

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

April 3, 2025

[REDACTED], ADMINISTRATOR  
LITTLE WALKER HOLDINGS LLC  
[REDACTED]

RE: TWIN CEDAR SENIOR LIVING  
364 LITTLE WALKER ROAD  
SHOHOLA, PA, 18458  
LICENSE/COC#: 22850

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/06/2025 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: *TWIN CEDAR SENIOR LIVING* License #: *22850* License Expiration: *12/20/2025*  
 Address: *364 LITTLE WALKER ROAD, SHOHOLA, PA 18458*  
 County: *PIKE* Region: *NORTHEAST*

## Administrator

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

## Legal Entity

Name: *LITTLE WALKER HOLDINGS LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/08/1995* Issued By: *L&I*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/06/2025*

## Inspection Dates and Department Representative

*03/06/2025 - On-Site:* [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *37* Residents Served: *22*

## Secured Dementia Care Unit

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

## Hospice

Current Residents: *3*

## Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *1*

## Inspections / Reviews

## 03/06/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2025*

## 03/18/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/01/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/25/2025*

Inspections / Reviews *(continued)*

03/25/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/01/2025

04/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

132a - Monthly Fire Drill

1. Requirements

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of February in 2025.

Plan of Correction

Accept (█ - 03/25/2025)

The Administrator will oversee unannounced fire drills from March 2025 forward. Administrator will schedule drills annually; with month, day, and time of day. In the past Maintenance was performing fire drills. Administrator going forward will make sure fire drills are held monthly and recorded. Administrator will review the fire drill log monthly to ensure fire drills are being carried out in compliance with regulation.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented (█ - 04/02/2025)

132h - Designated Meeting Place

2. 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 8-23-24 at 1:17pm 1 resident out of 26 resident's in the home did not evacuate to a designated meeting place away from the building or within the fire-safe area.

During the fire drill on 11-6-24 at 3:10pm 1 out of 26 residents in the home did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept (█ - 03/25/2025)

Both Residents from 8/23/24 and 11/6/2024 refused to evacuate the building. Both residents were told to evacuate and were verbally prompted but still refused. These Residents had RASP updated after refusal occurred. Administrator educated both residents and staff on 8/23/2024 and 11/6/2024 on the home rules and mandatory participation in the fire drills. Residents have been informed that repeated violation of the home rules could result in discharge. Administrator will ensure that future fire drills will be re-run in the event a resident refuses to participate until further participation requirements are met. Administrator will review the fire drill log monthly to ensure fire drills are being carried out in compliance with regulation.

Licensee's Proposed Overall Completion Date: 03/20/2025

Implemented (█ - 04/03/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

- 2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

The initial Medical Evaluation form dated [REDACTED] for resident #1 did not indicate whether the resident is able to self-administer medications.

**Plan of Correction**

Accept ( [REDACTED] - 03/25/2025)

The Administrator will ensure all DME's are completed properly. The Administrator corrected the DME on 3/6/2025. The Administrator will ensure all DME's are completed properly to avoid missing any information. The Administrator will audit all current Resident DME's to ensure all information is completed. Any DME missing information will be corrected. Audit to be completed by 3/24/2025

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented ( [REDACTED] - 04/03/2025)