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

March 19, 2026

[redacted], ADMINISTRATOR
GUY AND MARY FELT MANOR INC
110 EAST FOURTH STREET
EMPORIUM, PA, 15834

RE: GUY AND MARY FELT MANOR
110 EAST FOURTH STREET
EMPORIUM, PA, 15834
LICENSE/COC#: 23119

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/18/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *GUY AND MARY FELT MANOR* **License #**: *23119* **License Expiration**: *03/26/2026*

Address: *110 EAST FOURTH STREET, EMPORIUM, PA 15834*

County: *CAMERON* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *GUY AND MARY FELT MANOR INC*

Address: *110 EAST FOURTH STREET, EMPORIUM, PA, 15834*

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

Certificate(s) of Occupancy

Type: *C-1* **Date**: *02/17/1972* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *8* **Waking Staff**: *6*

Inspection Information

Type: *Full* **Notice**: *Announced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *02/18/2026*

Inspection Dates and Department Representative

02/18/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *10* **Residents Served**: *8*

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**: *8*

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

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

Inspections / Reviews

02/18/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/21/2026*

03/18/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/19/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *03/25/2026*

Inspections / Reviews *(continued)*

03/19/2026 - Document Submission

Submitted By: [redacted] **Date Submitted**: *03/19/2026*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

66b - Training Plan Content

1. Requirements

2600.
66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan for 2026 does not include projected month of training and instructor.

Plan of Correction ***Accept ([redacted] - 03/18/2026)***

Immediately the home revised the training plan to show the projected date and instructor.
Moving forward the training plan will have the dates and instructors on it.
The training plan will be monitored by the administrator to be sure all information is on it .

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 03/19/2026)

96b - First Aid Location

2. Requirements

2600.
96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

The home's first aid kit was unable to be located by staff on 2/18/26 at 12:45p.m.

Plan of Correction ***Accept ([redacted] - 03/18/2026)***

The first aid kit is located in the top cupboard on the bottom shelf in the medication room.
All staff will be shown where to find the first aid kit on 03/18/2026 during a staff meeting/training and will sign off on it.
Moving forward the Administrator will make it part of on boarding to show the location of the First Aid kit.

Licensee's Proposed Overall Completion Date: *03/18/2026*

Implemented ([redacted] - 03/19/2026)

103e - Left Overs

3. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:20 a.m., there was a tray of fruit cups that were unlabeled, undated in the refrigerator in the kitchenette.

Plan of Correction ***Accept ([redacted] - 03/18/2026)***

Immediately the fruit cups were labeled with the content and date.
Moving forward all food entering the kitchenette will be labeled with the content and date.
The direct care aide on duty will check to be sure all food entering the fridge or kitchenette are labeled properly.

Licensee's Proposed Overall Completion Date: *03/16/2026*

103e - Left Overs *(continued)*

Implemented ([redacted] - 03/19/2026)

141a 1-10 Medical Evaluation Information

4. 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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's initial medical evaluation dated [redacted] was incomplete and did not indicate: if the resident's needs could be met safely at the Personal Care Home, if the resident is nursing facility clinically eligible, or if services are to be provided at home or in a nursing facility. It also did not indicate if resident's needs could be met safely at the Personal Care Home.

Plan of Correction ***Accept ([redacted] - 03/18/2026)***

Immediately the form was sent back to the doctor to be filled out and all the way and was returned to us with it marked as such.
Moving forward all dme's will be double checked when received to be sure all boxes are checked one way or the other.
The Administrator will check all incoming DME's for the proper documentation needed.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 03/19/2026)

182c - Medication Administration

5. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 2/28/26 at 10:00a.m., staff person A administered medications to Resident #2. Staff person A did not complete documentation on the medication administration record after the medications were administered.

Plan of Correction ***Accept ([redacted] - 03/18/2026)***

Staff person A was not the medication aid this day it was staff person B.
Immediately it was discussed with Staff person B on [redacted] mistake. Unfortunately, that was [redacted] last day of

182c - Medication Administration (continued)

employment with us for education is not an option.
Moving forward the MAR and medication cart will be monitored monthly for documentation completion.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented (- 03/19/2026)

183e - Storing Medications

6. 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 2/18/26 at 12:45p.m., Resident #4's [redacted] were located in the medication cart. [redacted] were dated when they were opened and must be discarded 28 days after first use.

Plan of Correction ***Accept (- 03/18/2026)***

Said [redacted] were discarded and new one's opened and dated.
Labels were made with the resident's name and space for the opening date to be placed [redacted] is opened.
Monthly the medication technician will check to be sure [redacted] are labeled with the name and date.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented (- 03/19/2026)

184b - Labeling OTC/CAM

7. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 2/18/26 at 12:45p.m., [redacted] belonging to resident #4 was in the medication cart did not have a medication label attached or labeled with the resident's name.

Plan of Correction ***Accept (- 03/18/2026)***

Immediately [redacted] was removed and resident #4's name was put on it.
Labels were made with the resident's name and space for the opening date to be placed on when [redacted] is opened.
Monthly the medication technician will check to be sure the pens are labeled with the name and date.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented (- 03/19/2026)

185a - Implement Storage Procedures

8. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

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 #5 is prescribed [redacted]. On 2/18/26, the medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 03/18/2026)***

Immediately we reached out to the physician to see if [redacted] should be discontinued or reordered.
The physician came back with a discontinue order and that was then sent to the pharmacy, and [redacted] was removed from the MAR.
Monthly MAR and med cart checks will be done by the medication technician to ensure no medications are there or not there that aren't being used.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 03/19/2026)

225a - Assessment 15 Days

9. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to the home on [redacted] but their Assessment and Support Plan was not completed until [redacted] Resident #1's RASP dated [redacted] was incomplete and did not include the degree code for securing and use of transportation. Resident #3's RASP dated [redacted] was incomplete and did not include the degree coded of need of doing laundry. Also, the resident has a doctors' order for the utilization of [redacted] The residents RASP dated [redacted] does not indicate the resident utilizes [redacted]

Plan of Correction ***Accept ([redacted] - 03/18/2026)***

Immediately resident #1's rasp was fixed to show the degree needed for transportation and resident #3's laundry need.
A new RASP was done due to the significant change, being [redacted]
Moving forward the Administrator will do monthly audits of the RASPs and dates.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 03/19/2026)