



pennsylvania
DEPARTMENT OF HUMAN SERVICES

EMAILING DATE: SEPTEMBER 29, 2025

[REDACTED]
Pappus House
[REDACTED]

RE: Pappus House
66 Big Mount Road
Thomasville, Pennsylvania 17364
License #: 33954

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on July 14, 2025, and September 8, 2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosure
<Licensing Inspection Summaries>

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

September 15, 2025

[REDACTED]
PAPPUS HOUSE
[REDACTED]

RE: PAPPUS HOUSE
66 BIG MOUNT ROAD
THOMASVILLE, PA, 17364
LICENSE/COC#: 33954

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2025 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: PAPPUS HOUSE License #: 33954 License Expiration: 10/16/2025
Address: 66 BIG MOUNT ROAD, THOMASVILLE, PA 17364
County: YORK Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: PAPPUS HOUSE
Address: [REDACTED]

Certificate(s) of Occupancy

Type: R-4 Date: 08/10/2024 Issued By: Jackson Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Provisional Exit Conference Date: 07/14/2025

Inspection Dates and Department Representative

07/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 Residents Served: 6

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 6
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

07/14/2025 - Full

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

08/11/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/31/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/31/2025

Inspections / Reviews *(continued)*

09/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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]/25, at 6:00 PM, resident #10 was not administered [redacted] prescribed dose of Senna. The home did not report this medication error to the Department until 3/17/25 at 11:00 AM.

Repeated Violation - 12/17/24

Plan of Correction

Directed [redacted] - 08/11/2025)

The written incident report for the identified medication error was submitted by the Administrator on 3/17/2025 as indicated above.

By 8/8/2025, the Administrator or designee shall provide education to all staff on reportable incidents and conditions, the time frame requirements of this regulation, and how and who to communicate reportable incidents to on weekends for timely submission. Documentation of this training shall be kept.

By 8/15/2025, the administrator shall review the previous 30 days of incidents, including medication errors to ensure required written incident reports have been submitted. Documentation of this review shall be kept.

Beginning 8/11/2025, the administrator or designee shall review all incidents and medication errors in the home daily for 2 weeks to ensure timely reporting of reportable incidents. This review will continue weekly for 4 weeks to ensure ongoing compliance with this plan and regulation.

Proposed Overall Completion Date: 09/22/2025

Proposed Overall Completion Date: 09/01/2025

Directed Completion Date: 08/31/2025

Implemented [redacted] - 09/15/2025)

65d - Initial Direct Care Training

3. 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.

Description of Violation

Staff person A, hired on [redacted]/24, has been providing unsupervised ADL services. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Staff person B, hired on [redacted]/24, has been providing unsupervised ADL services. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

65d - Initial Direct Care Training (continued)

Staff person D, hired on [redacted]/25, has been providing unsupervised ADL services. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Staff person E, hired on [redacted]/25, has been providing unsupervised ADL services. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept [redacted] - 08/11/2025)

On 7/14/2025 staff persons A, B, D and E were trained by the administrator and/or designee in their respective roles that included a demonstration of job duties, followed by supervised practice. It should be noted that all staff did previously receive the required training under this regulation but the home's supporting documentation did not accurately capture it.

The administrator will create a new onboarding form by 8/8/2025 for each position that includes the specific language under this regulation with signature lines for trainer and trainees. This document shall be kept in the employee's personnel file.

By 8/15/2025, the administrator or designee shall audit all employee files and retrain any staff who do not have the initial training documentation under regulation 65d. A log of this audit and shall be kept.

Beginning 7/14/2025 all newly hired staff shall receive the required training under regulation 65d by the Administrator or designee. Documentation of this training shall be kept.

Beginning 7/14/2025, The administrator or designee shall use a new hire file review check off form for all employee files to ensure the onboarding documentation is complete before filing in their personnel file.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [redacted] - 09/15/2025)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/14/25, at approximately 9:35 AM, there was an approximate .25-inch accumulation of lint in the lint trap of the dryer located in West Hall laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] - 08/11/2025)

The identified lint was immediately removed by the Administrator on 7/14/2025.

By 7/14/2025 the administrator shall educate current staff on regulation 2600.105g and the importance of removing lint from dryer lint traps. Documentation shall be kept.

