

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

September 15, 2025

[REDACTED]  
APRONTREE PERSONAL CARE LLC  
[REDACTED]

RE: APRONTREE PERSONAL CARE  
18015 PATH VALLEY ROAD  
SPRING RUN, PA, 17262  
LICENSE/COC#: 33449

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2025 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:** APRONTREE PERSONAL CARE **License #:** 33449 **License Expiration:** 11/08/2025  
**Address:** 18015 PATH VALLEY ROAD, SPRING RUN, PA 17262  
**County:** FRANKLIN **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** APRONTREE PERSONAL CARE LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** Other **Date:** 08/21/1985 **Issued By:** Department of Labor and Industry  
**Type:** Other **Date:** 01/05/1984 **Issued By:** Department of Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 19 **Waking Staff:** 14

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Interim **Exit Conference Date:** 07/30/2025

**Inspection Dates and Department Representative**

07/30/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 21 **Residents Served:** 18

**Secured Dementia Care Unit**

**In Home:** No **Area:** **Capacity:** **Residents Served:**

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 8 **Are 60 Years of Age or Older:** 15  
**Diagnosed with Mental Illness:** 3 **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 1 **Have Physical Disability:** 0

**Inspections / Reviews**

07/30/2025 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/28/2025

Inspections / Reviews (*continued*)

## 08/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/04/2025

## 09/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/15/2025

## 09/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. 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

On [redacted], at approximately 11:40 AM, fluid restriction information for resident [redacted] was posted on the refrigerator in the kitchen. This area was unlocked, unattended and accessible to other residents and visitors in the home.

Plan of Correction

Accept [redacted] - 09/04/2025)

On 7/30/25 the inspector educated the administrator that identifying fluid goals posted on the refrigerator for cooking staff is included in 2600.17 as there is a possibility that a resident or someone other than a staff member may have access to the kitchen. On 7/30/25 the administrator removed the posting and posted a sign stating that no resident data is permitted to be posted in kitchen as a daily reminder. During the 8/11/25 staff meeting, the administrator reviewed with staff 2600.17 and informed them that even identifying fluid goals/restrictions is a violation. During that meeting the staff were informed that any postings must be approved by the administrator. Beginning 9/6/25 the cook on duty will perform a weekly (Saturday) audit of the kitchen to ensure no confidential resident information is posted in the kitchen.

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

Implemented [redacted] - 09/15/2025)

185a - Implement Storage Procedures

3. 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

On [redacted] at 6:56 AM, resident [redacted] had a blood sugar reading of [redacted]. However, there was no blood sugar reading documented on the resident's blood sugar reading log.

Plan of Correction

Accept [redacted] - 08/28/2025)

DCS member performed an audit of all glucometer readings on 8/11/25 for all residents. The administrator conducted a second audit on 8/18/25 of all resident glucometers. A third audit was completed by a DSC member on 8/26/25. The administrator reviewed 2600.185.a with DCS during the 8/11/25 staff meeting. A plan has been proposed for weekly glucometer checks to occur weekly by the DCS member working on Sunday 7-3 shift commencing 8/31/25.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [redacted] - 09/15/2025)