

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

October 8, 2025

[REDACTED], OWNER
ELITE CARE GROUP LLP
[REDACTED]

RE: LIZA'S HOUSE
1357 BLUE MOUNTAIN DRIVE
DANIELSVILLE, PA, 18038
LICENSE/COC#: 21477

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/21/2025 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: LIZA'S HOUSE License #: 21477 License Expiration: 09/02/2025
 Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038
 County: NORTHAMPTON Region: NORTHEAST

Administrator

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

Legal Entity

Name: ELITE CARE GROUP LLP
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/24/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/21/2025

Inspection Dates and Department Representative

08/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 20

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

08/21/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/18/2025

09/22/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/02/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/27/2025

Inspections / Reviews *(continued)*

09/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/03/2025

10/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 8/9/25 from 8:30 p.m. to 11:00 p.m. 20 residents were present in the home. During this time there were no staff persons present in the home who were certified in First Aid and CPR.

On 8/10/25 from 11:00 p.m. to 7:00 a.m. 20 residents were present in the home. During this time there were no staff persons present in the home who were certified in First Aid and CPR.

Plan of Correction

Accept () - 09/18/2025

On 8/21/2025 inspector noted CPR trained staff was not on schedule. Administrator adjusted the schedule to ensure each staff had a CPR trained member on and contacted CPR trainer. On 8/27/2025 CPR training was performed and all but 2 staff members are up to date on CPR training. Additional CPR training will be scheduled later this year to maintain compliance. Training dates are now posted (as of 8/27/2025) on staff bulletin board in order to allow staff to also monitor the training dates. Adminstrator and staff will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented () - 09/29/2025

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff persons A and B did not receive training in Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and medication self-administration during training year 2024.

Plan of Correction

Accept () - 09/18/2025

On 8/21/2025 inspector noted staff members were missing mandatory trainings. Trainings are managed by administrator and RN and proper documentation of mandatory trainings was not kept. On 8/22/2025 administrator audited 2025 training book and posted list of missing mandatory trainings as of 8/22/2025 in order to remind staff to complete trainings. Checklist created on 9/11/2025 to add to training binder to remind Admin and RN which trainings are still due. Admin and RN will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented () - 10/08/2025

65g - Annual Training Content

3. Requirements

2600.

65g - Annual Training Content (continued)

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.

Description of Violation

Direct care staff persons A and B did not receive training in the Older Adult Protective Services Act and Falls and Accident prevention during the training year 2024.

Plan of Correction

Accept (█ - 09/22/2025)

On 8/21/2025 inspector noted staff members were missing mandatory trainings. Trainings are managed by administrator and RN and proper documentation of mandatory trainings was not kept. On 8/22/2025 administrator audited 2025 training book and posted list of missing mandatory trainings as of 8/22/2025 in order to remind staff to complete trainings. checklist created on 9/11/2025 to add to training binder to remind Admin and RN which trainings are still due. Above noted trainings have been completed for noted employees for 2025. RN and administrator will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented (█ - 09/29/2025)

81b - Resident Personal Equipment

4. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At approximately 2:25 p.m. the enabler bar attached to the left side of resident #1's bed was separated from the side of the mattress creating a gap of approximately 6 inches. Also, the enabler bar was not attached securely to the bed frame and could easily be maneuvered by hand.

Plan of Correction

Accept (█ - 09/22/2025)

Admin and maintenance were unaware that family had provided second enabler bar. On 8/21/2025 maintenance and staff entered room to discuss second bar with resident and resident stated she did not use it and did not need it. Bar was removed. Original enabler bar was tested for secureness and left in place. Admin and Maintenance will continue to monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented (█ - 09/29/2025)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

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 approximately 2:13 p.m. the temperature in the kitchen refrigerator was 50 degrees Fahrenheit and at 3:25 p.m. it was still 50 degrees Fahrenheit.

At approximately 2:13 p.m. the temperature in the pantry freezer was 10 degrees Fahrenheit and again at 3:25 p.m. it

103f - Refrigerator/Freezer Temps (continued)

was still 10 degrees Fahrenheit.

Plan of Correction

Accept (█) - 09/22/2025

On 8/22/2025 Above noted freezer was replaced. While emptying contents of freezer, a second thermometer was noted to read 0 degrees Fahrenheit. As first thermometer was attached to the lid of the freezer, it seems the seal was not as effective as it should be. Old freezer was discarded.

