



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 9, 2026

[REDACTED]
Divine Living Home LLC
3828 Columbia Avenue
Mountville, Pennsylvania 17554

RE: Divine Living Home
License #: 33824

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing’s (Department) licensing inspections on September 3, 2025, September 4, 2025, November 18, 2025 and November 19, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance License #33824 dated September 8, 2025 until September 8, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2) <;(3) ;(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from JANUARY 9, 2026 to JULY 9, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date:

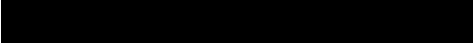
55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
42(b)	II	32	\$5	\$160	5 calendar days from mailing date of this letter

65(f)	III	32	\$3	\$96	15 calendar days from mailing date of this letter
85(a)	III	32	\$3	\$96	15 calendar days from mailing date of this letter
85(b)	III	32	\$3	\$96	15 calendar days from mailing date of this letter
181(c)	II	32	\$5	\$160	5 calendar days from mailing date of this letter
187(b)	III	32	\$3	\$96	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected and full compliance with the regulation has been achieved by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed, and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: *DIVINE LIVING HOME* License #: *33824* License Expiration: *04/03/2026*
Address: *3828 COMLUMBIA AVENUE, MOUNTVILLE, PA 17554*
County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: [REDACTED]

Legal Entity

Name: *DIVINE LIVING HOME LLC*
Address: *3828 COLUMBIA AVENUE, MOUNTVILLE, PA, 17554*
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/07/1983* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/04/2025*

Inspection Dates and Department Representative

09/03/2025 - On-Site: [REDACTED]
09/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* Residents Served: *34*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *21* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/03/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/03/2025*

10/08/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/01/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/14/2025*

10/15/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/01/2025*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/01/2025*

12/10/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: *11/01/2025*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

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

In August 2025, resident #1 reported to the Administrator that the [redacted] of a staff member told resident #1 [redacted] was going to kill [redacted]. This incident was never reported to the Department.

Plan of Correction

Accept [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/15/2025 by the Administrator to report incident to the state.

To enhance the currently compliant operations, on 10/20/2025 the Administrator will hold a training regarding incident reporting for all staff, with a completion date of 10/20/2025.

Effective 10/20/2025 the Administrator will perform daily check-ins through 12/31/2025 to maintain ongoing compliance with reporting an 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, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/20/2025

Not Implemented [redacted] - 12/08/2025)

20b1 - Financial Records

3. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #3. However, the home did not keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Plan of Correction

Directed [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/08/2025 by the Administrator contacted Tabula Pro regarding training on utilization of "finance" portion of electronic resident record for proper reporting.

To enhance the currently compliant operations:

1. on 10/01/2025 the Administrator will begin utilizing electronic finance system in residents' profile to report all resident transactions the home represents, with a completion date of 12/31/2025.
2. on 9/30/2025 the Administrator will begin completing quarterly reports for all financial transactions, with a completion date of 12/31/2026.
3. on 01/01/2026 the Administrator will complete quarterly chart audits for residents who the home is the

20b1 - Financial Records (continued)

representative payee for.

The overall completion date is 12/31/2026.

Effective 10/01/2025 the Administrator will perform Monthly reports through 12/31/2026 to maintain ongoing compliance with keeping a record of financial transactions with residents, including the dates, amounts of deposits, amounts of withdrawals and the current balance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- The Administrator or staff member responsible for resident finances will receive education on 2600.20(b)(1) by 10/31/25.
- A record of financial transactions will be completed for each resident for which the home provides financial assistance, including Resident #3, by 10/31/25.
- Documentation of completed audits, education and financial records will be kept by the home and available for review by the Department.

Directed Completion Date: 10/31/2025

Implemented (█) - 12/08/2025)

20b8 - Quarterly Account

5. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #3 has not received quarterly accounts of financial transactions.

Plan of Correction

Directed (█) - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/08/2025 by the Administrator to contact Tabula Pro regarding utilization of "finance" portion of electronic resident record and was educated on use.

To enhance the currently compliant operations:

- 1. on 10/01/2025 the Administrator will utilize electronic finance system in residents' profile of whom the home is the rep payee for, with a completion date of 10/31/2025.
- 2. on 09/30/2025 the Administrator will complete quarterly reports for all financial transactions, with a completion date of 12/31/2026.

The overall completion date is 12/31/2026.

20b8 - Quarterly Account (continued)

Effective 10/01/2025 the Administrator will perform Monthly reports through 12/31/2026 to maintain ongoing compliance with keeping a record of financial transactions with residents, including the dates, amounts of deposits, amounts of withdrawals and the current balance. Effective 11/01/2025 an inspection renewal checklist will be created and followed to ensure completion of quarterly financial reports. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- The home will give Resident #3 and all other residents for which the home provides financial assistance, as well as the residents designated persons, an itemized account of financial transactions made on the resident's behalf by 10/31/25.
- Documentation of financial information provided to the resident(s) and designated contact(s) will be kept by the home and available for review by the Department.

