

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

April 7, 2025

[REDACTED] SPENCE, ESQUIRE  
QUALITY LIFE SERVICES-SARVER, LLC  
[REDACTED]

RE: QUALITY LIFE SERVICES-SARVER  
126 IRON BRIDGE ROAD  
SARVER, PA, 16055  
LICENSE/COC#: 45534

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: *QUALITY LIFE SERVICES-SARVER* License #: *45534* License Expiration: *11/01/2025*  
 Address: *126 IRON BRIDGE ROAD, SARVER, PA 16055*  
 County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/09/1992* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

**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: *30* Residents Served: *14*

**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: *14*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *2*

**Inspections / Reviews**

**02/04/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/01/2025*

**03/04/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/01/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/06/2025*

Inspections / Reviews *(continued)*

03/11/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/01/2025

04/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

92 - Windows

1. Requirements

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

*There were no screens in the windows of bedroom #612.*

Plan of Correction

Accept (█) - 03/04/2025)

*Immediately following the inspection, screens were located and placed into the windows in bedroom #612. An audit will be conducted by maintenance manager █, by March 14, 2025. Moving forward, audits will be conducted by the maintenance department on a quarterly basis, to ensure all screens are in opening windows and that they are in good repair.*

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented (█) - 04/07/2025)

101j5 - Bedside Table/Shelf

2. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 5. A bedside table or a shelf.

Description of Violation

*The bedside table in bedroom #504 was approximately 4 feet from the resident's bed.*

Plan of Correction

Accept (█) - 03/04/2025)

*During the inspection maintenance manager █ moved the bedside table closer to the resident's bed. PC Admin, █ will conduct monthly audits, with the first one to take place on or before March 14, 2025, to ensure each resident has a bedside table or shelf that the resident can reach from their bed.*

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented (█) - 04/07/2025)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

*The bedside light in bedroom #504 was approximately 4 feet from the resident's bed.*

Plan of Correction

Accept (█) - 03/04/2025)

*During the inspection maintenance manager █ moved the bedside table closer to the resident's bed, so █ was able to reach █ lamp while lying in █ bed. PC Admin, █ will conduct monthly audits, with the first one to take place on or before March 14, 2025, to ensure each resident has a working lamp that they can reach from their beds.*

Licensee's Proposed Overall Completion Date: 03/14/2025

101j7 - Lighting/Operable Lamp (continued)

Implemented (█) - 04/07/2025

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the fire drill conducted on 1/28/25 did not include the number of residents in the home at the time of the fire drill.

Plan of Correction

Accept (█) - 03/04/2025

Prior to completion of the inspection, the census for the day of the fire drill that occurred on 1/28/2025, was obtained through our MAR software. This census was added to the fire drill log from 1/28/2025. Moving forward, both PC Admin and Maintenance Manager, will meet after any fire drill and go over the drill together. This will ensure that all information is getting recorded properly. Both parties will then sign the fire drill log

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

Implemented (█) - 04/07/2025

183d - Prescription Current

5. 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

Resident #1 was prescribed Triamcinolone 0.1% - Apply topically twice a day to bilateral lower extremities Monday through Friday. This medication was discontinued on 6/28/24; however, it was still in the medication cart on 2/4/25.

Plan of Correction

Accept (█) - 03/04/2025

During the inspection, the cream that had been discontinued, was removed from the medication cart. PC Admin and one med tech will do a full med cart audit by March 14, 2025, to ensure there are no discontinued medications in the cart. Moving forward, full med cart audits will be completed by med tech staff and completed by the last day of each month.

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented (█) - 04/07/2025

184a - Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (continued)

**Description of Violation**

Resident #1 was prescribed Tylenol Cold and Head Oral Tablet 5-325-200mg – 2 tablets every 4 hours as needed for cold. However, the label did not include the prescribed dosage.

Resident #2 was prescribed Lidocaine 4% - Apply 1 patch to the right and left knee topically 1 time daily for pain. However, the label indicates resident #2 is prescribed Lidocaine 4% - Apply 1 patch to lower back and left knee 1 time daily.

**Plan of Correction**

Accept (█) - 03/04/2025

Immediately following inspection of the medication cart, change in direction stickers were re-applied to the three medications listed above. Previously all medications had these stickers present on the bottle/card, if there had been a change in any part of the original label. Moving forward these change in direction stickers, will also be taped to the original container to ensure they do not fall off. A MAR/label audit will be conducted on or before March 14, 2025. Furthermore, MAR/label audits will be conducted monthly, by PC Admin and/or med tech staff.

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented (█) - 04/07/2025

185a - Implement Storage Procedures

**7. Requirements**

2600.

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 #1 was prescribed Geritussin 10mg/5ml – Give 10ml by mouth every 6 hours as needed for cough. This medication was not available in the home.

Resident #2 was prescribed the following medications:

\*Miconazole 7 2% - Apply to █ topically every 24 hours as needed for █

\*Pepcid 20 mg – 1 tablet by mouth every 12 hours as needed for reflux

These medications were not available in the home.

**Plan of Correction**

Accept (█) - 03/11/2025

Immediately following inspection of the med cart, the PRN medications that were not found, were ordered from Quality Pharmacy. A PRN medication audit will be conducted on or before March 14, 2025. Also, a staff training, educating on the home's medication reordering policy and procedure will also be completed by all PC staff by March 14, 2025. Moving forward a PRN medication audit will be conducted quarterly by med tech staff.

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented (█) - 04/07/2025