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

November 24, 2025

ET 141 OPERATIONS LLC
SUITE 400

RE: ELIZABETHTOWN PERSONAL CARE
141 HEISEY AVENUE
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33881

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ELIZABETHTOWN PERSONAL CARE* **License #**: *33881* **License Expiration**: *03/03/2026*

Address: *141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ET 141 OPERATIONS LLC*
Address: [redacted]
Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/07/1992* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *31* **Waking Staff**: *23*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *08/12/2025*

Inspection Dates and Department Representative

08/12/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* **Residents Served**: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *12* **Are 60 Years of Age or Older**: *25*
Diagnosed with Mental Illness: *22* **Diagnosed with Intellectual Disability**: *1*
Have Mobility Need: *3* **Have Physical Disability**: *0*

Inspections / Reviews

08/12/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/12/2025*

09/23/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/31/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/30/2025*

Inspections / Reviews *(continued)*

10/02/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/31/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/31/2025*

11/24/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/31/2025*

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], at 6:30 PM, resident [redacted] passed away in the home. The home did not report this incident to the Department until [redacted] at 12:20 PM.

Repeated Violation - [redacted], et al

Plan of Correction ***Accept [redacted] - 10/02/2025)***

16C - Written Incident Report
- The facility failed to report resident [redacted] death to the department within 24hrs.
- The administrator immediately reviewed reporting requirements with the staff involved.
- On 9/25/2025, the administrator provided re-education to PC staff on reportable incidents and the required reporting timeframes including deaths and hospitalizations due to serious injuries. A reportable incidents reference sheet will be posted on 9/29/2025 in the med room for easy access. A backup reporting process will also be put into place if the administrator is unavailable. This will require staff, specifically med techs, to submit the reportable in a timely manner if the administrator is not present.
- Starting 9/29/2025, the administrator will review all incident reports weekly for 4 weeks and then monthly to ensure proper and timely reporting to the department.
- The expected date of compliance is 10/24/2025.

Licensee's Proposed Overall Completion Date: *10/24/2025*

Implemented ([redacted] 11/03/2025)

85a - Sanitary Conditions

2. Requirements

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

Description of Violation

On [redacted] at 9:23 AM, there were black spots on the ceiling of the first floor public bathroom near the medication area.

On at [redacted] at approximately 9:25 AM, there were feces on the safety bar located on the left side of the toilet in the 2nd bathroom located on the first floor.

On [redacted] at 9:32 AM, there was urine on the floor of the second floor shower room.

On [redacted] at 2:27 PM, there were feces on the toilet seat in second floor bathroom located near resident room [redacted]

On [redacted], at 2:30 PM, there were black spots on the window air conditioner unit located in resident room [redacted].

85a Sanitary Conditions (continued)

Plan of Correction ***Accept (- 10/02/2025)***

85a Sanitary Conditions

The facility failed to maintain bathrooms and resident areas in a clean and sanitary condition.

On 8/12/2025, housekeeping and PC staff immediately cleaned and disinfected all affected bathrooms and the 2nd floor shower room. The ceiling title in the 1st floor public bathroom was replaced and the air conditioning unit in resident room were cleaned and sanitized the same day. The maintenance director inspected the areas to ensure compliance.

On 9/29/2025, all housekeeping and PC staff will be educated on sanitary expectations, infection control practices, and procedures for addressing unsanitary conditions. A cleaning log will be put into place on 9/29/2025 to track cleaning. All med techs, PCAs will be responsible for completing the cleaning log daily. The maintenance director will complete weekly environmental inspections of the bathroom, common areas, and resident rooms for cleanliness and potential mold concerns. The maintenance director started the weekly environmental inspections on 8/13/2025.

The maintenance director will conduct daily environmental rounds for 4 weeks and then weekly to ensure sanitary compliance. The maintenance director started these checks on 8/13/2025. The cleaning logs will be reviewed monthly by the administrator.

All immediate corrective actions were completed on 8/12/2025. The date of expected compliance is 10/24/2025.

Licensee's Proposed Overall Completion Date: *10/24/2025*

Implemented 11/12/2025)

88a - Surfaces

3. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

In the first floor bathroom near the medication area, the floor was missing a section of tile, measuring approximately 2 feet by 3 feet.

In the second floor shower room, there was a missing tile in the shower near the safety grab bar. There were also 5 tiles in this shower that contained rust stains. This was a result from a removed fixture in the shower.

In the second floor seating area, there were buckling and cracks on the laminate floor tiles. The laminate floor tiles were coming up and moved when walked on.

The dining room ceiling had water stains in multiple areas.

The dining room floor had cracks and lifting laminate tile. The floor had multiple damaged areas which are taped over.

88a - Surfaces (continued)

On [redacted] at 2:27 PM, in second floor bathroom located near resident room [redacted], there was water on the floor from under the sink leading out toward the hallway.

