

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

August 5, 2025

[REDACTED], CEO  
QUALITY LIFE SERVICES-MERCER, LLC  
[REDACTED]

RE: QUALITY LIFE SERVICES-MERCER  
8221 LAMOR ROAD  
MERCER, PA, 16137  
LICENSE/COC#: 45542

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2025 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-MERCER* License #: *45542* License Expiration: *09/01/2025*  
 Address: *8221 LAMOR ROAD, MERCER, PA 16137*  
 County: *MERCER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-1* Date: *02/04/1997* Issued By: *DOH*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/06/2025*

**Inspection Dates and Department Representative**

*05/06/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *64* Residents Served: *32*

**Special 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: *32*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**05/06/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/08/2025*

**07/23/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *08/04/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/06/2025*

Inspections / Reviews (*continued*)

08/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 Record confidentiality

1. Requirements

2800.

- 17. Confidentiality of Records - 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

At 9:45 a.m., multiple residents' documented vital signs were left unattended, unlocked, and unsecured on the home's main wing.

Plan of Correction

Accept (█ - 07/23/2025)

The PCHA will be responsible for this plan of correction. When the PCHA was made aware of the record of confidentiality possible citation on 05/06/2025, the PCHA went back to the main wing med cart and turned over the clipboard that was showing residents vital documentation so no one walking by could read the information.

The PCHA will create an audit tool by 06/12/2025 where the PCHA will have to check the main wing med cart three times weekly to see if the clipboard that is on the med cart containing residents' vital documentation is turned over so no one can read the vital documentation, so residents confidentially is protected. The PCHA will use this audit tool from 06/12/2025-07/12/2025.

The PCHA will complete education with all med techs by 06/30/2025 on the importance of resident's records being confidential. This education will be documented by the PCHA on the State training form by 06/30/2025 and this form and audit tool will be kept on file.

Licensee's Proposed Overall Completion Date: 07/12/2025

Implemented (█ - 08/05/2025)

82a Poisons original containers

2. Requirements

2800.

- 82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 12:15 p.m., a unlabeled 500ml spray bottle of yellow liquid was stored under the sink in the rear dining room of the home; however, bottle did not have the manufacturer's label.

Plan of Correction

Accept (█ - 07/23/2025)

The Maintenance Director will be responsible for this plan of correction. The unlabeled 500ml spray bottle of yellow liquid stored under the sink in the rear dining room of the home was disposed of by the Maintenance Director on the day of the annual audit, 05/06/2025.

The Maintenance Director will create an audit tool by 06/20/2025 that will aid in completing weekly audits to ensure that there are no unlabeled bottles at the facility. These checks will be documented on the "Labelled Containers" audit sheet. 3 weekly checks to begin on 06/20/2025-07/20/2025. The audit tool will be kept on file.

The PCHA will complete education with the Maintenance Director by 06/20/2025 on the importance that all Poisonous materials shall be stored in their original, labeled containers. This education will be documented by the

**82a Poisons original containers (continued)**

*PCHA on the State training form by 06/20/2025. The State training form and audit tool will be kept on file.*

**Licensee's Proposed Overall Completion Date: 07/20/2025**

**Implemented (█) - 08/05/2025)**

**85e Trash outside**

**3. Requirements**

2800.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*At 10:30 a.m., the large dumpster in the rear of the home was uncovered and filled with trash. There were also multiple bags of trash outside and hanging on the dumpster.*

**Plan of Correction**

**Accept (█) - 07/23/2025)**

*The Maintenance Director is responsible for this plan of correction. The Maintenance Director on the day of annual audit, 05/06/2025 went outside to the large dumpster in the rear of the home and picked up bags of trash outside the dumpster as well as those trash bags hanging off the dumpster and put the dumpster lid on to cover the trash so no animals, insects could enter the dumpster.*

*The Maintenance Director will create an audit tool by 06/20/2025 where the Maintenance Director will audit two times weekly that the large dumpster in the rear of the home lid is on and that there are no trash bags on the ground or hanging off the side of the dumpster. The audit tool will be used from 06/20/2025-07/20/2025.*

*The PCHA will do education with the Maintenance Director by 06/20/2025 on the importance that the dumpster has the lid on at all times and that there are no garbage bags on the ground or hanging from the sides of the dumpster. This education that the PCHA completes will be documented on State training form and the form and audit tool will be kept on file.*

**Licensee's Proposed Overall Completion Date: 07/20/2025**

**Implemented (█) - 08/05/2025)**

**91 Telephone Numbers**

**4. Requirements**

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

*At 11:10 a.m., the telephone numbers for the nearest hospital, poison control, local emergency management, and assisted living residence complaint hotline was not posted on or by each of the telephones with an outside line in the main kitchen of the home.*

91 Telephone Numbers (continued)

**Plan of Correction**

Accept (█ - 07/23/2025)

The Kitchen Manager will be responsible for this plan of correction. The Kitchen Manager will have the telephone numbers for the nearest hospital, poison control, local emergency management, and assisted living residence complaint hotline posted on or by each of the telephones with an outside line in the main kitchen of the home by 06/20/2025.

The PCHA will complete education by 06/20/2025 with the Kitchen Manager on the importance of having the telephone numbers for the nearest hospital, poison control, local emergency management, and assisted living residence complaint hotline posted on or by each of the telephones with an outside line in the main kitchen. This education will be documented by 06/20/2025 on the State training form by the PCHA and the form and audit tool will be kept on file.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█ - 08/05/2025)

103f Fridge/Freezer Temps

**5. Requirements**

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

At 12:30 p.m., two large chest freezers in the basement did not have operable thermometers while food was being stored in the freezers.

