

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

May 1, 2025

[REDACTED], PCHA
UNITED CHURCH OF CHRIST HOMES INC
[REDACTED]

RE: EPHRATA MANOR
99 BETHANY ROAD
EPHRATA, PA, 17522
LICENSE/COC#: 32188

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2025 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: *EPHRATA MANOR* License #: *32188* License Expiration: *06/24/2025*
 Address: *99 BETHANY ROAD, EPHRATA, PA 17522*
 County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *UNITED CHURCH OF CHRIST HOMES INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/31/2022* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Renewal* Exit Conference Date: *03/12/2025*

Inspection Dates and Department Representative

03/12/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *48* Residents Served: *41*

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: *41*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

03/12/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2025*

03/26/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/24/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/02/2025*

Inspections / Reviews *(continued)*

04/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/30/2025

05/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/12/25, at 9:41 AM, the 2nd floor medication cart was located in the 2nd Floor lounge. The laptop on top of the medication cart was unlocked, accessible and unsupervised with Resident 3's medication information on the screen.

Plan of Correction

Accept (█ - 03/25/2025)

When Nurse was Administering medications █ did not ensure that resident medical information was not accessible by others when walking away from the med cart. This resulted in Licensing Inspector having ability to access Resident # 3's Medication list.

All Licensed Nurses educated on PA DHS regulation 2600.17 Record Confidentiality on 3/19/25 at Monthly Staff Meeting by PCHA. Those not in attendance including any prn Nurses will receive education by 4/11/2025. Nurses will be instructed to sign out or click on blue walk away hyperlink.

Weekly Audit/Community walk through will be performed by PCHA or designee to ensure Staff in compliance with 2600.17. This will be completed weekly x 5 months or until a pattern of compliance has been established by the QA Committee.. This will begin on Tuesday 3/25/25.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented (█ - 05/01/2025)

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

On 3/12/25, Fluticasone Propionate prescribed for Resident 1, was in the home's medication cart; however, the medication was discontinued on 1/5/25.

Plan of Correction

Accept (█ - 04/02/2025)

When Medication was discontinued on 1/5/2025 Nurse noting order did not remove medication from the medication cart. On 3/12/25 7-3 PC Nurse removed medication from cart at time of survey and returned to pharmacy.

All Licensed Nurses educated on PA DHS regulation 2600.183.d. on 3/19/25 at Monthly Staff Meeting by PCHA. Those not in attendance including any prn Nurses will receive education by 4/11/2025. Staff will also be educated on when receiving discontinuation orders they are to remove medication from the cart and dispose of and/or return to the pharmacy.

183d - Prescription Current (continued)

11p-7a Nurse or designee will audit nightly all new orders for the previous 24 hours ensuring that any discontinued medications have been removed from the medication cart and disposed of and/or return to pharmacy if not done so already.

Nightly Audits will be completed by 11p-7a Nurse or individual designated by PCHA to ensure Staff in compliance with 2600.183.d. This will be completed nightly x 2 months or until a pattern of compliance has been established by the QA Committee.. This will begin on Monday 3/24/25.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented (█) - 05/01/2025

183e - Storing Medications**3. 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 3/12/25, Tramadol HCL 50mg prescribed for Resident 4, was in the home's control lock box of the medication cart; however, the medication expired on 1/1/25.

Plan of Correction

Accept (█) - 03/25/2025

Nurses did not review expiration date on medication when performing between shift counts. Medication last used by resident x1 in December on 12/8/2024 and was not used up to and including day of Survey.

Medication was disposed of by two Licensed Nurses at change of shift @ 3:00pm on 3/12/25 day of Survey.

All Licensed Nurses educated on PA DHS regulation 2600.183.e. Storing Medications on 3/19/25 at Monthly Staff Meeting by PCHA. Those not in attendance including any prn Nurses will receive education by 4/11/2025.

11-7 Nurse will Audit Control Lock Box medications weekly 2 months and then monthly x4 starting Monday 3/24/25 or until a pattern of compliance has been established by the QA Committee.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented (█) - 05/01/2025

184a - Resident's Meds Labeled**4. 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.