Plan of Correction ***Accept ([redacted] - 10/02/2025)***

88a – Surface
- The facility failed to maintain interior surfaces of the facility in good repair and free of hazard.
- On 8/12/2025, staff cleaned and dried the bathroom floor near room [redacted]. The sink was inspected to ensure there was no leakage. The affected ceiling tiles in the dining room were immediately replaced and damaged areas of flooring, tiling and ceiling were inspected by the maintenance director.
- The maintenance will order materials accordingly to address these damaged areas. For the missing tiles in the first-floor bathroom, the maintenance director will cover the area with adhesive grip sheets (non-slip) on 10/1/2025 to cover the affected area considering it is already flattened and not creating any bumps/walking hazards. For the second-floor shower room, the maintenance director placed a tile to cover the missing area near the safety grab bar and thoroughly cleaned the tiles with rust stains on 9/23/2025. On 9/23/2025, the maintenance director completely stripped the buckling and cracking tiles in the second-floor seating area exposing the original tiling. These tiles are free of hazards and were cleaned thoroughly. On 9/29/2025, staff will be educated to report any observed internal/exterior damage to the maintenance director or administrator to ensure prompt corrections. The maintenance director will be responsible for addressing these issues/concerns.
- On 8/13/2025, the maintenance director started daily internal environmental rounds of all common and resident use areas and will document any surface concerns. This will continue for 4 weeks and then monthly to ensure compliance.
- All immediate corrective actions were completed on 8/12/2025. The date of expected compliance is 10/24/2025.

Licensee's Proposed Overall Completion Date: *10/24/2025*

Implemented ([redacted] - 11/03/2025)

100a - Exterior - Free of Hazards

4. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [redacted], at 12:30 PM, there were toilet paper remnants located outside of the building at the exit door from the dining room. This was a result of sewage back up.

100a - Exterior - Free of Hazards *(continued)*

Plan of Correction ***Accept (- 10/02/2025)***

100a – Exterior – Free of Hazards
- The facility failed to keep the exterior of the building and grounds clean and hazard free.
- On 8/12/2025, the PC staff immediately cleaned and sanitized the affected areas. The remnants present were from when the plumber had recently come out to address the sewage line issue.
- On 8/13/2025, the maintenance director started weekly preventive checks of sewage lines and exterior drainage. On 9/29/2025, all PC staff will be educated to maintain the exterior of the building and to report any water or sewage concerns to the maintenance director and the administrator. The maintenance director will be responsible for addressing any exterior facility issues/concerns.
- On 8/13/2025, in addition to weekly preventive checks, the maintenance director started to conduct weekly exterior rounds for 4 weeks and then will continue monthly to ensure the building and grounds remain clean and free of hazards.
- All immediate corrective actions were completed on 8/12/2025. The expected date of compliance will be 10/24/2025.

Licensee's Proposed Overall Completion Date: *10/24/2025*

Implemented (- 11/12/2025)

103d - Storing Food Off Floor

5. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On , at 9:44 AM, there were multiple crates of milk stored on the floor of the walk-in refrigerator.

Plan of Correction ***Accept (- 10/02/2025)***

103d – Storing Food
- The facility failed to keep crates of milk off the kitchen floor.
- On 8/12/2025, the crates of milk were immediately removed from the refrigerator floor and placed onto shelving units. All food storage areas were inspected, and no other items were found on the floor. The dietary staff are responsible for moving the crates of milk.
- On 8/13/2025, the dietary director re-educated the dietary staff on proper food storage procedures to ensure all food and beverage products are stored a minimum of 6 inches off the floor.
- On 8/13/2025, the dietary director will conduct daily inspections of the walk-in refrigerator and dry storage areas for 4 weeks, then monthly to confirm compliance with food/beverage storage requirements. The administrator/dietary director will review logs weekly for 4 weeks, then monthly to ensure compliance.
- All immediate corrective actions were completed on 8/12/2025. The expected date of compliance is 10/24/2025.

Licensee's Proposed Overall Completion Date: *10/24/2025*

Implemented (- 11/03/2025)

141b1 - Annual Medical Evaluation

6. Requirements

141b1 Annual Medical Evaluation *(continued)*

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 10/02/2025)***

141b1 – Annual Medical Evaluation
- The facility failed to ensure that Resident [redacted] had a current medical evaluation within the required 12-month timeframe.
- On 8/20/2025, Resident [redacted] was scheduled for and completed a current medical evaluation. Documentation was filed in the resident's chart. The med techs will be responsible for filing resident [redacted]s current DME.
- On 9/25/2025, the administrator created a tracking log of all residents' annual medical evaluation due dates. This log will be updated monthly. On 9/29/2025, PC staff will be re-educated on regulatory requirements that all residents must have an annual medical evaluation. PC med techs will be responsible for ensuring timely annual medical evaluations.
- On 10/1/2025, the administrator or designee will begin to review the monthly log to ensure all medical evaluations are completed on time.
- The expected date of compliance is 10/31/2025.

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented [redacted] - 11/12/2025)

144c1 Smoking Area Guidelines

7. 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 located on a patio adjacent to the dining room exit. On [redacted], at 9:29 AM, there were multiple cigarette butts located outside of the exit from the dining room. There were also cigarette butts on the sidewalk leading down the stairs to the smoking area.

