

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

July 15, 2025

[REDACTED]  
PENSTATE BEST CARE INC  
[REDACTED]  
[REDACTED]

RE: HASKINS HOUSE  
1009 RHOADS AVENUE  
SECANE, PA, 19018  
LICENSE/COC#: 13855

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/28/2025 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: HASKINS HOUSE License #: 13855 License Expiration: 07/05/2025  
 Address: 1009 RHOADS AVENUE, SECANE, PA 19018  
 County: DELAWARE Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: PENSTATE BEST CARE INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 07/28/1997 Issued By: Commonwealth of PA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Monitoring Exit Conference Date: 04/28/2025

**Inspection Dates and Department Representative**

04/28/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 22 Residents Served: 20  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 16  
 Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

04/28/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/19/2025

06/16/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 07/03/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/19/2025

Inspections / Reviews *(continued)*

06/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/03/2025

07/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [redacted] - 06/25/2025)

Administrator audited employee files on 5/20/25. Administrator to continue audits monthly for three months. Then administrator to audit employee files every three months to ensure compliance.

Staff person A no longer employed. Administrator to utilize new revised employee check list to ensure all employees have qualifications need. Administrator to monitor employee files monthly for three months to ensure compliance. Administrator to then monitor employee files every three months to ensure compliance. Administer to keep a log on calendar on computer to automatically be notified when files need to be audited.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [redacted] 07/15/2025)

62 - Contact List

4. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

On [redacted] the home did not have a list of all staff including agency staff/substitute staff. Staff person A was not listed on the current staff list.

Plan of Correction

Accept [redacted] - 06/16/2025)

Owner to keep a current list of agency staff. List will be updated by owner as new employee comes into work at facility. Owner to monitor employee list monthly to ensure list is correct. Owner will have date on calendar on computer to be automatically notified when audit of employee list to be completed. That employee list will be kept with agency employee files.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented [redacted] - 07/15/2025)

65a - FS Orientation 1st Day

5. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
  1. Evacuation procedures.
  2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
  4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
  5. The location and use of fire extinguishers.
  6. Smoke detectors and fire alarms.
  7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose official first day of work is undocumented by the home, but started in December 2024, did not receive orientation on the following topics:

- Evacuation procedures.
- Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
- The location and use of fire extinguishers.
- Smoke detectors and fire alarms.
- Telephone use and notification of emergency services.

Plan of Correction

Accept [redacted] - 06/25/2025)

Administrator completed audit of employee files on 5/20/25. Administrator to complete audits monthly for three months. Then administrator to audit employee files every three months to ensure compliance.

Staff A no longer employed at facility. Administrator to use the new revised employee checklist to ensure staff person is oriented in all necessary training topics. Administrator to audit employee file monthly to ensure all training is completed. and will audit in six months to ensure compliant. Administrator to have dates to audit on calendar on computer to automatically be notified when files need to be audited.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [redacted] - 07/15/2025)

65b Rights/Abuse 40 Hours

6. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
  1. Resident rights.
  2. Emergency medical plan.
  3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
  4. Reporting of reportable incidents and conditions.

65b Rights/Abuse 40 Hours (*continued*)**Description of Violation**

Staff person A, whose official first day of work is undocumented by the home, but started in December 2024, worked at least a total of 40 hours from December 2024 to April 2025. However, this staff person did not complete training on the following topics:

- resident rights
- emergency medical plan
- mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102)
- reporting of reportable incidents and conditions

**Plan of Correction**

Accept [REDACTED] - 06/25/2025)

Administrator completed audit of employee files on 5/20/25. Administrator to audit employee files monthly for three months. The administrator will then conduct audits of employee files every three months to ensure compliance.

Staff person A no longer employed. Administrator to utilize new revised employee check list to ensure new employees complete all required training. Administrator to audit employee's files to ensure compliance with department monthly. Then administrator to audit every three months. Administrator to keep log on calendar on computer to automatically be notified of date when file needs to be audited.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] 07/15/2025)

## 65d - Initial Direct Care Training

**7. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.

65d - Initial Direct Care Training (continued)

- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

Direct care staff person A, whose hire date was undocumented by the home but started working in December 2024, began providing unsupervised ADL services in December 2024. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

**Plan of Correction**

Accept [REDACTED] - 06/25/2025)

Administrator completed audits of employee files on 5/20/25. Administrator to audit employee files monthly for three months. Then administrator to audit employee files every three months to ensure compliance.

Staff person A no longer employed. Administrator to utilize new revised new hire checklist to ensure training requirements are met. Administrator to audit employee files monthly to ensure compliance. Administrator will then audit employee file every three months to ensure compliance. Administrator to keep log on calendar on computer to automatically be notified of date when files need to be audited.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([REDACTED] - 07/15/2025)

85a - Sanitary Conditions

11. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On [REDACTED] at 9:10am, the 3rd floor bedroom door was partially opened. The room was observed to have multiple items all over the room such a broken furniture, clothing items, and trash.