Directed Completion Date: 10/31/2025

Implemented [redacted] - 12/08/2025)

42b - Abuse

6. 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]/25, resident #6 struck resident #7 in the face with [redacted] hand. Resident #7 contacted the police and responding officers issued resident #6 a citation for Harassment - Subject Other to Physical Contact. Resident #7 felt tense and angry in the days following the incident.

Repeated Violation – 8/27/24, et al

Plan of Correction

Accept [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 08/18/2025 by the Administrator to report incident to the state.
2. on 08/16/2025 by the Direct Care Staff to separate the residents' seats for safety.

To enhance the currently compliant operations,

1. on 08/16/2025 the Administrator has kept residents' seats separate during mealtimes as well as during any community activity where both residents are involved,
2. on 10/14//2025 the Administrator updated the RASP for resident #6 to reflect recent behaviors as well as a plan for supervision within the home,

42b - Abuse (continued)

with a completion date of 10/14/2025.

Effective 8/16/2025 the direct care staff will continue to perform daily monitoring of residents through 12/31/2025 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/15/2025

Not Implemented [redacted] - 12/08/2025)

57b - 1 Hour/Day

7. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 8/23/25, 8/30/25, and 8/31/25 there were 34 residents in the home, requiring a minimum of 34 hours of direct care service. On these days, only 22 hours of direct care staffing was provided.

Plan of Correction

Accept [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/04/2025 by the Administrator to update current schedules to maintain sufficient direct care staffing hours.

To enhance the currently compliant operations,

- 1. on 09/11/2025 the Administrator will Develop and maintain schedules biweekly on Sundays that provide sufficient direct care staff coverage, with a completion date of 12/31/2025.
- 2. on 10/14/2025 the Administrator will review the "Staffing Calculations" in the regulatory compliance guide and print it out for the staff to read over with a completion date of 10/31/2025.

Effective 9/11/2025 the administrator will perform weekly reviews of schedule to ensure scheduled hours meets state requirements through 12/31/2025 to maintain ongoing compliance with ensuring direct care staff persons are available to provide at least 1 hour per day of personal care services to each mobile resident. In the event of any call offs by staff the home will maintain PRN staff to cover direct care hours. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [redacted] - 12/08/2025)

57d - Waking Hours

8. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 8/23/25, 8/30/25, and 8/31/25, a total of 34 hours of direct care was required. However, only 18 of the required hours, or 53 percent, were provided during waking hours.

Plan of Correction

Accept [REDACTED] **10/15/2025)**

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/04/2025 by the Administrator to update current schedules to maintain sufficient direct care staffing hours.

To enhance the currently compliant operations,

1. on 09/11/2025 the Administrator will Develop and maintain schedules biweekly on Sundays that provide sufficient direct care staff coverage, with a completion date of 12/31/2025.

2. on 10/14/2025 the Administrator will review the "Staffing Calculations" in the regulatory compliance guide and print it out for the staff to read over with a completion date of 10/31/2025.

Effective 9/11/2025 the administrator will perform weekly reviews of schedule to ensure scheduled hours meets state requirements through 12/31/2025 to maintain ongoing compliance with ensuring direct care staff persons are available to provide at least 1 hour per day of personal care services to each mobile resident. In the event of any call offs by staff the home will maintain PRN staff to cover direct care hours. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [REDACTED] **- 12/08/2025)**

64c - Annual Training

9. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff member A, the [REDACTED], completed only 23.5 hours of Department-approved training in training year 2024.

Repeated Violation – 8/27/24, et al

Plan of Correction

Directed [REDACTED] **- 10/15/2025)**

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/30/2025 by the Administrator to review training record.

To enhance the currently compliant operations, on 09/05/2025 the administrator will complete required training hours, with a completion date of 09/30/2025.

64c - Annual Training (continued)

Effective 01/1/2026 the administrator will perform monthly checks of completed assigned training through 12/31/2026 to maintain ongoing compliance with ensuring an administrator has at least 24 hours of annual training relating to the job duties, with the understanding that the Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- The Administrator will complete 0.5 hours of training by 10/31/25 to make up for the 2024 training year. The administrator will need a total of 24.5 hours for training year 2025.
- Beginning 11/1/25, the administrator will complete monthly checks of the completed administrator training.
- Documentation of completed training and monthly checks will be kept by the home and available for review by the Department.

Directed Completion Date: 10/31/2025

Implemented [redacted] - 12/08/2025)

65f - Training Topics

10. Requirements

2600.

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

1. Medication self-administration training.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Description of Violation

Staff member B, hired on [redacted]/22, did not receive training in medication self-administration and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during training year 2024.

Repeated Violation – 8/27/24, et al

Plan of Correction

Directed [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/08/2025 by the Administrator to ensure current training plan includes all required topics.

To enhance the current compliant operations, on 09/30/25 the Staff member B received training on Infection control and wound care. Staff B has received educational information to review regarding self-administration of medication to be completed by 10/31/2025. The administrator reviewed regulation 2600.65f on 10/14/2025.

65f - Training Topics (continued)

Effective 11/01/2025 the administrator will perform quarterly audits through 09/01/2026 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self-administration training, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- The Administrator or designee will complete an initial audit on all other staff records to ensure the 2024 annual training topics have been completed. If any additional staff were found not to have required training topics, the education will be completed no later than 10/31/25.

