

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

July 9, 2025

[REDACTED], ADMINISTRATOR
LEEDS HEALTH CARE SERVICES INC
60 NEITZ ROAD
NORTHUMBERLAND, PA, 17857

RE: NOTTINGHAM VILLAGE
RETIREMENT CENTER
60 NEITZ ROAD
NORTHUMBERLAND, PA, 17857
LICENSE/COC#: 20213

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/12/2025 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: *NOTTINGHAM VILLAGE RETIREMENT CENTER* License #: *20213* License Expiration: *04/26/2026*
 Address: *60 NEITZ ROAD, NORTHUMBERLAND, PA 17857*
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *LEEDS HEALTH CARE SERVICES INC*
 Address: *60 NEITZ ROAD, NORTHUMBERLAND, PA, 17857*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/02/2002* Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/12/2025*

Inspection Dates and Department Representative

06/12/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *90* Residents Served: *55*

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: *55*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

06/12/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/10/2025*

Inspections / Reviews (*continued*)

07/09/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/09/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

07/09/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/09/2025

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

At 9:23 a.m., a stack of 12 empty medication bubble packs were located on top of the first-floor medication cart displaying resident information that was unattended, and accessible at the time of inspection.

Plan of Correction

Accept (█ - 07/09/2025)

Record confidentiality was reviewed with all charge staff. See attached education. Administrator will complete weekly spot checks of medication carts to ensure confidentiality is being appropriately managed. Spot checks will continue until 100% accuracy is achieved for 8 consecutive weeks. See attached audit tool in progress.

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented (█ - 07/09/2025)

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

At 2:57 p.m., the bed enabler in room █ for resident #1's was held in place by the mattress and not securely fastened to the bed frame.

Plan of Correction

Accept (█ - 07/09/2025)

Enabler bar of resident #1 has been secured to resident's bed as of 6/20/25. Monthly audits of enabler bars in use will be completed by Nursing Supervisor to ensure enablers are safely secured to beds. Audits will continue until 100% accuracy is met for three consecutive months. See attached audit tool. Administrator will conduct spot checks to ensure audit completion. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented (█ - 07/09/2025)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:35 a.m., the basement floor kitchenette refrigerator contained a can of soda that exploded and spread its contents inside the refrigerator.

Plan of Correction

Accept (█ - 07/09/2025)

Refrigerator was cleaned on 6/12/25. See attached photo. Audits will be completed weekly to ensure that

88a - Surfaces (continued)

refrigerator is clean and food items are properly stored. Activities staff will oversee audits which will continue until 100% accuracy is achieved for 6 consecutive weeks. See attached audit tool. Administrator will spot check audits every other week for completion. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented (█) - 07/09/2025)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At 9:45 A.M., the home's menu for the week of 6/3/25 to 6/10/25 was posted. However, 6/11/25 to 6/18/25 was not posted.

Plan of Correction

Accept (█) - 07/09/2025)

Menus were appropriately posted following discovery of violation on 6/12/25. Resident services will conduct daily audits to ensure menus are correctly posted for designated time frames. See attached audit tool in progress. Administrator will spot check audits weekly until goal achieved. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented (█) - 07/09/2025)

182c - Medication Administration

5. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

The home did not safely administer medications in accordance with best practices for resident #2, who requires assistance to take medications when the resident said a Med-Tech left a medication cup with a Benafiber tablet in the residents' the room without watching the resident ingest the medication.

Plan of Correction

Accept (█) - 07/09/2025)

Medication administration procedures were reviewed with all charge staff. See attached education. Monthly medication administration observations of two randomly selected charge staff will be completed by Nursing Supervisor to ensure proper procedures are being followed. Audits will continue until 100% accuracy is met for three consecutive months. See attached audit tool. Administrator will conduct monthly spot checks for audit completion. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 07/08/2025

Implemented (█) - 07/09/2025)