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

October 6, 2026

[redacted]
160 RED HORSE ROAD OPCO LLC
[redacted]

RE: LUTHER RIDGE AT SEIDERS HILL
160 RED HORSE ROAD
POTTSVILLE, PA, 17901
LICENSE/COC#: 23329

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2026, 08/05/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LUTHER RIDGE AT SEIDERS HILL* **License #**: *23329* **License Expiration**: *11/19/2026*

Address: *160 RED HORSE ROAD, POTTSVILLE, PA 17901*

County: *SCHUYLKILL* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *160 RED HORSE ROAD OPCO LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *06/23/1999* **Issued By**: *DLI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *61* **Waking Staff**: *46*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *08/05/2026*

Inspection Dates and Department Representative

07/09/2026 - On-Site: [redacted]

08/05/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *135* **Residents Served**: *58*

Special Care Unit

In Residence: *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**: *57*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *3* **Have Physical Disability**: *0*

Inspections / Reviews

07/09/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/05/2026*

09/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/01/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/23/2026*

Inspections / Reviews *(continued)*

09/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/28/2026*

10/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/01/2026*

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

Resident [redacted] medical evaluation dated [redacted] indicates that the resident is not able to self-administer medication. On [redacted] the resident was able to obtain insulin medication and self-administer an unknown dosage of the medication, resulting in [redacted] The resident required emergency services at the facility and IV glucose. The facility did not report this incident to the Department.

Resident [redacted] medical evaluation dated [redacted] indicates that the resident has cognitive impairment resulting in the resident needing assistant with all decision making. The resident was assessed to not be able to safely use or avoid poisons. On [redacted] the resident had taken white nail polish from the activities room and placed the nail polish under [redacted] eyes, resulting in the resident being sent to the emergency room for evaluation. This incident was not reported to the Department.

Plan of Correction ***Accept [redacted] - 09/16/2026)***

Resident [redacted] incident occurred on 12/4/2026 and was reported and acknowledged by the department on 12/5/25026.
A final report was sent upon [redacted] return from the hospital - sent and acknowledged.
The DON or designee will re-educate all nursing staff on the importance of immediate notification of reportable incidents to the manager on-call. The training will include what needs to be reported and when and have them sign that they understand the regulation.
The DON or designee will review nursing report each workday in morning meeting and review reportable incidents that are required, completed and those that require updates - Immediate and Ongoing
Responsible Party - DON or designee
Review - Training of all staff to be completed by 9/30/2026. Verification will be attached to POC upon completion.

Licensee's Proposed Overall Completion Date: *09/30/2026*

Implemented [redacted] - 10/01/2026)

42b Abuse/Neglect

2. Requirements

2800.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff interviews and internal nursing notes indicate that on [redacted] at 23:17 hours, Resident [redacted] was sleeping in a chair by the nurse's station when Resident [redacted] walked up to Resident [redacted] and hit Resident [redacted] in the face resulting in an [redacted] area by the [redacted]. Resident [redacted] assessment dated [redacted] indicates that the resident has been assessed for irritability, agitation and aggression, as the resident is easily upset and at times can become verbally and physically aggressive with others. Internal nursing notes indicate that Resident [redacted] has a history of aggression towards other residents with incidents noted on [redacted], and [redacted] where Resident [redacted] had hit other residents at the facility. Resident [redacted] s assessment and internal nursing notes does not indicate that the facility put services into place to ensure the safety of the resident or other residents in the facility.

42b Abuse/Neglect (continued)

Plan of Correction ***Accept [redacted] - 09/24/2026)***

The med tech and resident assistant that were scheduled on the unit intervened immediately upon witness of the behavior on 7/5/2026, 10/4/26, 11/1/2025 and 11/15/2025. MT and RA ensured that Rose and other resident involved were separated and safe. Following the incident on 7/5/2026, the DON consulted with the provider regarding the behavior. The provider adjusted [redacted] medication to aide in reducing behaviors. The family of the resident disagreed with the new order and after a meeting with the DON, ED and County Ombudsman, the dosage was decreased per POA request. The staff assigned to [redacted] unit will consistently monitor resident for signs of increased agitation and calmly redirect [redacted] if they notice a change in [redacted] mood or actions. A behavior log has been put into place for the MT and RA to complete to document all behaviors. The DON or designee will audit behaviors to determine patterns. The family brought a baby doll in for [redacted] to hold and care for to help soothe [redacted] throughout the day. Resident will be encouraged to participate in recreational activities daily and the activities staff will monitor for signs of agitation and intervene as needed. Morning dose of medication will be prescribed for late morning in attempts to decrease sundowning behaviors. The MT and RA will encourage a rest in bed after lunch to increase rest and relaxation.
Responsible Party MT and RA assigned to unit daily. DON oversight.
Immediate and ongoing

Proposed Overall Completion Date: 09/21/2026

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/06/2026)

82c Locked poisons

3. Requirements

2800.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

Resident [redacted] medical evaluation dated [redacted] indicates that the resident has cognitive impairment resulting in the resident needing assistant with all decision making. The resident was assessed to not be able to safely use or avoid poisons. On [redacted] the resident had taken white nail polish from the activities room and placed the nail polish under [redacted] eyes, resulting in the resident being sent to the emergency room for evaluation.