Directed Completion Date: 10/31/2025

Not Implemented [redacted] - 12/08/2025)

65g - Annual Training Content

11. Requirements

2600.

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

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff member B, hired on [redacted]/22, did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention during training year 2024.

Repeated Violation – 8/27/24, et al

Plan of Correction

Directed [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2025 by the administrator to ensure current training plan includes all required topics.

To enhance the currently compliant operations,

1. on 10/15/2025 administrator will give education materials regarding emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) and falls and accident prevention.
2. on 01/02/2026 the administrator will review annual training topics for upcoming year, with a completion date of 01/31/2026.
3. on 10/14/2025 administrator reviewed regulation 2600.65g.

65g - Annual Training Content (continued)

Effective 01/02/2026 the administrator will perform quarterly audits through 09/01/2026 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Staff member B will receive education on emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) and falls and accident prevention no later than 10/31/25.
- The Administrator or designee will complete an initial audit on all other staff records to ensure the 2024 annual training topics have been completed. If any additional staff were found not to have required training topics, the education will be completed no later than 10/31/25.

Directed Completion Date: 10/31/2025

Not Implemented [redacted] - 12/09/2025)

85a - Sanitary Conditions

12. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/3/25 at 9:30 AM and again at 11:51 AM, feces was present on the floor and toilet located in the 2nd floor west wing [redacted] bathroom.

On 9/3/25 at 11:20 AM, resident #8's bed was soiled with urine and feces.

On 9/3/25 at 11:23 AM, resident #8's full laundry basket, located in the resident's bedroom, contained a pair of jeans soiled with dried feces.

Repeated Violation - 10/16/24, 8/27/24, et al.

Plan of Correction

Accept [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate

85a - Sanitary Conditions (continued)

action was taken:

1. on 09/03/2025 the House Manager cleaned and sanitize the west wing [redacted] restroom, ensuring removal of waste from floors and toilet.
2. on 09/03/2025 the House Manager removed and washed soiled linen and clothing contaminated with feces and urine. The area was sanitized, and fresh linens were applied.

To enhance the currently compliant operations:

1. on 09/04/2025 the direct care staff will check all bathrooms every hour for cleanliness, with a completion date of 12/31/2025.
2. on 09/05/2025 the Direct Care Staff will check all bedrooms for soiled linen every waking hour shift, with a completion date of 12/31/2025.
3. on 10/15/2025 the Direct Care Staff will review regulation 2600.85a with a completion date of 10/31/2025.
4. on 09/09/2025 the administrator updated resident #8's support plan.

The overall completion date is 12/31/2025.

Effective 09/04/2025 the direct care staff will perform inspections every shift through 12/31/2025 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [redacted] - 12/10/2025)

85b - Infestation

13. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 9/3/25, there was evidence of a bedbug infestation in the home. At 11:36 AM, three live bedbugs were present in resident #3's bed with bedbug feces present in the creases of the resident's bedding. At 11:47 AM, a live bedbug was present in resident #5's bed with bedbug feces present in the creases of the resident's bedding.

Repeated Violation – 12/18/24

Plan of Correction

Directed [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/04/2025 by the Administrator to report sightings to exterminators.
2. on 09/03/2025 by the direct care staff to remove and heat treat all linens from identified or reported beds.
3. on 09/13/2025 exterminator as apart of the procedure in place will be in for maintenance and will inspect all rooms and document rooms with activity.

To enhance the currently compliant operations:

1. on 06/28/2024 the exterminators will continue to conduct monthly maintenance within the home twice a month, with a completion date of 12/31/2025.

85b - Infestation (continued)

2. on 09/03/2025 the direct care staff will remove all bedding upon any siting or report of a bedbug and heat treat according to protocol in place, with a completion date of 12/31/2025.

The overall completion date is 12/31/2025.

Effective 06/01/2024 the house manager will perform weekly inspections through 12/31/2025 to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Effective 06/01/2024 the house manager will perform weekly inspections of each resident bedroom through 12/31/2025. Audits will be documented and will include documentation of findings. Treatment and cleaning will be completed immediately upon finding of bed bugs in any resident room.
- Documentation of audits and continued exterminator maintenance will be kept by the home and available for review by the Department.

Directed Completion Date: 10/31/2025

Not Implemented (█ - 12/10/2025)

87 - Lighting

14. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 9/3/25 at 9:30 AM, the interior overhead light by the 2nd floor west exit was not operable, preventing residents from safely moving through the home and safely evacuating.

Plan of Correction

Accept (█ - 10/07/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2025 by the direct care staff to replace bulb for.

To enhance the currently compliant operations, on 10/01/2025 the direct care staff will Conduct daily walkthroughs of the entire facility to ensure that all lights are functioning properly, with a completion date of 12/31/2025.

Effective 10/01/25 the direct care staff will perform daily inspections through 12/31/2025 to maintain ongoing compliance with ensuring hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes are lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/07/2025

87 - Lighting (continued)

Not Implemented [REDACTED] - 12/09/2025)

88a - Surfaces

15. 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

On 9/3/25 at 9:16 AM, the light dimmer for the first floor old wing hallway was missing the light switch cover.

