

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

March 12, 2025

[REDACTED], ADMINISTRATOR DESIGNEE  
GARVEY MANOR NURSING HOME  
1037 SOUTH LOGAN BOULEVARD  
HOLLIDAYSBURG, PA, 16648

RE: OUR LADY OF THE ALLEGHENIES  
RESIDENCE  
1037 SOUTH LOGAN BOULEVARD  
HOLLIDAYSBURG, PA, 16648  
LICENSE/COC#: 31641

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2025, 02/13/2025 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: *OUR LADY OF THE ALLEGHENIES RESIDENCE* License #: *31641* License Expiration: *08/29/2025*  
Address: *1037 SOUTH LOGAN BOULEVARD, HOLLIDAYSBURG, PA 16648*  
County: *BLAIR* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *GARVEY MANOR NURSING HOME*  
Address: *1037 SOUTH LOGAN BOULEVARD, HOLLIDAYSBURG, PA, 16648*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/09/2003* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/13/2025*

**Inspection Dates and Department Representative**

02/12/2025 - On-Site: [REDACTED]  
02/13/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity: <i>40</i>	Residents Served: <i>26</i>		
<b>Secured Dementia Care Unit</b>			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>1</i>	Are 60 Years of Age or Older: <i>26</i>		
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>		

**Inspections / Reviews**

02/12/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/01/2025*

Inspections / Reviews (*continued*)

02/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/07/2025

03/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 2/13/25, Desonide cream .05% prescribed to resident #1 was observed having an expiration date of June 2021.

Plan of Correction

Accept ( ) - 02/26/2025

Plan of Correction:

On 2/13/25 the Resident Services Coordinator ( ), LPN, disposed of expired Desonide Cream .05%. Disposal record provided.

On 2/13/25 Resident Services Coordinator ( ) notified the resident of the expired cream. The cream is used only as a PRN for eczema and itchy skin. On 2/19/25 an order was submitted to ( ) Pharmacy to refill Desonide Cream .05%. Upon receipt of the cream, it will be placed in the medication cart for use as indicated.

To prevent further occurrences, during the monthly medication exchange of the medication carts the facility pharmacy, ( ) Pharmacy, will complete an audit of the medication carts to ensure all expired medication has been removed from the cart(s). Documentation of these audits will be maintained by the Resident Services Coordinator.

Completion Date 2/20/25

Licensee's Proposed Overall Completion Date: 02/24/2025

Implemented ( ) - 03/12/2025

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated ( ), did not indicate the resident's mental health need for bipolar disorder. However, the resident's DME dated ( ) identifies a diagnosis and medications prescribed for bipolar disorder.

Plan of Correction

Accept ( ) - 02/26/2025

On 2/13/25 The Resident Services Coordinator ( ), LPN, added the diagnosis of Bipolar to the mental health section of the RASP for resident #1. RASP provided.

Completion Date 2/13/25

**227d - Support Plan Medical/Dental (continued)**

To prevent further occurrences, the Personal Care Home Administrator [REDACTED], BSW, will audit resident medical records every quarter to ensure that the resident's support plan includes the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. The findings and documentation will be reported and recorded at the facility's quarterly Quality Assurance Plan Improvement meetings.

Completion 2/20/25

Licensee's Proposed Overall Completion Date: 02/24/2025

Implemented ( [REDACTED] - 03/12/2025)