**Plan of Correction**

Accept (█ - 07/23/2025)

The Kitchen Manager will be responsible for this plan of correction. The Kitchen Manager on 05/06/2025 went out and bought two operable thermometers for the two freezers and placed those thermometers in the two large chest freezers in the basement.

The Kitchen Manager will create an audit tool by 06/20/2025 that will audit the two freezers one time per week to ensure the two basement freezers have a thermometer. This audit tool will be used by the kitchen manager for one month 06/20/2025-07/20/2025.

The PCHA will complete education by 06/20/2025 with the Kitchen Manager on the importance of having operable thermometers in the freezers. This education will be documented by the PCHA on the State training form by 06/20/2025 and the education and audit tool will be kept on file.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█ - 08/05/2025)

103g Storing food

**6. Requirements**

2800.

103.g. Food shall be stored in closed or sealed containers.

103g Storing food (continued)

**Description of Violation**

At 11:30 a.m., an unsealed gallon Ziplock bag of crushed Oreos was on the upper shelf of the dry food storage room.

At 11:40 a.m., a large, unsealed box of meat patties was on the shelf of the walk-in freezer of the home.

**Plan of Correction**

Accept (█) - 07/23/2025

The Kitchen Manager will be responsible for this plan of correction. On the day of the annual audit, 05/06/2025, the unsealed gallon Ziplock bag of crushed Oreos and the unsealed box of meat patties on the shelf of the walk-in-freezer were disposed of by the Kitchen Manager.

The Kitchen Manager will create an audit tool by 06/20/2025, that will show all items stored in the dry food storage room and that all items in the walk-in-freezer are in a sealed container if opened. The Kitchen Manager for one month 06/20/2025-07/20/2025 will use the audit tool 3 times per week. This audit tool is created to ensure that there are no opened items in the dry food storage room and the walk-in-freezer. If any items are found to be opened, the items found will immediately be destroyed by the Kitchen Manager. The audit tool will be reviewed and signed weekly by the home's PCHA as another measure to ensure there are no opened items.

The PCHA will do education by 06/20/2025 with the Kitchen Manager on the importance of making sure all open food is placed in a closed or sealed container. This education will be documented on the State training form by the PCHA by 06/20/2025. The training form and audit tool will be kept on file.

Licensee's Proposed Overall Completion Date: 07/20/2025

Implemented (█) - 08/05/2025

126a Furnace inspection

**7. Requirements**

2800.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

**Description of Violation**

The home most recent boiler inspection by the PA Department of Labor and Industry for the boilers in the basement of the home expired 3/27/25.

**Plan of Correction**

Accept (█) - 07/23/2025

The Maintenance Director will be responsible for this plan of correction. On the day of the annual audit, 05/06/2025, the Maintenance Director tried to locate the boilers recent inspection by the PA Department of Labor and Industry. The Department of Labor and Industry was out to the home on 04/30/2025 to inspect the boilers. The Department of Labor and Industry at that time said the boilers passed inspection. The Department of Labor and Industry stated the certificate would arrive in the mail to the home. Several attempts were made via telephone to contact the Department of Labor and Industry to obtain the certification (so the home could present to the auditors, so the home didn't receive a citation) by the Maintenance Director and PCHA to obtain the certificate when the annual audit took place on 05/06/2025 and attempts were made on the remainder days of that week to no avail. The certification came on 06/03/2025.

The Maintenance Director at next year's annual audit of the boilers will ask the Department of Labor and Industry after the inspection, to give us a document signed by the Department stating the annual audit was completed and

126a Furnace inspection (continued)

if the home passed or not.

Licensee's Proposed Overall Completion Date: 06/09/2025

Implemented (█) - 08/05/2025)

171b5 Transportation-first aid kit

8. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

Description of Violation

The first aid kit in the Ford E350 van, used to transport residents, does not include a thermometer.

Plan of Correction

Accept (█) - 07/23/2025)

The Maintenance Director will be responsible for this plan of correction. On the day of the annual audit, 05/06/2025, The Maintenance Director took out of central supply a thermometer and placed the thermometer in the first aid kit and placed the first aid kit in the Ford E350 van that the home uses to transport residents on 05/06/2025.

On 05/19/2025, we no longer have this van. This van will be replaced at some point in the future.

The PCHA will do education with the Maintenance Director on the importance of having all the regulatory items in the first aid kit at all times. This education will be documented on the State training form by the PCHA by 06/20/2025. The training form and audit tool will be kept on file.

Licensee's Proposed Overall Completion Date: 07/20/2025

Implemented (█) - 08/05/2025)

171c Home's vehicle documents

9. Requirements

2800.

171.c. The residence shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

- 1. Vehicle registration.

Description of Violation

The registration for the home's Ford E350 Van, used to transport residents, expired on 3/31/25.

Plan of Correction

Accept (█) - 07/23/2025)

The Maintenance Director is responsible for this plan of correction. The home's Ford E350 Van, the home no longer has; this vehicle was disposed of by the company on 05/19/2025.

The Maintenance Director will create an audit tool by 06/20/2025 that will list all the vehicles the home uses to transport residents, and the Maintenance Director will check to see if the vehicle has a current registration. This audit tool will be used monthly; one time per month. The Maintenance Director when completing the audit tool

171c Home's vehicle documents (continued)

*will list on the audit tool when the home vehicles registration is due and will ensure that the registration is completed before expiration. The audit tool will also be reviewed by the PCHA monthly and PCHA will sign off on the audit tool verifying the audit took place and the vehicle registrations are up to date and not expired.*

*The PCHA will complete education with the Maintenance Director by 06/20/2025 on the importance of having a vehicle registration does not expire. This education completed by the PCHA will be documented on the State training form and kept on file along with the audit tool.*

**Licensee's Proposed Overall Completion Date: 06/04/2025**

**Implemented (█ - 08/05/2025)**