

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

September 22, 2025

[REDACTED] ADMINISTRATOR
FOXDALE VILLAGE CORPORATION
500 EAST MARYLYN AVENUE
STATE COLLEGE, PA, 16801

RE: FOXDALE VILLAGE
500 EAST MARYLYN AVENUE
STATE COLLEGE, PA, 16801
LICENSE/COC#: 24565

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/14/2025 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: *FOXDALE VILLAGE* License #: *24565* License Expiration: *06/14/2026*
 Address: *500 EAST MARYLYN AVENUE, STATE COLLEGE, PA 16801*
 County: *CENTRE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *FOXDALE VILLAGE CORPORATION*
 Address: *500 EAST MARYLYN AVENUE, STATE COLLEGE, PA, 16801*
 Phone: [REDACTED] Email: [REDACTED]

[REDACTED] of Occupancy

Type: *I-2* Date: *09/24/2023* Issued By: *Centre Region Code Authority*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/14/2025*

Inspection Dates and Department Representative

08/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *64* Residents Served: *55*
 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: *55*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/14/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/06/2025*

09/02/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/22/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/09/2025*

Inspections / Reviews (*continued*)

09/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/15/2025

09/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 7/25/25, 7/26/25, 7/27/25, from 10:30p.m. to 6:00a.m., 54 residents were present in the home. During this time 1 staff persons was present in the home who was certified in First Aid and CPR.

Plan of Correction

Accept (█ - 09/08/2025)

- 1) The required second employee who was working 10:30 p.m.- 6 a.m. has been scheduled to attend the First Aid/Obstructed Airway/CPR training on 9/11/25 to meet the requirement of one staff member per 50 residents trained to ensure that when the census is over 50 residents, we have two employees always working to respond to an emergency per regulatory requirements. An additional staff member was added to the night shift schedule (10:30p-6a) to ensure that two staff members trained in both First Aid/Obstructed Airway/CPR are available to respond in an emergency situation.
- 2) PCHA Administrator will complete an audit on all current direct care, certified, and licensed staff to ensure that licenses are in good standing, or any other unlicensed staff obtained/completed the required First Aid/Obstructed Airway/CPR by PCHA by September 15, 2025. Any identified staff needing First Aid/Obstructed Airway/CPR will be scheduled to complete the course by November 15, 2025.
- 3) PCHA Administer will maintain a spreadsheet to track current staff on renewal dates to ensure that they are in good standing with the requirements of 2600.63(a). Whenever the census exceeds 50 residents, PCHA will ensure that at least two employees per shift are certified in First Aid/Obstructed Airway/CPR, and all licenses are in good standing, to ensure that there are sufficient staff to respond to an emergency.
- 4) All audit results will be reported during the monthly QAPI meeting for the next six months

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented (█ - 09/22/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff person B did not receive training in fire safety, emergency preparedness, resident rights, and Older Adult Protective Services Act training during the 2024 training year.

Plan of Correction

Accept (█ - 09/02/2025)

- 1) Staff member B was removed from the schedule once a lapse in training was identified. Staff member B will remain off the schedule in their current role as a direct care staff until all required training is completed and current.

65g - Annual Training Content (continued)

2) PCH Administrator will audit all staff members to identify any employees who have a lapse in their annual training plans, and immediate action will be taken to remove from the schedule any employee who is not currently up-to-date with their required training plans until they are back in compliance. This audit will be completed by August 31, 2025.

3) PCH administrator will complete monthly, utilizing the organization's training reports to ensure direct care staff complete their required scheduled training as part of the organization's annual training plan and receive high-quality training to continue to develop their knowledge of regulatory requirements and best practices in resident care. Any direct care staff who have been found to be behind in their required training will be removed from the schedule until trainings are completed.

4) Audits will be completed for 6 months to ensure all direct care staff comply with the completion of training as scheduled. All audit results will be reported and tracked during the monthly QAPI meeting

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented (█) - 09/22/2025)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

According to Staff person A, the clear spray bottle on the cleaning cart located in the main hallway is a mixture of ammonia, water and vinegar, which is used to clean mirrors and windows. There was no original product labeling on the container required for poisonous materials.

Plan of Correction

Accept (█) - 09/02/2025)

1) The unlabeled bottle of water/vinegar/ammonia was removed from the housekeeping cart immediately when identified during the survey.

2) PCH Administrator or Housekeeping Manager will audit all housekeeping carts to ensure that all cleaning products/poisonous materials are stored in their original, labeled containers by 8/31/25.

3) Training will be provided to all housekeepers who perform cleaning duties within Personal Care by 9/30/2025 on the requirements of all poisonous materials/cleaning products being stored in their original, labeled containers and how having the correct supply company and manufacturer labels will minimize the possibility that a resident or staff person will mistake a poisonous substance for a harmless substance

4) PCH administrator or Housekeeping Manager will perform weekly audits on housekeeping carts for 4 weeks and then monthly for 5 months to ensure that all poisonous materials/cleaning products are stored in their original, labeled containers.

5) All audit results will be reported and tracked during the monthly QAPI meeting

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█) - 09/22/2025)

104e - Daily Meals/Dining Room

4. Requirements

2600.