On 9/3/25 at 11:40 AM, the light switch above the sink in the common bathroom labeled men's room in the 2nd floor west wing was missing the cover, exposing rusted metal and wires.

Plan of Correction

Directed [REDACTED] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the administrator to contacted the maintenances person to check and replace outlet covers. Outlet cover was replaced on 09/05/2025.

To enhance the currently compliant operations, on 09/08/2025 the house manager will conduct monthly maintenance check on entire facility, with a completion date of 12/31/2025.

Effective 09/08/2025 the house manager will perform monthly checks through 12/31/2025 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

- The administrator or designee will provide education to all staff on 2600.88(a) so any areas found to be in need of repair can be reported to the House Manager or Administrator immediately. Education to be completed by 10/31/25.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 10/31/2025

Not Implemented [REDACTED] - 12/09/2025)

89b - Hot Water Temperature

16. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 9/3/25 at 12:30 PM, the hot water temperature at both bathroom sinks in the 2nd floor new wing hallway measured 122.5 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

Plan of Correction

Accept [redacted] - 10/07/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/05/2025 by the administrator to call maintenance person to make appointment to adjust water heater temperature.
- 2. on 10/01/2025 by the maintenance person to adjust water temperature in water heaters.

To enhance the currently compliant operations, on 10/02/2025 the House manager will complete monthly checks of water temperature in all bathrooms and sinks to ensure water temperature is not above 120 degrees F, with a completion date of 12/31/2025.

Effective 10/02/2025 the house manager will perform monthly checks through 12/31/2025 to maintain ongoing compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/07/2025

Implemented [redacted] 12/09/2025)

92 - Windows

17. Requirements

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 9/3/25 between 9:00 AM and 4:00 PM, the door to the medication room was propped open with no screen installed. Flies were observed in the medication room and kitchen.

Plan of Correction

Accept [redacted] 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/08/2025 by the administrator to post a sign indication to "keep door closed at all times".

To enhance the currently compliant operations, on 09/08/2025 the direct care staff will ensure door remains closed at all times, on 10/20/2025 administrator will provide education to all staff regarding 2600.92 with a completion date of 10/31/2025.

Effective 09/08/2025 the house manager will perform daily checks through 12/31/2025 to maintain ongoing compliance with ensuring windows, including windows in doors, are in good repair and securely screened when doors or windows are open. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

92 - Windows (continued)

Implemented [redacted] - 12/09/2025)

93a - Handrails

18. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

On 9/3/25 at 9:06 AM, the left side descending handrail for the home's front porch stairs was missing the handrail, with only the railing stakes intact.

Plan of Correction

Accept [redacted] - 10/07/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the administrator to reattach handrail on front porch.

To enhance the currently compliant operations, on 10/01/2025 the house manager will walk exterior of property to inspect all handrails for safety, with a completion date of 12/31/2025.

Effective 10/01/2025 the house manager will perform monthly inspections through 12/31/2025 to maintain ongoing compliance with ensuring each ramp, interior stairway and outside steps have a well-secured handrail. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/07/2025

Implemented [redacted] - 12/09/2025)

100a - Exterior - Free of Hazards

19. 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 9/3/25 at 9:00 AM, the exterior right ascending handrail leading to the home's medication room entrance was missing the cover for the top post, exposing nails.

Plan of Correction

Accept [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the administrator to contact maintenance person to come and add a cover for handrail. Completed on 09/05/2025

To enhance the currently compliant operations, on 09/05/2025 the administrator will contact maintenance person immediately when any repair is needed, with a completion date of 12/31/2025.

100a - Exterior - Free of Hazards (continued)

Effective 10/01/2025 the house manager will perform monthly inspections through 12/31/2025 to maintain ongoing compliance with ensuring the exterior of the building and the building grounds or yard are in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 12/09/2025)

101j2 - Bedroom Chairs

20. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom 2 was occupied by two residents; however, there was only 1 folding chair in this room.

Repeated Violation – 10/16/24, 8/27/24, et al

Plan of Correction

Accept (█) - 10/07/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the house manager to place additional chair in room 2.

To enhance the currently compliant operations, on 09/05/2025 the house manager will complete a walk-through of all rooms to ensure compliance, with a completion date of 09/05/2025.

Effective 10/01/2024 the house manager will perform monthly inspections through 12/31/2025 to maintain ongoing compliance with ensuring each resident has a chair in their bedroom and that it meets their needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/07/2025

Implemented (█) - 12/09/2025)

101j3 - Bed/Linens/Pillows/Blankets

21. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 9/3/25 at 11:20 AM, the bed for resident #8 did not have pillowcases on two of the resident's pillows. The bed for resident #10 did not have a pillowcase on one of the resident's pillows.

On 9/3/25 at 11:36 AM, the beds for residents #3 and #11 did not have pillowcases on the pillows.

101j3 - Bed/Linens/Pillows/Blankets (continued)

Repeated Violation – 8/27/24, et al

Plan of Correction

Accepted [redacted] - 10/07/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the House Manger to cover pillows with pillow cases for residents 8, 3 and 11.

