON) [redacted] and Administrator has scheduled a written Incident reports training on 7/01/2025, for all staff. Also going forward from 6/04/2025, the Director of Nursing (DON) [redacted] and Administrator [redacted] will provide annual education training on all reportable incidents (as listed on the facility education training schedule). The Director of Nursing (DON) [redacted] and Administrator [redacted] have indicated to the staff that by being in compliance with PA Code 2600.16.c. demonstrates the home's commitment to following the regulatory compliance. Going forward from 6/04/2025, the Director of Nursing (DON) [redacted] and Administrator [redacted] will ensure that all incidents or conditions are reported to the Department's personal care home regional office or the personal care hotline within 24 hours in a manner described by the Department. The Director of Nursing (DON) [redacted] will also ensure that any incorrect dosages of medications or medication errors are reported in a timely manner in accordance with PA Code 2600.16.c.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented ( [redacted] - 07/07/2025)

26b - Quality Management Plan Content

2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

26b - Quality Management Plan Content (continued)

Description of Violation

The home's Quality Management Plan dated 12-20-24 does not address (1) reportable incidents, (2) complaint procedures, (3) staff person training, (4) Licensing violations and plans of correction, (5) resident or family council meetings.

Plan of Correction

Accept ( ) - 06/18/2025)

The Administrator [redacted] along with the Office Manager [redacted] will fix the immediate violation and correct problem. On 6/04/2025, in order to fix the immediate violation and correct problem, the Administrator [redacted] and Office Manager [redacted] held a third Quality Management Review meeting. which was conducted in compliance with PA Code 2600.26.b. as a follow up to the two Quality Management Review meetings originally held on 12/20/2024 and 04/25/2025. The Office Manager [redacted] was made aware by the Administrator [redacted] of PA Code 2600.26.b. The Administrator [redacted] and Office Manager [redacted] will fix the immediate violation and correct the problem by ensuring that a quality management plan is established on 6/04/2025, this quality management plan is to describe how the home will apply and comply with all regulatory requirements. Going forward the Administrator [redacted] and Office Manager [redacted] on 6/04/2025, will ensure that a systematic review, audit and monitoring that the quality management plan is used to identify and address the care and management of the home. Going forward from 6/04/2025 this systematic review and audit will take place quarterly and include the date of review, the persons currently involved in the review are the Administrator [redacted] Office Manager [redacted] Director of Nursing (DON) [redacted] Medication Technician, Head Chef, and Maintenance Supervisor. The Quality Management Review will also include how the review was conducted, findings of the review and any follow-up actions if applicable. A future Quality Management Review Meeting is scheduled for 9/12/2025 See attached.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented ( ) - 07/07/2025)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's 2 bottles of Nitroglycerin tablets expired on 11-12-24, and the other expired 12-10-24.

Repeat Violation 6-12-24

Plan of Correction

Accept ( ) - 06/18/2025)

The Director of Nursing (DON) [redacted] is responsible to fix the immediate violation and problem. On 04/23/2025 in order to be in compliance with PA Code 2600.183.e., The Director of Nursing (DON) [redacted] immediately corrected the problem during the home's site inspection held on 04/23/2025. On 04/23/2025 the Director of Nursing (DON) [redacted] removed the medication in question, Nitroglycerin tablets. The Nitroglycerin tablets were immediately removed on 04/23/2025 from the home and disposed of while adhering to PA Code 2600.183.f. for correct procedures for the disposal of medications. A pharmacy refill request has been submitted on 05/14/2025. The home is currently awaiting resident provider approval for medication refill. Going forward from 06/04/2025 The Director of Nursing (DON) [redacted] and the home's Pharmacy Assistant will

183e - Storing Medications (continued)

monitor and ensure that PA Code 2600.183.e. is adhered to by ensuring that all medications will be stored in a manner that prevents damage or loss. The Administrator [REDACTED] from the date of 06/04/2025 will ensure that the Director of Nursing (DON) [REDACTED] and Pharmacy Assistant will conduct medication cart audits as well as PRN (Pro Re Nata = as needed) medications in compliance with PA Code 2600.183-190. Going forward from 06/04/2025 the Director of Nursing (DON) [REDACTED] and Pharmacy Assistant, as well as Medication Technicians will audit and monitor all medication labels and manufacturer's instructions to ensure proper storage and disposal. The audits will be completed using the facilities medication audit sheets.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented ([REDACTED] - 07/07/2025)

185a - Implement Storage Procedures

4. 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 #2's PRN Diabetic Tussin, Loperamide HCl, and Magnesium Hydroxide Oral Suspension were not available in the home at the time of the inspection.

