

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

August 1, 2025

[REDACTED], ADMINISTRATOR
THE VILLAGES OF MIDTOWN OAKS, LLC
[REDACTED]

RE: THE VILLAGES OF MIDTOWN OAKS
1020 GREEN AVENUE
ALTOONA, PA, 16601
LICENSE/COC#: 33864

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2025, 03/26/2025 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: *THE VILLAGES OF MIDTOWN OAKS* License #: 33864 License Expiration: 07/01/2025
 Address: 1020 GREEN AVENUE, ALTOONA, PA 16601
 County: BLAIR Region: CENTRAL

Administrator

Name: *Santina Gailey* Phone: 8149312012 Email: *santina.gailey@saberhealth.com*

Legal Entity

Name: *THE VILLAGES OF MIDTOWN OAKS, LLC*
 Address: 23700 COMMERCE PARK, BEACHWOOD, OH, 44122
 Phone: 8149462700 Email: *santina.gailey@saberhealth.com*

Certificate(s) of Occupancy

Type: C-1 Date: 04/02/1996 Issued By: DEPARTMENT OF HEALTH

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 03/26/2025

Inspection Dates and Department Representative

03/25/2025 - On-Site: [REDACTED]
 03/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 29

Special Care Unit
 In Home: Yes Area: SPECIAL CARE UNIT Capacity: 16 Residents Served: 8

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

03/25/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/11/2025

04/11/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/09/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/18/2025

Inspections / Reviews *(continued)*

08/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

08/01/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident #2 became unresponsive. Staff initiated a call to EMS and started CPR. The resident was transported to the local hospital where [redacted] passed away [redacted]. The residence did not report this incident to the Department.

Plan of Correction

Accept ([redacted] - 04/11/2025)

Education regarding reportable incidents has been provided to the Administrator.

- The Administrator will ensure that any incident or condition listed under regulation 2800.16(c) is reported within the 24-hour time frame by reviewing 24-hour daily reports for 4 weeks. Starting May 1st, 2025

Reported to the department 4-11-2025

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented ([redacted] - 08/01/2025)

96a First aid kit

2. Requirements

2800.

96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

The first aid kits located on each resident floor did not include thermometers, breathing shields or eye coverings.

Plan of Correction

Accept ([redacted] - 04/11/2025)

We have ordered new kits, which will be delivered on April 10, 2025. These kits will contain a thermometer, breathing shield, and eye coverings. To guarantee that the kits are fully adequate Clinical Care Coordinator and ED will educate staff on restocking the first aid kits, the administrator and the Clinical Care Coordinator will perform monthly audits beginning on May 1, 2025.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented ([redacted] - 08/01/2025)

132c Fire drill records

3. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 7/6/24 does not include the number of residents in the residence at the time of the drill, the number of residents evacuated.

132c Fire drill records (continued)

Plan of Correction

Accept (█) - 04/11/2025)

The number of residents was added to the 07/16/2024. ED Educated by regional staff about the regulation 2800.132(c). Monthly audits done by the Regional Staff of fire drills to ensure that all information is filled out correctly, starting May 1st, 2025

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented (█) - 08/01/2025)

227g Support plan - signatures

4. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of █ support plan on █ However, the resident did not sign and date the support plan.

Plan of Correction

Accept (█) - 04/11/2025)

A baseline assessment revealed that currently 10 residents do not have an initial support plan (ASP). All residents at the facility have current and quarterly updated ASPs. Two residents have initial support plans that are not signed. - All residents without an initial ASP have been documented in the residents' files, and the two residents with initial ASPs were signed and dated on 04/08/2025. - Monthly audits of three randomly selected residents' support plans will begin on May 1, 2025, conducted by the Administrator and Clinical Coordinator to ensure that ASPs are signed within the regulatory timeframe and updated quarterly or annually.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented (█) - 08/01/2025)

236a Staff training

5. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who was hired by the residence on █ works in the special care unit, but did not complete the initial training related to dementia care within the first 30 days of the date of hire.

Plan of Correction

Accept (█) - 04/11/2025)

Direct Care Staff Person A has been assigned to complete dementia training, which will be finalized by 04/14/2025. - No new direct care staff will perform duties on any floors until all dementia training is completed. - Weekly audits in Relias will be conducted by the Administrator, with implementation started on 03/01/2025.

236a Staff training *(continued)*

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented (█ - 08/01/2025)