Description of Violation

Resident 1's insulin Glargine prescription was changed on 1/22/25 from 20 units at bedtime to 16 units at bedtime. The pharmacy label for this medication did not reflect the prescription change.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept (█) - 04/02/2025)

This medication is supplied by the VA in a multi pen box. The original box is labeled with a pharmacy label . Nurse noting change in insulin dosage order did not add medication change sticker to original box pharmacy label. The medication direction change sticker was applied to original box from the VA on 3/12/25 date of survey by PCHA.

All Licensed Nurses educated on PA DHS regulation 2600.184.a. Labeling of Medications on 3/19/25 at Monthly Staff Meeting by PCHA. Those not in attendance including any prn Nurses will receive education by 4/11/2025.

11-7 Nurse and/or designee will Audit Insulin pen medications weekly starting Wednesday 3/26/25 x 2 months and then Monthly x 4 or until a pattern of compliance has been established by the QA Committee.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented (█) - 05/01/2025)

185a - Implement Storage Procedures

5. 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

On 3/8/25, at 12:30 PM, Resident 1's glucometer had a blood glucose reading of 196. However, the documented reading in the resident's medication administration record (MAR) was 191.

Resident 3 is prescribed Tylenol Arthritis 650mg as needed. On 3/12/25, this medication was not available in the home.

Repeated Violation - 4/30/24

Plan of Correction

Accept (█) - 03/25/2025)

Resident #1 Nurse documented the incorrect blood sugar reading on the Resident's MAR on 3/8/25 @ 12:30pm.

Resident #2 Tylenol Arthritis 650mg as needed was not available on 3/12/25.

185a - Implement Storage Procedures (continued)

Nurse immediately ordered medication from pharmacy.

Medication was delivered that evening with the routine Pharmacy delivery on 3/12/25.

All Licensed Nurses educated on PA DHS regulation 2600.185.a on 3/19/25 at Monthly Staff Meeting by PCHA. Those not in attendance including any prn Nurses will receive education by 4/11/2025.

11-7 Nurse will Audit Individual Glucometer readings weekly ensuring documented result matches with glucometer reading for 2 months and then monthly for 4 months or until a pattern of compliance has been established by the QA Committee. This will begin on Friday 3/28/25.

Audit of available prn medications in the medication cart/s will be completed by 11-7 Nurse weekly for 2 months and then monthly for 4 months or until a pattern of compliance has been completed. This will begin Thursday 3/27/25.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented () - 05/01/2025)

227d - Support Plan Medical/Dental**6. 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 2's current medication evaluation, dated [REDACTED] indicates the resident's mobility as minimal. However, the resident's current support plan, dated [REDACTED], indicates resident's mobility as independent.

Plan of Correction

Directed () - 04/02/2025)

Resident #2's current initial medication evaluation dated [REDACTED] and completed prior to admission had marked by Physician Minimal-Resident requiring limited physical or oral assistance to evacuate in an emergency. During the 15 day post admission resident assessment staff noted that Resident #2 had no mobility needs and able to evacuate independently in an emergency. Able to ambulate Independently with rolling walker. RASP dated [REDACTED] was marked accordingly /accurately to the residents current needs on admission. Fax sent to Resident's pre admission provider 3/31/25 by PCHA to obtain order to change Initial DME dated [REDACTED] Mobility needs assessment. Resident #2's provider prior to admission edited Initial DME form dated [REDACTED], sign, dated an returned marked Independent with mobility.

All Licensed Nurses educated on PA DHS regulation 2600.227.d. Development of Support Plan on 3/19/25 at Monthly Staff Meeting by PCHA. Those not in attendance including any prn Nurses will receive education by 4/11/2025.

PCHA and/or designee will audit all current DME/RASP's to ensure mobility needs assessment on DME & RASP coincide.

PCHA and/or designee will audit all initial DME/RASP's on all new admissions x 6 months or until a pattern of

227d - Support Plan Medical/Dental (continued)

compliance has been established by the QA Committee.

Proposed Overall Completion Date: 04/15/2025

[Directed]

- In addition to the above plan of correction, the administrator designee will audit all current DMEs and RASPS to ensure mobility needs assessment on the DME and the RASP coincide. This audit will be completed by 4/25/25. Documentation of this audit will be kept and available for review by the Department.

Directed Completion Date: 04/25/2025

Implemented (█ - 05/01/2025)