To enhance the currently compliant operations, on 09/08/2025 the Housemanager will will conduct daily room checks to ensure all pillows are covered, with a completion date of 12/31/2025.

Effective 9/8/2025 the direct care staff will perform daily inspections through 12/31/2025 to maintain ongoing compliance with ensuring each resident has in their bedroom pillows, bed linens and blankets that are clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/07/2025

Not Implemented [redacted] - 12/09/2025)

101j7 - Lighting/Operable Lamp

22. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 9/3/25 at 11:30 AM, resident #12 did not have access to a source of light that could be turned on/off at bedside as there was a wooden frame approximately 16" x 20" propped up against the light source shared with resident #13, blocking resident #12's reach.

Repeated Violation – 8/27/24, et al

Plan of Correction

Accepted [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the administrator to remove frame from obstructing the light source making it accessible for resident 12.

To enhance the currently compliant operations:

- 1. on 09/04/2025 the administrator will educate the residents regarding not obstructing accessibility to light source, with a completion date of 10/31/2025.
- 2. on 09/05/2025 the direct care staff will conduct daily room checks too verify light source is still accessible to both residents, with a completion date of 10/31/2025.
- 3. on 10/15/2025 house manager will conduct a room audit of all of the rooms to ensure all rooms meet

101j7 - Lighting/Operable Lamp (continued)

regulations with a completion date of 10/31/2025.

The overall completion date is 10/31/2025.

Effective 09/08/2025 the house manager will perform daily inspections through 12/31/2025 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [redacted] - 12/09/2025)

101o - Walls, Floors, Ceilings

23. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 9/3/25 at 11:22 AM, the carpet next to resident #8's bed had large dark stains measuring approximately 18" x 24".

Repeated Violation – 8/27/24, et al

Plan of Correction

Accept [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the house manager to cover stained carpet with a through rug as directed by inspector.

To enhance the currently compliant operations, on 09/03/2025 the house manager rewashed the carpets to try and remove stain again, unsuccessfully. It appears to be a coffee stain. Direct care staff will conduct quarterly carpet cleanings with a completion of 12/31/2026.

Effective 09/08/2025 the house manager will perform weekly inspections through 12/31/2025 to maintain ongoing compliance with ensuring the bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented [redacted] - 12/09/2025)

103f - Refrigerator/Freezer Temps

24. 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

On 9/3/25 at 12:30 PM the temperature in the dining room refrigerator was 44 degrees Fahrenheit and on 9/4/25 at

103f - Refrigerator/Freezer Temps (continued)

3:30 PM it was 55 degrees Fahrenheit.

Plan of Correction

Directed [REDACTED] R - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2025 by the administrator to all food was removed from dining room refrigerator and relocated to the office refrigerator.

To enhance the currently compliant operations, on 09/04/2025 the direct care staff will record dining room refrigerator temperatures on every shift, with a completion date of 09/14/2025. Administrator ordered a new refrigerator that is due to be deliver by 10/20/2025.

Effective 11/01/2025 the direct care staff will perform daily checks through 12/31/2025 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Until the new refrigerator is delivered and placed in the dining room, the administrator or designee will complete daily temp checks of the refrigerator/freezer storing food in the office.
- The administrator or designee will provide education to all staff on 2600.103(f) by 10/31/25.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 11/01/2025

Implemented [REDACTED] - 12/09/2025)

123b - Emergency Procedures Posted**25. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 9/3/25, the emergency procedures for the local municipality were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2025 by the administrator to make a copy of local emergency procedures and post in accessible shadow box.

To enhance the currently compliant operations, on 10/01/2025 the administrator will conduct annual checks to ensure that entire emergency plan remains posted, with a completion date of 12/31/2026.

Effective 10/01/2025 the administrator will perform annual checks through 12/31/2026 to maintain ongoing compliance with ensuring copies of the emergency procedures as specified in § 2600.107 (relating to emergency

preparedness) are posted in a conspicuous and public place in the home and to keep a copy. Any deficiencies will be corrected immediately and findings will be documented and reviewed internally for continuous improvement

09/03/2025

19 of 30

123b - Emergency Procedures Posted *(continued)*

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented (█ - 12/10/2025)

141b1 - Annual Medical Evaluation

26. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation dated █/24, did not include the resident's medication regimen.

Resident #3's most recent medical evaluation dated █/25, did not include the resident's medication regimen.

Resident #7's most recent medical evaluation was completed on █6/24.

Resident #13's most recent medical evaluation, dated █/25, did not include if the resident had Advanced Directives, Special Health or Dietary Needs, or that medical professional's certification that any information on the form, the addendum sheet, and any attached list of medications was generated based on their evaluation, that the above resident requires assistance or supervision with Activities of Daily Living, Instrumental Activities of Daily Living or both, and that the resident's needs can be safely met at the Personal Care Home.

Repeated Violation - 8/27/24, et al

Plan of Correction

Directed (█ - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/08/2025 by the administrator to conduct a chart audit and note in the profile "missing medication regiment as found in the state inspection on 9/3/25".
2. on 09/08/2025 by the administrator to print the physician orders and attached them to the DME in residents #1 and #3 charts.

