

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

October 30, 2025

[REDACTED] PERSONAL CARE HOME ADMINISTRATOR
CORNWALL MANOR
PO BOX 125
CORNWALL, PA, 17016

RE: CORNWALL MANOR
1 BOYD STREET, PO BOX 125
CORSON HALL
CORNWALL, PA, 17016
LICENSE/COC#: 34288

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/08/2025 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: *CORNWALL MANOR* License #: *34288* License Expiration: *01/31/2026*
 Address: *1 BOYD STREET, PO BOX 125, CORSON HALL, CORNWALL, PA 17016*
 County: *LEBANON* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *CORNWALL MANOR*
 Address: *PO BOX 125, CORNWALL, PA, 17016*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/26/1996* Issued By: *Labor & Industry*
 Type: *Other* Date: *09/10/2021* Issued By: *Cornwall Boro*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Renewal* Exit Conference Date: *09/08/2025*

Inspection Dates and Department Representative

09/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *45* Residents Served: *36*

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: *36*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/08/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/22/2025*

09/29/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/24/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2025*

Inspections / Reviews *(continued)*

09/30/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 10/22/2025

10/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2025

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

On 9/8/25, at 9:25 AM, two control substance books containing residents' medication information, including resident #1's Ativan prescription, were unlocked, unattended, and accessible on the medication carts located near the nurse's office.

Plan of Correction

Accept ([redacted] - 09/30/2025)

The two control substance books were moved to a locked drawer on each medication cart on 9/8/25 by [redacted] Nursing Manager.

At the nursing staff meeting on 9/15/25 this process was reviewed and entered into the nursing staff meeting minutes.

PCHA and Manager of Nursing will conduct at a minimum weekly check of medication cart beginning the week of 9/29 to assure control substance book is locked in drawer and not accessible.

Licensee's Proposed Overall Completion Date: 09/29/2025

Implemented ([redacted] - 10/27/2025)

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

Resident #2 utilizes an enabler bar for transferring and repositioning in bed. On 9/8/25, at approximately 11:20 AM, the device was uncovered with an opening that measured approximately 14 inches wide and approximately 12 inches high, and the device was not securely fastened to the bedframe, posing an entrapment risk.

Plan of Correction

Accept ([redacted] - 09/30/2025)

Immediate correction was taken per the recommendation of the surveyor, and a pillowcase was placed over the enabler opening and the enabler was securely fastened to the bedframe vs. the mattress by [redacted] Manager of Nursing.

New bed mobility device (Brand Kingpavonini Model: BC-CBJ-X) which meets the requirements of BHSL Use of Bedside Mobility Device communication (issue date 6/26/2023) was ordered and received on 9/15/25. Device was installed on 9/26/25 by OT and PCHA.

BHSL Use of Bedside Mobility Device (issue date 6/26/2023) was added as an attachment to Cornwall Manor Personal Care Policy Manual titled Bedside Mobility Devices on 9/8/25

[redacted] PCHA educated Occupational Therapy staff and LPN Charge Nurses on 9/29/25 regarding details and compliance with 2600.81.b

PCHA and Manager of Nursing will complete a weekly audit to check current bed mobility devices that are in use to assure compliance with regulation beginning 9/29/25.

81b - Resident Personal Equipment (continued)

Licensee's Proposed Overall Completion Date: 09/29/2025

Implemented (█) - 10/30/2025)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/8/25, at approximately 10:40 AM, there wasn't a thermometer in the refrigerator or the freezer in the second-floor kitchenette.

Plan of Correction

Directed (█) - 09/30/2025)

Refrigerator/Freezer thermometer were obtained from Dining Services and placed in the 2nd floor kitchenette effective 9/12/25 by █ Manager of Nursing.

█ PCHA educated Nursing staff on 9/29/25 regarding details and compliance with 2600.81.b

3rd shift CNA will complete a weekly audit to assure each refrigerator and freezer have an operating thermometer to meet regulatory compliance beginning 9/29/25.

[Directed]

- In addition to the above steps, staff responsible for completing the weekly audits of the thermometer readings in each refrigerator and freezer will be educated on regulation 103(f) no later than 10/15/25 by the Administrator or designee.

Directed Completion Date: 10/15/2025

Implemented (█) - 10/27/2025)

103i - Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/8/25, at approximately 10:45 AM, there was a dented 50oz can of Campbell's chicken noodle soup and a 6 pound dented can of pineapple chunks in the home's kitchen.