Repeat violation: 6-12-24

Plan of Correction

Accept ([REDACTED] - 06/18/2025)

The Director of Nursing (DON) [REDACTED] is responsible to fix the immediate violation and correct problem. On 4/23/2025 in order to be in compliance with PA Code 2600.158.a. An immediate correction was done on 4/23/2025 by the Director of Nursing (DON) [REDACTED] who obtained a discontinuation order for "Resident #2" PRN (Pro Re Nata = as needed) medications as follows: Diabetic Tussin, Loperamide HCl, and Magnesium Hydroxide Oral. Going forward from 6/04/2025 The Director of Nursing (DON) [REDACTED] and the home's Pharmacy Assistant will monitor and ensure the availability of all PRN (Pro Re Nata = as needed) medications. Going forward from 6/04/2025 The Director of Nursing (DON) [REDACTED] will monitor and ensure that PA Code 2600.185.a. is adhered to by implementing a medication audit tool and following the home's procedures for the safe storage, access, security, distribution and use of medications by trained staff persons. Going forward from 6/04/2025 the Director of Nursing (DON) [REDACTED] will ensure that all medications are stored in a safe and secure manner by ensuring that the medication audit tool is used in compliance with PA Code 2600.158.a. Going forward from 6/04/2025 The Director of Nursing (DON) [REDACTED] will ensure that staff are trained properly in medication storage and medical equipment. Medications should be stored and maintained as per manufacturer's instructions. PRN's (Pro Re Nata = as needed) should be accessible to the residents at all times. Going forward from 6/04/2025 The Director of Nursing (DON) [REDACTED] will implement and monitor the facility's medication audit tool which greatly reduces the risk that medications are not available when needed by the resident.

Licensee's Proposed Overall Completion Date: 06/05/2025

Implemented ([REDACTED] - 07/07/2025)

190a - Completion Medication Course

5. Requirements

190a - Completion Medication Course (*continued*)

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff person A took the Medication Administration Test on [REDACTED]. The staff person has a score of [REDACTED] a passing score is 90. Staff person A administered medications from 4-11 to 4-14-25 at 8:00 a.m., and 4-12-25 at 8:00 p.m.

Staff person B took the Medication Administration Test on [REDACTED]. The staff person has a score of [REDACTED] a passing score is 90. Staff person B administered medications on 4-18-25 at 8:00 p.m.

**Plan of Correction**

Accept ([REDACTED] - 06/02/2025)

The Director of Nursing (DON) [REDACTED] and the Administrator [REDACTED] is responsible to fix problem in order to be in compliance with PA Code 2600.190a. In order to fix the problem "Staff Person A" re-took the Medication Administration Test on May 7, 2025. "Staff Person A" achieved a passing score of 100% after remediation (please see "Staff Person A" certificate and grade sheet). In order to fix problem "Staff Person B" retook the Medication Administration Test on May 19, 2025. "Staff Person B" achieved a passing score of 99% after remediation (please see "Staff Person B" certificate and grade sheet). In the interim medication passes had been administered by the Director of Nursing (DON) [REDACTED] Registered Nurse (RN) and other certified staff members. Also attached is the Medication Technician work schedule with the annotation "MP" which indicates when the Registered Nurse (RN) assisted with medication administration. Going forward the Administrator [REDACTED] will verify that the Director of Nursing (DON) [REDACTED] ensure that all Medication Technicians will be trained in the proper procedures to safely and correctly administer medications to the residents. This also includes verifying that each Medication Technician has a passing grade which is greater >90% on the Medication Administration Test. In order to continue to be in compliance with PA Code 2600.190a The Director of Nursing (DON) [REDACTED] along with the Administrator [REDACTED] will continue to monitor and ensure that a staff member who has passed the Medication Administration course initially must complete the annual practicum as defined by the course every year.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented ([REDACTED] - 07/07/2025)