On 8/21/2025 all perishable items were removed from refrigerator and discarded. Refrigerator was only used to hold drink items not containing dairy. A second thermometer was placed in the freezer which did read about 5 degrees cooler. New refrigerator was ordered on 8/21/2025. New refrigerator arrived on 8/26/2025 and old refrigerator was discarded.

Temperatures will be monitored weekly, if an issue is noted, checks will increase to daily while adjustments are being made. After 5 days of steady temperatures within range, checks will return to weekly.

Administrator will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented (█) - 09/29/2025

185a - Implement Storage Procedures

6. 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

At approximately 2:50 p.m. the home was not able to retrieve a log of daily blood glucose readings from resident #2's Freestyle Libre 3 glucometer.

Plan of Correction

Accept (█) - 09/22/2025

Resident in question is an insulin dependent diabetic who requires blood glucose checks a minimum of 4 times daily, as well as insulin injections. Resident is also on blood thinner, Plavix. Resident moved into Liza's House with a Freestyle Libre 2, which allowed easy view of log as the sensor was swiped with the reader in order to read blood glucose level. In May 2025 resident was switched to the Freestyle Libre 3 as the older technology is being phased out and will not be available after September 30, 2025.

On 8/21/25 inspector was shown log book, low report, average report, and daily graph, and daily pattern of BG reports on Freestyle Libre 3, as well as the resident's MAR which has the blood glucose levels documented on it. A report from the MAR system containing just the blood glucose levels entered by staff is also available.

On 8/25/2025 administrator reached out to resident's diabetic specialist above DHS's concern and was given a letter of medical necessity.

On 8/27/25 administrator reviewed user's manual and could not find a way to review a log which shows blood glucose levels at time of insulin injections.

On 9/10/2025 Admin also reached out to certified diabetic trainer to ensure proper understanding of report process on Freestyle Libre 3.

As of 9/15/2025, the log that DHS is requesting, is not available with the continuous glucose monitoring systems.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented (█) - 10/08/2025

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident #3 has an order for Lisinopril, 10 mg, one tablet once daily, hold for Systolic blood pressure less than 110. On 8/6/25 at 8:00 a.m. the resident's systolic blood pressure was 109 and the medication was not held.

Plan of Correction

Accept (█ - 09/22/2025)

Resident's blood pressure was taken and noted to be 109. Resident had a hold parameter of systolic BP under 110. Blood pressure med was administered on error. Staff member who administered medication was re-educated on importance of blood pressure parameter on 8/22/2025. On 8/23/2025, administrator spoke to hospice case manager and reviewed blood pressure history. Due the fact that that was the only blood pressure below 110 on review of history, hold parameter was discontinued by hospice.

At this time there are no additional hold parameters.

Administrator will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented (█ - 10/08/2025)

190b - Insulin Injections

8. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A completed Department-approved diabetes patient education program training by a certified Diabetes instructor on 5/14/24 and then again on 8/13/25, more than 12 months apart. On the following dates staff person A administered Novolog insulin to resident #2:

8/2/25 at 8:00 a.m. and 12:00 p.m., 8/3/25 at 8:00 a.m. and 12:00 p.m, 8/7/25 at 8:00 a.m. and 8/11/25 at 8:00 a.m.

Plan of Correction

Accept (█ - 09/22/2025)

Staff member had not had an updated diabetic within a year. █ training had been missed as being expired during audit. There was a lapse in the training. As of the date of inspection, staff member had been recertified.

On 8/25/2025 Admin posted training completion dates and upcoming training dates available so staff can be self accountable. As of 9/17/2025 all medication techs are up to date on diabetic training.

Administrator will continue to monitor for ongoing compliance as training is ongoing.

Licensee's Proposed Overall Completion Date: 09/17/2025

Implemented (█ - 10/08/2025)

225c - Additional Assessment

9. Requirements

2600.

225c - Additional Assessment (continued)

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 uses an enabler bar for assistance transferring from their bed. The support plan dated [REDACTED] for resident #1 did not indicate if the enabler bar required a cover in accordance with FDA guidelines.

Plan of Correction

Accept ([REDACTED] - 09/22/2025)

Resident's RASP did not include that a cover was needed on transfer bar. RASP was updated on 8/25/2025.

Administrator will continue to monitor for ongoing compliance and continue to do audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/16/2025

Implemented ([REDACTED] - 09/29/2025)