103i - Outdated Food (continued)

Plan of Correction

Accept (█ - 09/30/2025)

Dining staff member █ (cook) removed the dented cans on 9/8 Director of Dining Services has scheduled staff meeting with dining staff on 9/30 and 10/3 where the process of receiving weekly stock will be reviewed. The topic of what is acceptable to receive relative to 103i (specifically dented cans) will be covered. Will also discuss if a dining employee accidentally drops a can which becomes dented that it cannot be placed on the stock shelf to be used. Currently, dining management staff and/or PCHA is checking the condition of cans on a weekly basis after weekly delivery has been made and shelves stocked beginning on 9/29/25

Licensee's Proposed Overall Completion Date: 09/29/2025

Implemented (█ - 10/30/2025)

141a - Medical Evaluation

6. Requirements

2600.

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.

Description of Violation

Resident #3 was admitted to the home on █ However, the resident's initial medical evaluation was completed on █

Plan of Correction

Accept (█ - 09/30/2025)

Resident #3 had a medical evaluation completed on 9/18/25 and a date of 9/18/26 has been entered on existing tracking tool for DME completion monitoring.

PCHA reviewed regulation 2600.141a with Manager of Nursing at weekly meeting on 9/12/25.

PCHA and Manager of Nursing will review already existing DME and RASP monitoring schedule for upcoming DME and RASP dates at scheduled weekly meeting beginning 10/3/25.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█ - 10/30/2025)

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 9/8/25, Cefdinir 300mg prescribed for resident #2, was in the home's medication cart; however, this medication was discontinued on 8/27/25.

Plan of Correction

Accept (█ - 09/30/2025)

Cefdinir 300mg prescribed for resident #2 was immediately removed from the medication cart on 9/8/25 by █ Manager of Nursing. At monthly staff meeting on September 15th education was provided on 2600.183.d to nursing staff (LPN and Medication Technicians). Process of receiving an order that discontinues use of a medication was reviewed which includes immediately removing the medication from the cart and returning it to the pharmacy. A monthly medication cart audit will be conducted by the 3rd shift LPN Charge Nurse beginning October 1st and every 1st of the month thereafter.

183d - Prescription Current (continued)

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

Implemented () - 10/30/2025

183e - Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 9/8/25, resident #4's Lorazepam 0.5mg bubble pack contained a tear approximately 2 centimeters high and 2 centimeters wide to the upper right corner of day #12. The pill for day #12 was still in the bubble pack with scotch tape covering the tear.

Plan of Correction

Accept () - 09/30/2025

Resident's Lorazepam 0.5mg bubble pack which contained a tear was returned to the pharmacy effective 9/8/25 by () Manager of Nursing

At monthly staff meeting on September 15th education was provided on 2600.183.e to nursing staff (LPN and Medication Technicians). Reviewed process of returning any medication where the packaging has been altered or does not meet the standards of 2600.183.e shall be removed from the cart and be returned to the pharmacy. A monthly medication cart audit will be conducted by the 3rd shift LPN Charge Nurse beginning October 1st and every 1st of the month thereafter.

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

Implemented () - 10/30/2025

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #3's most recent assessment was completed on ()

Resident #5's most recent assessment was completed on ()

Plan of Correction

Accept () - 09/30/2025

() Manager of Nursing is the responsible staff member for completing RASP. () PCHA completed initial audit of remaining 2025 RASP on 9/22/25.

Resident #3 2025 RASP completed by 9/25/25

Resident #5 2025 RASP will be completed by 10/3/25 after scheduled DME on 10/1/25

PCHA reviewed regulation 2600.225.c with Manager of Nursing at weekly meeting on 9/12/25.

225c - Additional Assessment (continued)

PCHA and Manager of Nursing will review already existing DME and RASP monitoring schedule for upcoming RASP dates at scheduled weekly meeting beginning 10/3/25.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█ - 10/27/2025)

227d - Support Plan Medical/Dental

10. 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

Resident #2 utilizes an enabler bar to aid in transferring and reposition in bed. However, the resident's current support plan, dated █, does not include the following:

- o The specific need for the device.*
- o The intended use and any risks associated with the use.*
- o The resident's ability to use the device safely for the purpose it was intended.*
- o Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.*

Plan of Correction

Accept (█ - 09/30/2025)

Resident #2 RASP was updated to reflect approved use of bed mobility device by █ Manager of Nursing.

See attachment

█ PCHA reviewed RASP of all approved residents using a bed mobility device on 9/26/25.

PCHA and Manager of Nursing will complete a weekly audit to check current bed mobility devices that are in use to assure compliance with regulation beginning 9/29/25.

PCHA will review regulation 2600.225.c with nursing staff and will focus on checking operational status of bed mobility devices for compliance at next scheduled staff meeting 10/20/25.

Licensee's Proposed Overall Completion Date: 10/20/2025

Implemented (█ - 10/30/2025)