To enhance the currently compliant operations, on 10/01/2025 the administrator will review all DME's upon receipt to ensure medication regiment is attached and inspect for proper completion. On 10/15/2025 the administrator to complete an audit of all resident charts to ensure timely completion by physicians with a completion of 12/31/2025.

Effective 10/02/2025 the administrator will perform quarterly checks through 12/31/2025 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Resident's #7 and #13 will have updated in-person medical evaluations completed by 10/31/25. If the physician is unable to schedule the evaluation by 10/31/25, the administrator will have documentation of the confirmed, upcoming scheduled appointment.
- An initial audit of all other resident medical evaluations will be completed to ensure timely and proper completion of all required areas no later than 10/31/25.

141b1 - Annual Medical Evaluation (continued)

- The administrator or designee will provide education on 2600.141(b) to all staff responsible for timely and proper completion of resident medical evaluations. Education to be completed by 10/31/25.
- Documentation of completed audits, education and resident medical evaluations will be kept by the home and available for review by the Department.

Directed Completion Date: 10/31/2025

Not Implemented [REDACTED] - 12/10/2025)

181c - Self-administration Assessment**27. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #6 self-administers medications to include Albuterol, Lipitor, and Lexapro; however, resident #6 was assessed by a physician who determined the resident cannot self-administer medications on 5/8/25.

Resident #13 self-administers medications to include Lantus Solostar, Insulin Aspart, and blood sugar checks; however, resident #13 was assessed by a physician who determined the resident cannot self-administer medications on 8/14/25.

Repeated Violation – 10/16/24, 8/27/24, et al

Plan of Correction

Directed [REDACTED] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/05/2025 by the administrator to adjust assessment in residents #6 chart to reflect facility administering medication.
2. on 09/08/2025 by the administrator to contact the PCP for documentation clarifying resident #13's ability to self-administer selected diabetic medication. Documentation was received by PCP on 10/02/2025 stating resident 13 is capable of administering her own insulin and checking of blood sugar.

To enhance the currently compliant operations:

1. on 10/02/2025 the direct care staff will follow physicians order as indicated, with a completion date of 10/02/2025.
2. on 10/02/2025 should continue to administer medications as indicated in electronic med administration system.
3. on 10/27/2025 staff will receive education regarding following physician orders as indicated in the MAR system.

The overall completion date is 12/31/2025.

181c - Self-administration Assessment (continued)

Effective 9/8/2025 the administrator will perform monthly audits through 12/31/2025 to maintain ongoing compliance with ensuring the resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- All staff in the home will receive education on administering medications to residents who are not assessed to self-administer by 10/31/25.
- An audit of all other resident medical evaluations will be completed by the administrator or designee to ensure those who are self-administering medications are assessed to do so no later than 10/31/25.
- All residents who were self-administering medications and are not assessed by a licensed professional will receive education on the medication administration requirements by staff by the administrator or designee no later than 10/31/25.
- Beginning no later than 10/31/25, the administrator or designee will complete observations of resident medication administration at least twice weekly to ensure residents who are not identified to self-administer medications are receiving assistance for medication administration by the trained staff member(s).
- Documentation of completed education, audits and observations will be kept by the home and available for review by the Department.

Directed Completion Date: 10/31/2025

Not Implemented [redacted] - 12/10/2025)

183b - Meds and Syringes Locked

28. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/3/25 at 11:16 AM, a bottle of CareOne Aspirin and a 1oz tube of Lucky Super Soft Salicylic Acid 3% Psoriasis Cream were unlocked, unattended, and accessible in resident #14's bedroom. Resident #14 resides with resident #15, who is not assessed to self-administer medications.

Repeated Violation – 10/16/24, 8/27/24, et al

Plan of Correction

Directed [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the administrator to remove all medication from the residents 14 and 15 room.

183b - Meds and Syringes Locked (continued)

To enhance the currently compliant operations, on 09/05/2025 the direct care staff will inspect resident 14 and 15 room on the daily basis, with a completion date of 10/31/2025. On 10/15/2025 house manager will be conducting a room audit of all residents rooms to be completed by 10/31/2025. On 10/27/2025 education will be provided for all staff on administering medication.

Effective 09/05/2025 the direct care staff will perform weekly inspections through 10/31/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- All residents and staff members will receive education on how to properly store medications based on a resident's assessed ability to self-administer medications. Education to be completed no later than 10/31/25.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 10/31/2025

Implemented [redacted] - 12/10/2025)

183e - Storing Medications

29. 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 9/4/25 at 12:30 PM, a small, round white pill with the inscription "ZD16" was loose in the top drawer of the medication cart.

On 9/4/25 at 12:00 PM, the Lantus Solostar insulin pen prescribed for resident #13 was not labeled with the date the pen was opened.

Plan of Correction

Accept [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/04/2025 by the house manager to discard medication.
2. on 09/04/2025 by the house manager to add the date insulin was open after speaking to pharmacy to verify delivery date to facility.