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 10/02/2025)***

144c1 – Smoking Area Guidelines
- The facility failed to maintain proper safeguards in the smoking area resulting in cigarette butts being discarded in non-designated areas.
- On 8/12/2025, all cigarette butts were removed from the dining room exit, sidewalk and patio area. The maintenance director will be responsible for removing cigarette butts as they do their inspections.

144c1 - Smoking Area Guidelines (continued)

- Residents and staff will be re-educated on 9/25/2025 on the importance of safe smoking practices and proper disposal of cigarette butts – only in fireproof receptacles. In addition, signs will be posted throughout the personal care home to reinforce disposal rules.
- The maintenance director or designee will inspect the smoking area daily to ensure cigarettes butts are disposed of properly. Starting 9/29/2025, the maintenance director/administrator will conduct daily inspections for 4 weeks, then monthly to ensure compliance.
- All immediate corrective actions were completed on 8/12/2025. The date of compliance will be 10/24/2025.

Licensee's Proposed Overall Completion Date: *10/24/2025*

Implemented [redacted] - 11/03/2025)

225c - Additional Assessment

8. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted]s most recent assessment was completed on [redacted]

According to staff and resident interviews, resident [redacted] has flushed large amounts of toilet paper down the toilets located on the second floor. Toilet paper balls ranging in size from a softball to a football have been found in resident [redacted] room. This behavior started sometime towards the end of 2023. This has forced the toilet to clog multiple times, and as a result has caused damage to floors on the second floor and the ceiling of the first floor. However, the current assessment and support plan for resident [redacted], dated [redacted] does not include this behavior or the interventions staff are to follow to support the prevention of this behavior.

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 10/02/2025)***

225c – Additional Assessment
- The facility failed to provide Resident [redacted] a timely annual assessment. In addition, for Resident [redacted], the facility failed to include observed behaviors and interventions necessary to support the resident and prevent property damage.
- On 8/20/2025, Resident [redacted] annual assessment was completed and placed in the resident's chart. The administrator, med techs and physician were responsible for completing resident [redacted]'s RASP. Resident [redacted] upcoming assessment and support plan will be updated on 10/7/2025 by the administrator and med techs to include the resident's current behaviors and will provide interventions for prevention. All staff were instructed to monitor Resident [redacted] behaviors and [redacted] usage of toilet paper.
- The administrator will create a tracking log of all resident RASPs due dates. This log will be implemented on 10/6/2025 and will be updated monthly. On 10/6/2025, pc staff will be re-educated on regulatory requirements that all residents must have an annual RASP completed. The administrator and med techs are responsible for ensuring compliance. The administrator will review updated assessments before finalization to ensure accuracy and completeness.
- On 10/6/2025, the administrator or designee will begin to review the assessment log monthly to ensure no

225c - Additional Assessment (continued)

assessments are overdue. Starting 10/31/2025, quarterly audits of all resident records will be completed by the administrator to verify timely annual assessments and updates for behavioral changes. The administrator and med techs will work on and will provide an initial audit by 10/10/2025 to review all current RASPs to ensure all current RASPs are up to date with all current behaviors and plans to address behaviors.
- The date of expected compliance is 10/31/2025.

Proposed Overall Completion Date: 10/24/2025

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented - 11/12/2025)

227d - Support Plan Medical/Dental

9. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

According to staff and resident interviews, resident # has flushed large amounts of toilet paper down the toilet. This has forced the toilet to clog multiple times, and as a result has caused damage to floors on the second floor and the ceiling of the first floor. Resident confirmed has done this. However, the current assessment and support plan for resident dated , does not include this behavior or the interventions staff are to follow to support the prevention of this behavior.

Plan of Correction ***Accept 10/02/2025)***

227d – Support Plan Medical/Dental
- The facility failed to have Resident support plan accurately reflect observed behavioral concerns and did not have interventions in place for staff to follow.
- Resident 's upcoming RASP will be updated on 10/7/2025 by the administrator and med techs and it will include the observed behaviors and will have specific interventions for staff to implement and follow. Interventions will include limiting access to large quantities of toilet paper, staff monitoring behaviors involving bathroom use, and the maintenance director addressing plumbing concerns as they arise. On 10/7/2025, all staff will be educated on the updated support plan for resident
- Effective 9/15/2025, support plans will be reviewed and updated whenever new resident behaviors are identified. A new behavior change reporting process will be implemented 9/15/2025, requiring staff to notify the administrator and resident's doctor within 24 hours of any significant behavioral concerns. The administrator will ensure assessments and support plans are revised on time. On 10/6/2025, staff will be retrained to follow and implement individualized interventions documented in support plans.
- Starting 10/6/2025, the administrator or designee will review updated support plans weekly for 4 weeks, then

227d Support Plan Medical/Dental (continued)

monthly to ensure behavioral concerns and interventions are accurately documented. The administrator and med techs will work on and will provide an initial audit by 10/10/2025 to review all current RASPs to ensure all current RASPs are up to date with all current behaviors and plans to address behaviors.
The date of compliance is expected to be 10/31/2025.

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented [redacted] - 11/12/2025)