104.e. Breakfast, midday and evening meals shall be served to residents in a dining room except in the following situations:

Description of Violation

From 7/17/25 - 7/27/25 all residents were eating meals in their rooms. Meal service was not provided in the dining room.

Plan of Correction

Accept (█ - 09/02/2025)

1) PCH administrator and Infection Control Preventionist reviewed regulation 2600.104(e) regarding the requirement of serving breakfast, midday, and evening meals in the dining room unless the resident requests the meal be served in their room or the resident has been placed on isolation.

2) In the event of an outbreak, the PCH administrator or designee will contact the Regional Office for further guidance regarding isolation precautions. This will ensure that residents can continue to participate in community dining, promoting the quality of life for all residents, and allowing staff to provide emergency services should a resident experience a choking incident

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█ - 09/22/2025)

185a - Implement Storage Procedures

5. 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 #3 is prescribed Dulcolax suppository, as needed, for constipation, and Nystatin powder, as needed for redness. Neither medication was available at time of inspection.

Plan of Correction

Accept (█ - 09/02/2025)

1) Staff reordered the missing PRN medication, Dulcolax, for Resident 3 on 8/14/25, and the medication was received from the pharmacy on 8/15/25. PRN Nystatin powder for Resident 3 was available to the resident. At the time of the survey, when reviewing PRN medications, Nystatin was located in the resident's medication locked cabinet within their room, which is accessible only to nursing staff.

2) PCH administrator and/or designee will complete a full house audit by 9/30/25 on all PRN medications to ensure that all are available for resident use.

3) PCH administrator and/or designee will conduct random monthly audits for the next six (6) months to ensure all PRN medications are always available as ordered for each resident.

4) All audit results will be reported and tracked during the monthly QAPI meeting

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 09/22/2025)

187a - Medication Record

6. Requirements

2600.

187a - Medication Record (continued)

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
 - 3. Name of medication.
 - 6. Dose.

Description of Violation

The pharmacy label for resident #1's Acetaminophen indicates to administer two 325mg tablets as needed for general discomfort. The medication administration record indicates administer one 650mg tablet as needed for general discomfort.

The pharmacy label for resident #2's B-12 indicates to give one tablet by mouth daily. The medication administration record indicates cyanocobalamin give one tablet by mouth daily. There was no indication that cyanocobalamin is the generic form of B-12.

The pharmacy label for resident #3's melatonin states take 2 tablets by mouth at bedtime. The medication administration record indicates give 2 mg by mouth as need for insomnia.

Plan of Correction

Accept (█ - 09/08/2025)

- 1) Resident 1 Acetaminophen order was changed on the Medication Administration Record (MAR) to match the pharmacy label since the pharmacy is unable to compound the medication into one 650mg tablet. The MAR was updated to match the pharmacy label for the medication dose as of 8/28/25. The pharmacy label for resident 2 and MAR were both updated to reflect both the brand name and generic name for B-12 (Cyanocobalamin) as of 8/28/25. The MAR for resident 3 was updated to include the dosage of Melatonin, so the MAR and label match 1mg as of 8/28/25.
- 2) PCH administrator and/or designee will complete a full house audit by 10/1/25 to ensure that all pharmacy labels match the MAR for each resident.
- 3) PCH administrator and/or designee will complete random audits monthly for the next 5 months to ensure that pharmacy labels and MAR match in medication names (brand and generic names), along with correct dosage. By ensuring that the MAR and pharmacy labels match, the home's staff will be able to track all medications a resident receives and ensure all medications are administered as prescribed.
- 4) All audit results will be reported and tracked during the monthly QAPI meeting

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (█ - 09/22/2025)

190c - Record of Training

7. Requirements

2600.

- 190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff C completed initial Medication Administration training on 8/2/23 and completed recertification on 8/2/24. No recertification was completed as of 8/14/25..

Plan of Correction

Accept (█ - 09/02/2025)

- 1) Staff C performed a medication administration observation on 8/27/25, and recertification was completed on

190c - Record of Training (continued)

the same day.

2) PCH administrator completed a whole-house audit on each Medication Technician to ensure that each Medication Technician complies with training dates.

3) PCH administrator will utilize a spreadsheet to track annual recertification dates to ensure that each Med Tech completes the required training within the required time frame.

4) PCH administrator will conduct monthly audits for the next 5 months to ensure that each Med Tech is recertified by their due date. This allows the home to track medication and diabetes training, ensuring that all staff who administer medications and/or insulin have received the necessary training.

5) All audit results will be reported and tracked during the monthly QAPI meeting

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█) - 09/22/2025

224a - Preadmission Screen Form

8. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident # 4 was admitted to the home on █ however, the resident's preadmission screening form was completed on █

Plan of Correction

Accept (█) - 09/02/2025

1) PCH administrator performed a whole-house audit to ensure that all Pre-admission screenings were completed within the 30 days prior to admission day or on the day of admission per regulation.

2) All new admissions will be tracked to ensure that Pre-admission Screening is completed within the required time frame of up to 30 days prior to admission day or on the day of admission by the PCH administrator or the designee.

3) PCH administrator or designee will use a spreadsheet to track all new admissions for the next 5 months to ensure that the home can safely meet a resident's needs prior to admission.

4) All audit results will be reported and tracked during the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented (█) - 09/22/2025