

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

May 16, 2025

[REDACTED], INTERIM ADMINISTRATOR
MERCY HOUSE OF CHAMBERSBURG
730 NORLAND AVENUE
CHAMBERSBURG, PA, 17201

RE: MERCY HOUSE OF CHAMBERSBURG
730 NORLAND AVENUE
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 33930

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2025 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: *MERCY HOUSE OF CHAMBERSBURG* License #: 33930 License Expiration: 12/26/2025
 Address: 730 NORLAND AVENUE, CHAMBERSBURG, PA 17201
 County: FRANKLIN Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *MERCY HOUSE OF CHAMBERSBURG*
 Address: 730 NORLAND AVENUE, CHAMBERSBURG, PA, 17201
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: R-4 Date: 06/26/2023 Issued By: *Chambersburg Borough*
 Type: R-4 Date: 06/26/2023 Issued By: *Franklin County*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 2 Waking Staff: 2

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: 04/23/2025

Inspection Dates and Department Representative

04/23/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 11 Residents Served: 1
 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: 1
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

04/23/2025 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: 05/18/2025

05/09/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: 05/16/2025
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: 05/16/2025

Inspections / Reviews (*continued*)

05/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/04/2025

05/16/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/22/25, a copy of the home's current renewal license inspection summary, dated 3/6/24, was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed (████) - 05/12/2025)

- The plan of correction was posted on 4-23-24 with the DHS stamp of approval in the public guest area. It was originally posted, but did not have the approved plan of correction in it.*
- Jody Plasterer, PCHA LPN posted the plan of correction*
- The Pcha will monitor monthly that the plan of correction in the family room of Mercy house in a public space.*

Proposed Overall Completion Date: 05/16/2025

[Directed]

- On 4/23/25, the PCHA was educated on this regulation by an inspector.*
- Beginning no later than 5/16/25, the PCHA or designee will complete a monthly audit to ensure compliance with this regulation. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: 06/02/2025

Implemented (████) - 05/16/2025)

130f - Testing Smoke Detectors

2. Requirements

2600.

- 130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home's smoke detectors and fire alarms were not tested during the following months:

- March 2024*
- April 2024*
- May 2024*
- June 2024*
- September 2024*
- October 2024*
- November 2024*
- January 2025*
- February 2025*
- March 2025*

130f - Testing Smoke Detectors (continued)

Plan of Correction

Directed () - 05/12/2025

- fire safety expert will be here on 5-14-25 to train staff on the correct fire procedure and conduct a fire drill and test all fire alarms. Staff will alarm all and test fire alarms and test smoke detectors monthly and keep a written record of fire alarm testing.

-Monthly logs will be kept of the fire alarm check and smoke detector testing using the standard DHS forms.

-The monthly checks will start in May 2025 and continue monthly after the education on 5-14-25.

-The sprinkler system was inspected by Fire Protection on 2-17-25 and was all in working order. remains on a rotating schedule to come inspect the sprinkler system. Due again on 12/28

-The sprinkler system will be tested monthly with the monthly fire drill and logged on the fire alarm sheet to ensure they are in working order.

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Proposed Overall Completion Date: 05/16/2025

[Directed]

- Beginning no later than 5/14/25, the PCHA or designee will audit the monthly smoke detectors and fire alarm testing to ensure compliance. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 06/02/2025

Implemented () - 05/16/2025

132i - Testing Fire Alarm

3. Requirements

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

During the following fire drills, the fire alarm was not sounded:

- 3/28/24
- 4/30/24
- 5/28/24
- 6/28/24
- 9/5/24
- 10/9/24
- 11/29/24
- 1/31/25
- 2/28/25
- 3/24/25

In its place, administrative staff would report "fire" and report the location of the simulated fire to start the drill.

132i - Testing Fire Alarm (continued)

Plan of Correction

Directed () - 05/12/2025

- () fire safety expert will be here on 5-14-25 to train staff on the correct fire procedure and conduct a fire drill and test all fire alarms. Staff will alarm all and test fire alarms and test smoke detectors monthly, and keep a written record of fire alarm testing.

-The testing will begin on 5-14-25 and continue monthly, with audit and logs being kept in the fire manual.

-Fire alarms were last checked on 5-24-24 by ESI and were in working order. They continue to come inspect fire alarms yearly.

-Fire alarms will be alarmed with each monthly fire drill going forward and will be logged on fire alarm sheet if they are in working order.

Proposed Overall Completion Date: 05/16/2025

[Directed]

- Beginning no later than 5/14/25, the PCHA or designee will audit the monthly fire drill record to ensure compliance. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 06/02/2025

Implemented () - 05/16/2025

191 - Resident Right to Refuse

4. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted to the home on () has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Directed () - 05/12/2025

We updated the Agreement to include education on the right to question or refuse a medication if the resident believes there is a medication error on 4-23-25. The person responsible for correcting the agreement was () () PCHA LPN.

The guest and family were immediately educated on the right to refuse medications verbally on 4-23-25 by () () PCHA

Staff will be educated by () PCHA at the next staff meeting on 5-10-25 of change in agreement and education plan for Guests regarding the right to refuse medications if they believe there is a medication error.

We have only had 4 admissions since inspection, and both those guests and their POA were educated regarding the right to refuse medications if they believe there is a medication error. See attached.

191 - Resident Right to Refuse (continued)

The PCHA will complete monthly audits to ensure that the updated agreement regarding the education of right to refuse medications remains in effect.

Proposed Overall Completion Date: 05/16/2025

[Directed]

- The PCHA or designee will complete an audit of all current resident records to ensure all current resident have been educated on the right to question or refuse a medication if the resident believes there is a medication error. This will be completed by 6/1/25. Documentation of this audit will be kept and available for review by the Department.*
- Beginning no later than 6/2/25, the PCHA or designee will audit new resident admission records monthly. Documentation of these audit will be kept and available for review by the Department.*

Directed Completion Date: 06/02/2025

Implemented (█) - 05/16/2025)