**Plan of Correction**

Accept [REDACTED] - 06/16/2025)

Third floor room was cleaned immediately after. Administrator and owner spoke with person and informed if the room is not cleaned and kept clean, would not be able to stay there. Owner to monitor room daily as [REDACTED] is in [REDACTED] office daily and walks right by the room and can see that is compliant.

Licensee's Proposed Overall Completion Date: 05/21/2025

Implemented ([REDACTED] - 07/15/2025)

93a - Handrails

13. Requirements

- 2600.
- 93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

**Description of Violation**

On [REDACTED] the handrail on the exterior ramp was broken.

**Plan of Correction**

Accept [REDACTED] - 06/16/2025)

On 5/15/25 owner repaired handrail on the exterior ramp. Owner to monitor ramps, stairways and outside steps

93a - Handrails (continued)

with calendar reminder daily to ensure handrails are secure and repair immediately if not.

Licensee's Proposed Overall Completion Date: 05/21/2025

Implemented [redacted] - 07/15/2025)

107b - Emergency Procedures

15. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

Description of Violation

The home's written emergency procedures do not include contact information for each resident's designated person.

Plan of Correction

Accept [redacted] - 06/16/2025)

On 5/1/25 administrator updated the contact list to include all residents. Administrator to monitor emergency contacts in book every 3 months to ensure updated with any new admission or any discharges. Administrator to monitor with calendar on computer to receive notification date due to continue with compliance.

Licensee's Proposed Overall Completion Date: 05/21/2025

Implemented [redacted] - 07/15/2025)

125b - Combustible Restrictions

16. Requirements

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [redacted] there was a 1/2 filled container of gasoline against the fence in the home's backyard that was unlocked, unattended, and accessible to all the residents in the home.

Plan of Correction

Accept [redacted] 06/25/2025)

On 5/31/25 staff in-serviced on combustible materials being inaccessible to residents. Owner/staff to monitor grounds daily to ensure there is no combustible materials accessible to residents.

Can of gasoline removed immediately. Owner to have on calendar on phone to monitor grounds daily to ensure no combustible materials are accessible to residents.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [redacted] - 07/15/2025)

127a - Portable Space Heaters

17. Requirements

2600.

127.a. Portable space heaters are prohibited.

127a - Portable Space Heaters (continued)

Description of Violation

On [redacted] there was two space heaters stored in the 3rd floor storage room and one space heater in use in bedroom [redacted]

Plan of Correction

Accept ([redacted] - 06/25/2025)

Administrator conducted a staff in-service and resident meeting on 5/31/25 regarding space heaters not to be used. Staff informed of need for monitoring for and or removal of any space heater found in the facility. Staff to monitor daily to ensure all areas of the home are compliant. Staff to monitor facility for use of space heaters daily with checklist to ensure compliance.

The heaters removed. Resident and guest informed that will be given a notice to vacate if a portable heater is in room again. Staff aware of monitoring rooms to ensure no space heater is in the building.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([redacted] - 07/15/2025)

144c1 - Smoking Area Guidelines

18. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is the fenced in patio of side of the building. On [redacted], there was a plastic cup on top of the outside picnic table filled with cigarette butts.

Plan of Correction

Accept ([redacted] - 06/25/2025)

Resident informed verbally by administrator on 5/20/25 of smoking guidelines. Staff in-serviced on 5/31/25 of monitoring for proper safeguards inside and outside of the hoe to prevent fire hazards involved in smoking. Staff to monitor with daily checklist that smoking policies are followed.

The cup removed. Resident who saves butts in cup informed it is not allowed and if behavior continues will be given written notice to leave the facility. Administrator/owner to have on calendar for daily monitoring of grounds to implement fire safety policies.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([redacted] - 07/15/2025)

182b - Prescription Medication

19. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

182b Prescription Medication (continued)

**Description of Violation**

Staff person A, date of hire is undocumented. However, the staff has been working in the home since December 2024. Staff person A completed the paper version of the medication administration certification training on [REDACTED] while employed at another home. As of [REDACTED] medication administration certification training is to be completed via the online training platform. The home does not have verification of staff person A's online training certification nor does the home have documentation of any practicum observations. Staff Person A does not meet the requirements to administer medications to residents in the home, however, Staff person A, administered medications to residents on the following dates:

Medications administered to resident [REDACTED]

[REDACTED]

Medications administered to resident [REDACTED]

[REDACTED]

Medications administered to resident [REDACTED]

[REDACTED]

**Plan of Correction**

Accept [REDACTED] - 06/25/2025)

Administrator conducted employee file audit on 5/20/25. Administrator to audit employee files monthly for three months. Then administrator will audit employee files every three months to ensure compliance.