Plan of Correction ***Accept [redacted] 09/24/2026)***

12/15/25 the activities department staff member removed the nail polish from the resident immediately upon seeing [redacted] and called the nurse supervisor to assess the resident. The Activities Director purchased a locked case for all nail care items. Only items being used by the staff member will be removed from the box and monitored while completing nail care and manicures. All staff will be re educated on the danger of poisonous materials and the requirement to ensure that residents deemed unsafe to use and avoid them do not have access to them. Facility rounds will be completed weekly by staff assigned by the ED and documentation will be submitted to the Executive Director each Thursday indicating that all areas that can be accessed by residents that are deemed unsafe, are clear of poisonous materials. Audits will be reviewed weekly by the ED. DON will complete an audit of all resident DME's to verify residents who are unsafe to use and avoid poisons and ensure all staff are aware.
Staff responsible for audit and staff awareness DON or designee Immediate and ongoing.

82c Locked poisons *(continued)*

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/01/2026)

85a Sanitary conditions

4. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] Staff Person A indicated that in the morning while preparing to serve breakfast a warming container of toast had to be disposed of due to a German cockroach falling from the ceiling and landing into the container.

Plan of Correction ***Accept [redacted] - 09/24/2026)***

Staff person A did not report this incident to management. 7/10/2026 - Staff person A was counseled by the ED on reporting requirements and following the chain of command. Staff person A stated that the container of toast was immediately discarded and no resident was served from that container. A pest log was initiated on 7/21/2026 following the first couple of treatments and is being completed daily by staff notating any sightings of pests in the kitchen area. The log will continue until no sightings are documented for 4 weeks. Any sightings will be reported to the Maintenance Director or Executive Director immediately so that the licensed pest control company can be contacted.
Staff member responsible for pest log and reporting of pests: Director of Dining Services or designee
Immediate and ongoing

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/06/2026)

85b Infestation

5. Requirements

2800.
85.b. There may be no evidence of infestation of insects or rodents in the residence.

Description of Violation

On [redacted] numerous live German cockroaches were observed crawling against the wall behind the dish sanitization equipment in the kitchen area. Staff interviews indicate that German cockroaches are observed in the kitchen daily. Pest Control Services documentation indicate that a heavy German cockroach infestation, with 100 plus cockroach captures, were found in the kitchen and maintenance hallways.

Plan of Correction ***Accept [redacted] - 09/24/2026)***

7/10/2026 - A new licensed pest control company was contracted immediately. The current two licensed pest control companies were given notice of contract termination. 7/11/2026 the kitchen was closed to cooking and serving of food so that the entire area could receive several pest control treatments. Any evidence of pest activity was logged by staff and the pest control company was notified. Following the treatments, the kitchen and equipment was thoroughly cleaned and sanitized. Daily rounds and pest log review will be completed and will be completed by the dietary staff and Director of Dining Services and will continue for four weeks after the last sighting to ensure pests have all been eliminated. Any evidence of pest activity will result in immediate notification of the Director of Maintenance and/or ED and they will notify the pest control company. Documentation from the pest control company will be kept in a binder behind the receptionist for easy access. Immediate and ongoing.

85b Infestation (continued)

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/06/2026)

181c Self-Administer Assessment

6. Requirements

2800.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2800.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [redacted] medical evaluation dated [redacted] indicates that the resident is not able to self-administer medication. On [redacted], the resident was able to obtain insulin medication and self-administer an unknown dosage of the medication, resulting in [redacted] The resident required emergency services at the facility and IV glucose.

Plan of Correction ***Accept ([redacted] - 09/24/2026)***

6/28/2026 - The insulin and supplies were removed from the resident room immediately. The room was then searched by staff with the resident present to ensure all medications and supplies had been removed. Family was reminded that they are not permitted to supply medications to their loved one and that all medications must be given to the medication technician when being brought to the facility. 7/1/2026 - Weekly room rounds are to be completed by staff to ensure that residents who are deemed unsafe to self-administer medication do not have access to medications in their room. Immediate and ongoing.
Staff will be educated on the importance of reporting findings - training to be complete by 7/21/2026. Room round documentation will be reviewed by the Executive Director weekly to ensure compliance. A list of residents who are safe to self-administer will be kept up to date by the DON or designee. Immediate and ongoing/
Responsible staff member: DON, ED or designee
Room rounds began immediately and will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] 10/01/2026)