To enhance the currently compliant operations:

1. on 09/08/2025 the house manager will inspect medication cart daily ensuring that its free of any loose pills, with a completion date of 12/31/2025.
2. on 09/08/2025 the administrator will educated staff on proper storage and handling of insulin, with a completion date of 10/13/2025.

183e - Storing Medications (continued)

The overall completion date is 12/31/2025.

Effective 09/05/2025 the house manager will perform daily inspections through 12/31/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented [redacted] - 12/10/2025)

184b - Labeling OTC/CAM

30. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 9/3/25 at 11:16 AM, a CareOne aspirin and a 1oz tube of Lucky Super Soft Salicylic Acid 3% Psoriasis Cream belonging to resident #14 were not labeled with the resident's name.

Plan of Correction

Accept [redacted] - 10/07/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the house manager to label over the counter medication with residents #14 name.

To enhance the currently compliant operations, on 09/08/2025 the direct care staff will check all over the counter medications to ensure medications are labeled, with a completion date of 12/31/2025.

Effective 9/8/2025 the direct care staff will perform daily checks through 12/31/2025 to maintain ongoing compliance with ensuring if the OTC medications and CAM belong to the resident, they will be identified with the resident's name. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/07/2025

Implemented [redacted] - 12/10/2025)

187b - Date/Time of Medication Admin.

31. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3's August 2025 Medication Administration Record (MAR) did not include the staff member's initials who

187b - Date/Time of Medication Admin. (continued)

administered the following medications

- Fluticasone Prop 50 mcg, instill 2 sprays into each nostril twice daily, administered on 8/12/25 at 9:00 PM.
- Metoprolol Succ ER 25mg, take one tablet by mouth twice daily, administered on 8/12/25 at 9:00 PM.
- Perphenazine 2mg, take 1 tablet by mouth twice daily, administered on 8/12/25 at 9:00 PM.

Resident #13's August 2025 MAR did not include the staff member's initials who administered the following medications:

- Mag64 tablet, take 1 tablet by mouth twice daily, administered on 8/6/25 and 8/14/25 at 5:00 PM.
- Ibuprofen 20mg tablet, take 2 tablets by mouth 4 times daily, administered on 8/6/25 at 5:00PM, 8/12/25 at 9:00 PM, and 8/14/25 at 5:00 PM.
- Atorvastatin 20mg tablet , take one tablet by mouth at bedtime, administered on 8/12/25 at 9:00 PM.
- Quetiapine Fumarate 25mg, take one tablet by mouth at bedtime, administered on 8/12/25 at 9:00 PM.

Plan of Correction

Accept [REDACTED] - 10/07/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the house manager to conduct a MAR audit.

To enhance the currently compliant operations, on 9/05/2025 the house manager will educated direct care staff on proper documentation on MAR, with a completion date of 10/31/2025.

Effective 10/1/2025 the house manager will perform monthly checks through 12/31/2025 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [REDACTED] - 12/10/2025)

187c - Refusal of Medication

32. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 9/2/25 at 7:00 AM, resident #3 refused to take the following medications which were not reported to the prescriber:

- Amlodipine Besylate 10mg take 1 tablet by mouth daily for Essential Hypertension.
- Bupropion HCL SR 150mg, take 1 tablet by mouth once daily in the AM for Depression.
- Ezetimibe 10mg, take 1 tablet by mouth daily for Allergies.
- Farxiga 10mg, take 1 tablet by mouth daily for Diabetes Mellitus.
- Fenofibrate 145mg, take 1 tablet by mouth once daily for Hypercholesterolemia.

187c - Refusal of Medication (continued)

- Fluticasone Prop 50 MCG, instill 2 sprays into each nostril twice daily for Allergies.
- Loratadine 10mg, take 1 tablet by mouth daily for Allergies.
- Metoprolol Succ ER 25mg, take 1 tablet by mouth twice daily for Hypertension.
- Montelukast Sod 10mg, take 1 tablet by mouth daily for Asthma.
- Perphenazine 2mg, take 1 tablet by mouth twice a day for Anxiety.

Plan of Correction

Accept [REDACTED] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the house manager to contacted physician to report that resident #3 refused to take medication.

To enhance the currently compliant operations, on 09/08/2025 the house manager will daily audits will be conducted to ensure that refusals of medications are documented properly and physician is notified within 24 hours, with a completion date of 12/31/2025. On 10/27/2025 education will be provided to all staff on 2600.18(c).

Effective 11/1/2025 House Manager will perform daily audits through 12/31/2025 to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/01/2025

Not Implemented [REDACTED] - 12/10/2025)

187d - Follow Prescriber's Orders

33. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #13 is prescribed Ibuprofen 20mg tablet – take 2 tablets by mouth 4 times daily. This medication was held on 8/10/25, 8/15/25, 8/23/25, and 8/24/25 at 12:00 PM, 8/13/25 and 8/16/25 at 5:00 PM and 8/13/25 at 9:00 PM; however, the home did not have orders from a physician to hold this medication.

Repeated Violation – 10/16/24, 8/27/24, et al

Plan of Correction

Directed [REDACTED] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/09/2025 by the administrator to conducted a MAR audit and investigation which determined that there was an data entry error.