Staff person A no longer employed at facility. Administrator to ensure staff has documentation of duties that are performed. Administrator to utilize new hire checklist provided in previous violation to ensure that all documents needed are in employee file, Administrator to monitor employee files monthly for three months then every three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([REDACTED] - 07/15/2025)

183e - Storing Medications

**20. 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 [REDACTED], Resident's [REDACTED] and [REDACTED] did not have an open date. According to the manufacturer's instructions, unused medication should be disposed of 28 days after opening.

183e - Storing Medications (continued)

Plan of Correction

Accept [REDACTED] - 06/25/2025)

On 5/20/25 administrator conducted a medication audit. On 5/31/25 administrator in-serviced staff on proper storage and procedures for medications. Administrator to conduct weekly medication audits for three months. Then administrator will conduct monthly medication audit to ensure compliance. Administrator to have calendar reminder to conduct medication audits to ensure compliance.

Administrator provided in-service to staff on dating medication when open.

Disagree with this violation. Resident [REDACTED] insulin dose ensures the pen is not utilized for more than 3 days due to high dose of insulin. The pen never meets the 28 days for expiration. Administrator to monitor medications daily for three months then monthly with calendar reminder to ensure that insulin pens are dated when open.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] - 07/15/2025)

185a - Implement Storage Procedures

21. 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 [REDACTED] is prescribed [REDACTED] as needed. On [REDACTED] the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 06/25/2025)

Staff in-serviced on 5/31/25 regarding policy and procedures of medications. Administrator completed medication audit on 5/20/25. Administrator to conduct weekly medication audits for three months. Administrator will then conduct monthly medication audits to ensure compliance. Administrator to use calendar update to complete medication audits to ensure compliance.

Medication for #1 was d/cd on 4/3/25. Administrator to monitor medications daily to ensure that medication in cart is in compliance with what is ordered. Administrator to use calendar update to monitor daily for three months then monitor monthly for compliance.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] 07/15/2025)

185a - Implement Storage Procedures (continued)

22. 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 [redacted] is prescribed [redacted] take 1 tablet by mouth every 6 hours as needed. On [redacted], the start count was 52, there none documented as administered on the medication administration record since [redacted]. On [redacted] during the medication review the count for Resident [redacted] was 49 resulting in 3 pills being unaccounted for. Staff member B could not explain the discrepancy in the logs.

Plan of Correction

Accept [redacted] - 06/16/2025)

Administrator to utilize a new narcotic sheet to keep track of medication starting 6/1/25. Administrator to in-service staff by 6/1/25 to monitor and count medication every shift and to notify administrator of any discrepancies. Administrator to provide documentation of compliance to dept.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented [redacted] - 07/15/2025)

23. 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 [redacted] is prescribed blood sugar checks at 8am and 4pm daily before breakfast and dinner. On [redacted] at 3:41 pm, Resident [redacted] glucometer reading of [redacted] was not documented in the medication administration record for April 2025.

Plan of Correction

Accept [redacted] - 06/16/2025)

Administrator aware of not writing number in on that day. Administrator to in-service staff by 6/5/25 to ensure blood sugars are documented on MAR daily. Administrator to use calendar reminder to monitor numbers daily for one month and then every month to ensure numbers are written in and they are accurate.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented [redacted] - 07/15/2025)

187a - Medication Record

24. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.

187a - Medication Record (continued)

- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] pen by sliding scale- check glucose before meals.

- 150-200=2u
- 201-250=4u
- 251-300=6u
- 301-350=8u
- 351-400=10u
- >401=10u

This number of insulin units administered were not documented on the medication administration record for Resident [REDACTED] on the following dates:

[REDACTED]

**Plan of Correction**

Accept [REDACTED] - 06/25/2025)

On 5/31/25 administrator in-serviced staff on MAR compliance. Administrator to conduct medication audit on 5/20/25. Med audits to be done weekly for three months. Administrator then will conduct monthly medication audits to ensure compliance.

Disagree with this violation. The number for coverage is written there and when med is signed out following the sliding scale as ordered. Administrator to ensure MAR signed out for medication as ordered with calendar reminder daily then monitor monthly.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented ([REDACTED] - 07/15/2025)

190b - Insulin Injections

**25. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

190b - Insulin Injections (continued)

**Description of Violation**

Staff person A, who has not successfully completed the Department-approved medications administration course, administered insulin to Resident [REDACTED] on the following dates [REDACTED], [REDACTED] at 5 pm

Staff person A, who has not successfully completed the Department-approved medications administration course, administered insulin to Resident [REDACTED] on the following dates [REDACTED] syringe: [REDACTED] at 11 am

**Plan of Correction**

Accept [REDACTED] - 06/25/2025)

Administrator completed audit of employee files on 5/20/25. Administrator to complete monthly audits of employee files for three months. The administrator to complete audits of employee files every three months.

Staff person A no longer employed at facility. Administrator to ensure all documents are in file for performing job duties prior to start of working. Administrator to utilize new hire list from previous violation to ensure all documents are checked off for employee. Administrator to review employee files quarterly for compliance.

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] - 07/15/2025)