105g - Lint Removal and Duct Cleaning (continued)

Beginning 7/14/2025, the staff person who administers the medication or executive director shall check the dryers once per shift, for 1 week; 1 time per day for 1 week; and once weekly for 1 month to ensure ongoing compliance with this regulation. Dryer lint check logs shall be kept.

Beginning 8/8/2025, the administrator or designee shall review the logs weekly to ensure ongoing compliance with this plan and the regulation.

Licensee's Proposed Overall Completion Date: 08/08/2025

Implemented [redacted] - 09/15/2025)

107c - Food/Water 3 Day Supply

5. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/14/25, the home served 6 residents, requiring 18 gallons of emergency drinking water. However, the home had only 13 gallons. The home does not have a contract with a local bottled water supplier that includes emergency delivery of water.

Plan of Correction

Accept [redacted] - 08/11/2025)

On 7/29/2025 the Administrator purchased 7 -5 gallon bottles of water, 35 gallons total. These five gallon jugs will be placed in storage closet to only be used in an emergency.

The Administrator or designee shall educate all staff of the location of the emergency water and its intended use by 8/15/25.

The Administrator or designee shall check the emergency water supply weekly for 4 weeks and then monthly thereafter for compliance with this regulation. Documentation of these checks shall be kept.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [redacted] - 09/15/2025)

183d - Prescription Current

6. 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 7/14/25, Lorazepam 1 mg tablets prescribed for resident #1, was in the home's medication cart; however, this medication was discontinued on 7/2/25, and Lorazepam 0.5 mg was ordered.

Repeated Violation - 12/17/24

183d - Prescription Current (continued)

Plan of Correction

Accept [redacted] 08/11/2025)

The identified residents' discontinued medication was immediately removed from the cart by the medication administration staff person assigned to that cart on 7/14/25.

The identified medication was destroyed in a safe manner following Department of Environmental Protection and Federal and State regulations on 7/14/2025, by the medication administration staff person and a designee at the time of the inspection.

By 8/15/2025, an RN consultant shall provide education to all staff who administer medication on regulation 183d, including, safe storage, use, access, distribution, security and destruction of medications.

By 8/15/2025, the Nurse or Designee shall audit all resident medications in the medication cart for discontinued or expired medication. Documentation of this audit shall be kept

Beginning 8/8/2025, a designated staff member who administers medications will be assigned to review the cart daily, Monday through Friday, until 8/29/2025, and then weekly thereafter for 2 additional months to ensure that all medications are current and not discontinued or expired. Documentation of these audits shall be kept.

On 8/29/2025, adherence to 2600.183d, Med Cart audits will reviewed by the Executive Director. Any downward trends and required corrective actions will be implemented and documentation shall be kept.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented [redacted] - 09/15/2025)

183e - Storing Medications

7. 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 7/14/25, resident #2's Refresh Tears eye drops, and Fluticasone nasal spray were opened and located in the home's medication cart. However, there wasn't a date of when the eye drops and nose spray were opened. According to the manufacturer's instructions, the eye drops should be used within 90 days after opening and the nasal spray should be used within 2 months or discarded to prevent contamination and inefficacy.

Plan of Correction

Accept [redacted] - 08/11/2025)

Although neither bottle was opened by Pappus house, on 7/14/2025 the administrator immediately added the opening date provided by the family to the identified eye drops. The nose spray had not been disclosed during the inspection and the resident [redacted] before the date could be added to the nose spray.

183e - Storing Medications (continued)

The identified medications have since been destroyed in a safe manner following Department of Environmental Protection and Federal and State regulations on 8/5/2025, by a medication administration staff person.

On 7/29/2025, the administrator provided preliminary education to all staff who handle medication on receiving and documenting medications, including writing the date on any medications with a "use by date" after opening. Documentation of this training shall be kept.

By 8/15/2025, an RN consultant shall provide education to all staff who administer medication on regulation 183e, including, proper receipt and safe storage, use, access, distribution, security and destruction of medications. Documentation of this training shall be kept.

Beginning 8/1/2025, a designated staff member who administers medications will be assigned to review the cart daily, Monday through Friday, until 8/29/2025, and then weekly thereafter for 2 additional months to ensure that all medications that are opened and have a "use by date" after opening are dated as required. Documentation of these audits shall be kept.

The Administrator shall review the audit sheets weekly for ongoing compliance. Any needed actions shall be made and documentation shall be kept.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented [REDACTED] - 09/15/2025)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 was prescribed Ativan 1 mg three times a day. However, on 7/10/25 at 9:00 PM, this medication was not administered to the resident.

