

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

February 26, 2025

[REDACTED], ADMINISTRATOR  
SHIRLEY HOME FOR THE AGED INC  
17050 COUNTRY VIEW LANE  
SHIRLEYSBURG, PA, 17260

RE: SHIRLEY HOME FOR THE AGED  
17050 COUNTRY VIEW LANE  
SHIRLEYSBURG, PA, 17260  
LICENSE/COC#: 34397

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/04/2025 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: SHIRLEY HOME FOR THE AGED License #: 34397 License Expiration: 12/12/2025  
 Address: 17050 COUNTRY VIEW LANE, SHIRLEYSBURG, PA 17260  
 County: HUNTINGDON Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: SHIRLEY HOME FOR THE AGED INC  
 Address: 17050 COUNTRY VIEW LANE, SHIRLEYSBURG, PA, 17260  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/02/2001 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 02/04/2025

**Inspection Dates and Department Representative**

02/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 42 Residents Served: 28  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 2  
 Diagnosed with Mental Illness: 15 Diagnosed with Intellectual Disability: 6  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

02/04/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/24/2025

02/18/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/25/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/28/2025

Inspections / Reviews *(continued)*

02/26/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/25/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103e - Left Overs

1. 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

There was unlabeled, undated ham and cheese observed in the kitchen refrigerator and unlabeled, undated peperoni observed in the walk-in freezer.

Plan of Correction

Accept ( ) - 02/18/2025)

On 2/4/2025, kitchen staff discarded the unmarked food items.

on 2/5/2025, the administrator completed a full audit of food storage areas to ensure that all other food was labeled and dated correctly.

On 2/14/2025, the administrator provided a retraining to kitchen staff regarding proper labeling and storage of food items and its importance to protect the health and safety of the residents. The training included instructions on how to complete a weekly audit sheet and reporting deficiencies to the administrator.

On 2/21/2025, the assigned kitchen staff working 11-7p will complete weekly audits in all food storage areas X 5 months to ensure that all open food is marked/labeled with open dates. Any issues will be reported to the administrator. (see attached)

On 3/1/2025 the administrator will review the audit sheet biweekly to ensure compliance. The audit record will be used in egress the annual quality management plan.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented ( ) - 02/26/2025)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's maximum safe evacuation time specified in writing on 8/19/24 by a fire safety expert was 3 minutes and 39 seconds. The home exceeded this maximum evacuation time during the fire drill on 7/31/24 at 10:15 PM with a documented evacuation time of 4 minutes and 45 seconds.

Plan of Correction

Accept ( ) - 02/18/2025)

On 2/6/2025, the administrator provided resident education regarding the homes fire drill requirement, safe evacuation times and the importance of emergency evacuation procedures and the expectation of resident participation.

by 2/23/2025, To prevent future delays in evacuation times, the administrator will implement a policy and procedure for the mandatory use of 2-way radios during fire drills to improve communication between staff when they encounter a difficult resident during a drill. (see attached)

On 3/1/2025, the administrator will review fire drill records monthly X 6 months and monitor resident participation or problems encountered in subsequent fire drills. Records of resident participation in fire drills and any challenges

132d - Evacuation (continued)

encountered will be documented and kept and any adjustments to corrective actions (such as increased frequency) will be made as needed based on feedback and outcomes.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented ( ) - 02/26/2025)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most current fire drill conducted during sleeping hours was held on 7/31/24 at 10:15 PM, exceeding 6 months as of 2/4/25.

Plan of Correction

Accept ( ) - 02/18/2025)

On 2/5/2025, the administrator corrected the time listed on the fire drill record held on 1/30/2025. During inspection it listed 11:40. It now reads 11:40 PM. (see attached)

On 2/11/2025, the administrator added an additional checkbox to fire drill record to ensure double checking that the time is correctly marked with AM or PM. (see attached)

By 3/1/2025, the administrator will review fire drill records monthly X6 months, to ensure accuracy and compliance. Review of records will be used in egress with the annual quality management plan.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented ( ) - 02/26/2025)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 2/4/25 at 3:15 PM, Ketoconazole Shampoo and Bio freeze gel prescribed to resident #1 were unlocked, unattended, and accessible in room located on a shelf.

Plan of Correction

Accept ( ) - 02/18/2025)

on 2/4/2025, the medication was immediately removed from the residents room and placed in the locked medication room.

On 2/5/2025, Resident #1 was re-educated on the homes policy for proper medication storage and its importance for the health and safety of the resident's residing in the home.

By 2/28/2025, the administrator will provide a mandatory training regarding safe and proper storage of medications for residents who self administer. Training will include instructions on how to complete weekly audits and reporting noncompliance to the administrator.

**183b - Meds and Syringes Locked (continued)**

*On 3/1/2025, Staff will complete weekly audits X5 months to ensure proper storage and policies are followed. (see attached)*

*By 4/1/2025, To ensure continued compliance, the administrator will review the audit record biweekly X 6 months. Audits will be maintained in the facility records and used in egress with the annual quality management plan.*

**Licensee's Proposed Overall Completion Date: 04/01/2025**

**Implemented (█ - 02/26/2025)**