

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

July 18, 2025

[REDACTED],  
THE ALLIANCE HOME OF CARLISLE, PA, INC.  
[REDACTED]  
[REDACTED]

RE: CHAPEL POINTE AT CARLISLE  
770 SOUTH HANOVER STREET  
CARLISLE, PA, 17013  
LICENSE/COC#: 34337

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2025 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: CHAPEL POINTE AT CARLISLE License #: 34337 License Expiration: 06/03/2026  
 Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013  
 County: CUMBERLAND Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: THE ALLIANCE HOME OF CARLISLE, PA, INC.  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 09/12/2014 Issued By: Borough of Carlisle  
 Type: I-2 Date: 02/28/2018 Issued By: Borough of Carlisle

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 55 Waking Staff: 41

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 05/27/2025

**Inspection Dates and Department Representative**

05/27/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 61 Residents Served: 43  
 Secured Dementia Care Unit  
 In Home: Yes Area: Garden View Capacity: Residents Served: 10  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 12 Have Physical Disability: 0

**Inspections / Reviews**

05/27/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/14/2025  
 06/12/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 07/09/2025  
 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: 07/09/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/11/2025

07/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/09/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 5:00 PM staff members A and B witnessed staff member C [redacted] resident [redacted] on the lips twice while staff member C was administering medications to the resident. However, this allegation of abuse was not reported to the local area agency on aging via the completion of the ACT 13 form.

On [redacted] at approximately 5:00 PM staff members A and B witnessed staff member C, strike resident [redacted] on the buttocks numerous times while resident [redacted] was asking staff member C not to. Additionally, staff members A and B witnessed staff member C tell resident [redacted], "I would paddle you if you do not leave the kitchen." However, these allegations of abuse were not reported to the local area agency on aging.

Plan of Correction

Directed [redacted] - 06/27/2025)

Licensed staff will be educated by the administrator, or licensed designee, by July 11, 2025 on the steps required for reporting allegations of suspected abuse to Office of Aging by the steps instructed in Regulatory Compliance Guide (RCG) (p.175) and by using the Abuse Reporting Flowchart (p.176) Beginning on June 28, 2025, licensed staff will start using a checklist form for keeping track of the completion of all the abuse reporting steps. A copy of the staff education and checklist are attached.

Proposed Overall Completion Date: 07/11/2025

Directed Completion Date: 07/11/2025

Implemented [redacted] 07/18/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 5:00 PM staff members A and B witnessed staff member C [redacted] resident [redacted] on the lips twice while staff member C was administering medications to the resident. This incident was not reported to the Department until [redacted] at 12:30pm.

On [redacted] at approximately 5:00 PM staff members A and B witnessed staff member C, strike resident [redacted] on the buttocks numerous times while resident [redacted] was asking staff member C not to. Additionally, staff members A and B witnessed staff member C tell resident [redacted], "I would paddle you if you do not leave the kitchen." This incident was not reported to the Department.

16c Written Incident Report (continued)

Plan of Correction

Accept [redacted] - 06/27/2025)

Licensed staff will be educated by the administrator, or licensed designee, by June 28, 2025 on the steps required for reporting allegations of suspected abuse to DHS by the steps instructed in Regulatory Compliance Guide (RCG) (p.175) and by using the Abuse Reporting Flowchart (p.176) Beginning on July 11, 2025, licensed staff will start using a checklist form education for keeping track of the completion of all the abuse reporting steps. A copy of the staff education and checklist are attached.

Proposed Overall Completion Date: 07/11/2025

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented [redacted] - 07/18/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 5:00 PM staff members A and B witnessed staff member C [redacted] resident [redacted] on the lips twice while staff member C was administering medications to the resident.

On [redacted] at approximately 5:00 PM staff members A and B witnessed staff member C, strike resident [redacted] on the buttocks numerous times while resident [redacted] was asking staff member C not to. Additionally, staff members A and B witnessed staff member C tell resident [redacted] "I would paddle you if you do not leave the kitchen."

Plan of Correction

Accept [redacted] - 06/27/2025)

Personal care direct care staff will be educated by the administrator, or licensed designee, by July 11, 2025 on Resident rights and Regulation 2600.42b. A copy of the staff education is attached.

Proposed Overall Completion Date: 07/11/2025

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented [redacted] 07/18/2025)

225a - Assessment 15 Days

4. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a Assessment 15 Days (continued)

Description of Violation

Resident [redacted] initial assessment dated [redacted] does not include resident [redacted] mobility needs as minimal, requiring limited physical or oral assistance to evacuate in an emergency as documented on resident [redacted] medical evaluation dated [redacted].

Plan of Correction

Accepted [redacted] - 06/27/2025)

Licensed staff will be educated by the administrator, or licensed designee, by July 11, 2025 that the initial resident assessment of mobility needs in the case of evacuation in an emergency must be the same as entered on the initial Documentation of Medical Evaluation. Beginning July 11, 2025 licensed staff will begin using an audit form to ensure mobility needs are listed the same on both documents. A copy of the staff education and audit form are attached.

Proposed Overall Completion Date: 07/11/2025

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented [redacted] - 07/18/2025)

225c - Additional Assessment

5. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident [redacted]s annual assessment dated [redacted] does not include resident [redacted] mobility needs as independent, and the resident has no mobility needs and can evacuate in an emergency, as documented on resident [redacted] medical evaluation dated [redacted].

Plan of Correction

Directed [redacted] - 06/27/2025)

Licensed staff will be educated by the administrator, or licensed designee, by July 11, 2025 that the annual resident assessment of mobility needs in the case of evacuation in an emergency must be the same as entered on the annual Documentation of Medical Evaluation. Beginning July 11, 2025 licensed staff will begin using an audit form to ensure mobility needs are listed the same on both documents. A copy of the staff education and audit form are attached.

Proposed Overall Completion Date: 07/11/2025

Directed Completion Date: 07/11/2025

Implemented [redacted] 07/18/2025)