187d - Follow Prescriber's Orders (continued)

To enhance the currently compliant operations, on 09/15/2025 the administrator will provided education to direct care staff regarding proper documentation, with a completion date of 12/31/2025.

Effective 09/15/2025 the administrator will perform monthly audits through 12/31/2025 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- The administrator will provide education to all staff trained to administer medications on 2600.187(d) by 10/31/25.

Directed Completion Date: 10/31/2025

Not Implemented [redacted] - 12/10/2025)

190c - Record of Training

34. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's training record for staff member C does not include documentation of successful completion of the Department-approved medication administration training.

Plan of Correction

Directed [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the administrator to reach out to medication training program to obtain certificate. Staff member C was requested to be re-enrolled in Medication Administration training by 10/31/2025. As of 10/11/2025 staff member C has not administered medication.

To enhance the currently compliant operations, on 10/01/2025 the administrator will review training records quarterly to catch missing certificates, with a completion date of 12/31/2025.

Effective 10/01/2025 the administrator will perform quarterly reviews through 12/31/2025 to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

190c - Record of Training (continued)

- All current staff member's medication administration training records will be audited by 10/31/25 for proper documentation and training requirements. Staff members found to be out of compliance with recertification documentation will be removed from administering medications until the training record is completed.

Directed Completion Date: 10/31/2025

Not Implemented (████) - 12/10/2025)

221c - Post Activity Calendar

35. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home did not have a current weekly activity calendar posted in a public and conspicuous place in the home. On 9/3/25, the activity calendar posted was dated August 2025.

Plan of Correction

Accept (████) - 10/07/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/05/2025 by the administrator to posted activity calendar for the month of September 2025.

To enhance the currently compliant operations, on 10/01/2025 the administrator will post activity calendar monthly ensuring that it is posted before prior month, with a completion date of 12/31/2025.

Effective 10/01/2025 the administrator will perform monthly checks through 12/31/2025 to maintain ongoing compliance with ensuring a current weekly activity calendar is posted in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/07/2025

Not Implemented (████) - 12/10/2025)

224a - Preadmission Screen Form

36. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #14 was admitted to the home on █████/24; however, the resident's preadmission screening form did not have a date of completion as this area was left blank.

Repeated Violation - 8/27/24, et al

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/08/2025 by the administrator to entered the date of completion on preadmission screening form for resident #14.

To enhance the currently compliant operations, on 09/08/2025 the administrator will ensure that all preadmission forms are completed in their entirety, with a completion date of 10/31/2025.

Effective 9/8/2025 the administrator will perform monthly audits through 12/31/2025 to maintain ongoing compliance with ensuring a determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented [redacted] - 12/10/2025)

225c - Additional Assessment

37. Requirements

2600.

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

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

Description of Violation

Resident #1's most recent assessment, dated [redacted]/24, did not include the resident's physical and psychological medical diagnoses, including GERD and Bipolar Disorder as indicated on the most recent medical evaluation completed on [redacted]/24. The resident's assessment was never updated to reflect these changes.

Resident #6's most recent assessment was completed on [redacted]/24.

Resident #8's most recent assessment was completed on [redacted]/24.

Resident #16's most recent assessment, dated [redacted]/25, did not include the resident's diagnosis of non-insulin dependent diabetes. The assessment indicated that the resident cannot self-administer [redacted] medication; however, on 4/4/25, the resident received a doctor's order to keep an Albuterol rescue inhaler at bedside. The assessment indicated the resident consumes a heart healthy diet; however, the resident's most current medical evaluation, dated [redacted]/25, indicated a no sodium added, diabetic diet with frequent meals. The resident's assessment was never updated to reflect these changes.

Plan of Correction

Directed [redacted] - 10/15/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/08/2025 by the Administrator to update resident 1's assessment to reflect the most recent medical evaluation.

225c - Additional Assessment (continued)

To enhance the currently compliant operations:

1. on 10/15/2025 the Administator will conduct an audit of all resident charts to ensure all diagnosis are updated according most recent evaluation, with a completion date of 12/31/2025.
2. on 10/27/2025 the Administrator will Education will be provided to all staff members in the home so all staff know to report changes, with a completion date of 10/27/2025.

The overall completion date is 12/31/2025.

Effective 10/15/2025 the Administrator will perform quarterly audits through 12/31/2026 to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and annually, and if the condition of the resident significantly changes prior to the annual assessment, and annually, and if the condition of the resident significantly changes prior to the annual assessment, and annually, and if the condition of the resident significantly changes prior to the annual assessment, and annually, and if the condition of the resident significantly changes prior to the annual assessment, and annually, and if the condition of the resident significantly changes prior to the annual assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

In addition to the above plan of correction:

- Updated assessments for residents #1 and #16 will be completed by 10/31/25 by the administrator or designee.
- Residents #6 and #8 will have an annual assessment completed no later than 10/31/25 by the administrator or designee.
- The administrator or designee will complete initial audit of all other resident assessments to ensure annual assessments are completed timely and status change updates are completed by 10/31/25.

Directed Completion Date: 10/31/2025

Implemented [REDACTED] - 12/10/2025)