Resident #4 was prescribed 300 mg of gabapentin at 1:00 AM. However, on 7/7/25, this medication was not administered to the resident.

Resident #5 was prescribed 50 mg of metoprolol at bedtime and 25mg of metoprolol in the AM. However, on 6/24/25 and 6/26/25, this medication was not administered to the resident.

Resident #6 was prescribed Ativan routinely. However, on 6/10/25 at 2:00 AM, this medication was not administered to the resident.

Resident #7 was prescribed Tacrolimus. However, on 5/14/25, the evening dose of this medication was not administered to the resident.

Resident #8 was prescribed Risperdal and Acetaminophen at 8:00 PM. However, on 4/27/25, these medications were not administered to the resident.

187d - Follow Prescriber's Orders (continued)

Resident #9 was prescribed a scheduled dose of Ativan at 5:00 PM. However, on 4/24/25, this medication was not administered to the resident.

Resident #9 was prescribed 10 mg (2 tablets of 5mg each) of oxycodone. However, on 4/19/25, resident #9 received 20 mg (2 tablets of 10mg each) of oxycodone.

Resident #10 was prescribed Senna at 6:00 PM. However, on 4/13/25, this medication was not administered to the resident.

Resident #11 was prescribed Protonix at 8:00 PM and Tylenol at 10:00 PM. However, on 4/12/25, these medications were not administered to the resident.

Plan of Correction**Accept** [REDACTED] - 08/11/2025)

On 8/8/2025, the Administrator or designee will re-educate all staff who administer medications on regulation 187d. The home shall follow the directions of the prescriber.

By 8/8/2025, the Executive Director or designee shall complete an entire MAR to Medication Cart audit to ensure that current medications are accurate to the MAR and being administered as directed by the physician.

Beginning 8/11/2025, a designated staff member who administers medications will be assigned to review the cart daily, Monday through Friday, until 8/29/2025, and then weekly thereafter for 2 additional months to ensure that all medications being administered as ordered are documented on the MAR. Documentation of these audits shall be kept.

On 8/29/2025, the Executive Director or Designee shall review all audits weekly for 2.5 months to ensure compliance and make necessary corrective actions where required.

Licensee's Proposed Overall Completion Date: 08/29/2025**Implemented** [REDACTED] - 09/15/2025)

191 - Resident Right to Refuse

9. 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 on [redacted] 25, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2, admitted on [redacted] 25, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3, admitted on [redacted] /25, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #5, admitted on [redacted] /25, 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

Accept [redacted] - 08/11/2025)

On 7/14/2025 the Administrator added the resident's right to question or refuse medication to the acknowledgement addendum section of the resident agreement.

By 8/8/2025, the administrator shall educate the home's designee on the residents right to question or refuse medication to ensure ongoing compliance in the absence of the administrator. Documentation of this education shall be kept.

By 8/11/2025, the Administrator or designee shall review the resident's right to question or refuse medication with all existing residents and/or their responsible party, if the resident is unable to participate. Documentation shall be kept in the resident's file.

Effective 7/14/2025, all new admissions will receive the resident agreement, that includes the amended acknowledgement form to demonstrate notification of their right to question or refuse medication, at the time of admission.

Beginning 8/15/2025, the administrator or designee shall review all new admission agreements monthly for August, September and October of 2025 for compliance with this regulation. Documentation shall be be kept.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [redacted] - 09/15/2025)

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

September 15, 2025

[REDACTED]
PAPPUS HOUSE
[REDACTED]

RE: PAPPUS HOUSE
66 BIG MOUNT ROAD
THOMASVILLE, PA, 17364
LICENSE/COC#: 33954

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/08/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PAPPUS HOUSE License #: 33954 License Expiration: 10/16/2025
Address: 66 BIG MOUNT ROAD, THOMASVILLE, PA 17364
County: YORK Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: PAPPUS HOUSE
Address: [REDACTED]
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: R-4 Date: 08/10/2024 Issued By: Jackson Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Interim Exit Conference Date: 09/08/2025

Inspection Dates and Department Representative

09/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 8	Residents Served: 5		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 5			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 5		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 5	Have Physical Disability: 0		

Inspections / Reviews

09/08/2025 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: Not Required

NO DEFICIENCIES FOUND