

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

February 14, 2025

[REDACTED], CEO-OWNER  
QUALITY LIFE SERVICES-CHICORA, LLC  
[REDACTED]

RE: QUALITY LIFE SERVICES-CHICORA  
160 MEDICAL CENTER ROAD  
BUTLER, PA, 16025  
LICENSE/COC#: 45529

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/02/2025 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: *QUALITY LIFE SERVICES-CHICORA* License #: *45529* License Expiration: *09/01/2025*  
 Address: *160 MEDICAL CENTER ROAD, BUTLER, PA 16025*  
 County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *QUALITY LIFE SERVICES-CHICORA, LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *02/05/1992* Issued By: *Dept. of Health*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *01/02/2025*

**Inspection Dates and Department Representative**

*01/02/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *26* Residents Served: *15*

**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: *15*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**01/02/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2025*

**02/03/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *02/13/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/14/2025*

Inspections / Reviews (*continued*)

02/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81a - Accomodation

1. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

*The enabler bar attached to resident #1's bed moves greater than six inches in all directions when used and is not securely attached to the resident's bed, posing a fall hazard.*

*The enabler bar attached to resident #2's bed moves greater than six inches in all directions when used and is not securely attached to the resident's bed, posing a fall hazard.*

Plan of Correction

Accept (█ - 02/03/2025)

*Resident number 1 and resident number 2's enabler bars were tightened on 1-14-25 by the maintenance director. All other residents with enabler bars were assessed by the Maintenance Director to ensure they were tight on 1-16-25. Education will be completed with the Maintenance Director by the PC Administrator/designee by 1-16-25 regarding ensuring the enabler bars are tightened. Education will be completed with the PC staff by the PC Administrator/designee by 1-20-25 on the importance of the enabler bars being tight and who to notify for repair if needed. Education will be kept on file. Audits will be completed by the PC Administrator/designee once a week times 4 weeks to ensure that the enabler bars are tight. Results of the audits will be reviewed at the Quality Assurance Meeting.*

*Proposed Overall Completion Date: 02/14/2025*

**Licensee's Proposed Overall Completion Date: 02/14/2025**

Implemented (█ - 02/14/2025)

183d - Prescription Current

2. 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

*A bottle of Loratadine 1mg was on resident #3's bedside table; however, the resident does not have a prescription for this medication, and is unable to self-administer medication, as indicated on █ resident assessment and support plan, dated █*

Plan of Correction

Accept (█ - 02/03/2025)

*The bottle of Loratadine was removed from Resident #3's room on 1-02-25. Other resident rooms were checked on 1-03-25 to ensure no other medication was present that shouldn't be. Education will be completed by 1-20-25 by the PC Administrator/Designee with PC staff to review the protocol for meds to be kept at the resident's bedside. Education will be kept on file. . Audits will be completed by the PC Administrator/designee once a week times 4 weeks to ensure that there are no meds at bedside that shouldn't be. Results of the audits will be reviewed at the Quality Assurance Meeting.*

*Proposed Overall Completion Date: 02/14/2025*

183d - Prescription Current *(continued)*

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented (█) - 02/14/2025

225a - Assessment 15 Days

3. 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 #4 was admitted on █ however, the resident's initial assessment was not completed until █

Plan of Correction

Accept (█) - 02/03/2025

Corrective action unable to be made on Resident #4's initial assessment. An audit will be completed by 1-22-25 by PC Administrator/designee on other residents to ensure that initial assessments are completed. Education will be completed by 1-20-25 by the NHA/designee with the PC Administrator on regulation 2600 225a. Education will be kept on file. Audits will be completed by the PC Administrator 1 times a week for 4 weeks to ensure that initial assessments are completed timely. Results of the audits will be reviewed at the Quality Assurance Meeting.

Proposed Overall Completion Date: 02/14/2025

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented (█) - 02/14/2025

227d - Support Plan Medical/Dental

4. 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 #1 utilizes an enabler bar. However, the resident's support plan, dated █ does not address this.

Plan of Correction

Accept (█) - 02/03/2025

Resident #1's support plan was updated on 1-02-25 to reflect enabler bar. Education was completed with the PC Administrator on 1-20-25 by the NHA/Designee. Education will be kept on file. Other resident's support plan were reviewed by the PC Administrator on 1-23-25 to ensure they are up to date and correct. Audits will be completed by the PC Administrator/designee 1 times a week times 4 weeks to ensure that the resident's support plans are current and correct. Results of the audits will be reviewed at the Quality Assurance Meeting.

Proposed Overall Completion Date: 02/14/2025

Licensee's Proposed Overall Completion Date: 02/14/2025

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

*Implemented (█ - 02/14/2025)*