

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

December 31, 2025

[REDACTED], EXECUTIVE DIRECTOR  
UNIVERSAL HEALTH RECOVERY CENTERS INC  
[REDACTED]

RE: UNIVERSAL HEALTH RECOVERY  
CENTER  
2000 PROVIDENCE AVENUE  
CHESTER, PA, 19013  
LICENSE/COC#: 18836

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/08/2025 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: *UNIVERSAL HEALTH RECOVERY CENTER* License #: *18836* License Expiration: *03/25/2026*  
 Address: *2000 PROVIDENCE AVENUE, CHESTER, PA 19013*  
 County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *UNIVERSAL HEALTH RECOVERY CENTERS INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/08/1994* Issued By: *CWOPA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/08/2025*

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *16* Residents Served: *7*

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

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*  
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**09/08/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/29/2025*

**10/08/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *12/29/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/13/2025*

Inspections / Reviews (*continued*)

## 10/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 10/24/2025

## 12/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/29/2025

## 12/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for resident 1 was not signed by the payer.

Plan of Correction

Accept ([REDACTED] - 10/14/2025)

Standard Citation Plan

25b - Contract Signatures 1. Requirements 2600. 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. On 9/8/2025 The resident-home contract, dated [REDACTED] for resident 1 was not signed by the payer.

Director of ECU/Home Administrator was reeducated on the Standard.

Ongoing, the Director of ECU/Home Administrator will review each admission to assure that the contract was signed by the administrator or a designee, the resident and the payer, if different from the resident and cosigned by the resident's designated person if any. The findings will be reported to the Performance Improvement Committee Monthly.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented ([REDACTED] - 12/24/2025)

62 - Contact List

2. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

[REDACTED] the administrator, maintains a list of staff persons that does not include all scheduled staff persons and directors of the facility.

Plan of Correction

Accept ([REDACTED] - 10/14/2025)

2600. 62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

[REDACTED] the administrator, maintains a list of staff persons that does not include all scheduled staff persons

62 - Contact List (continued)

and directors of the facility.

Director of ECU/Home Administrator as well as the Director of Human Resources have been reeducated on the Standard and will ensure the current list of names, addresses and telephone numbers of staff persons to include substitute personnel, volunteers and directors of the facility. The findings will be reported to the Performance Improvement Committee Monthly.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented ( ) - 12/24/2025

63a - First Aid/CPR Training

3. 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 8/24/2025, from 12:00 AM to 10:00 AM and 7:00 PM to 9:00 PM, 7 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

On 8/29/2025, from 12:00 AM to 8:00 AM and 5:30 PM to 11:59 PM, 7 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

On 8/30/2025, from 12:00 AM to 9:00 AM and 1:00 PM to 11:59 PM, 7 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept ( ) - 10/14/2025

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.

On 8/24/2025, from 12:00 AM to 10:00 AM and 7:00 PM to 9:00 PM, 7 residents were present in the home. During this time no staff

63a - First Aid/CPR Training (continued)

persons were present in the home who were certified in first aid, obstructed airway techniques and CPR. On 8/29/2025, from 12:00 AM to 8:00 AM and 5:30 PM to 11:59 PM, 7 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR. On 8/30/2025, from 12:00 AM to 9:00 AM and 1:00 PM to 11:59 PM, 7 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques, and CPR.

Director of ECU/Home Administrator and Director of Human Resources have been reeducated on the Standard and will ensure that employees are trained in first aid and certified in obstructed airway techniques and CPR. CPR classes were offered to staff on September 17, 2025 and October 13, 2025. Staff that do not attend one of these two classes will be removed from the schedule until they complete CPR training.

Ongoing, the home administrator will report the employee's training compliance through the Performance Improvement Committee monthly to ensure ongoing compliance with the standard.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented ( [redacted] - 12/24/2025)

65f - Training Topics

4. Requirements

2600.

**65f - Training Topics (continued)**

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.
3. Care for residents with dementia and cognitive impairments.
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.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

*Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident during training year 1/1/2024-12/31/2024.*

*Repeat violation: 10/10/2024*

**Plan of Correction**

Accept ( [REDACTED] - 10/14/2025)

*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. 3. Care for*

*residents with dementia and cognitive impairments. 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. 5. Personal care service needs of the resident.*

*6. Safe management techniques. 7. Care for residents with mental illness or an intellectual disability, or both, if the population is*

**65f - Training Topics (continued)**

served in the home.

*Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident during training year 1/1/2024-12/31/2024.  
Repeat violation: 10/10/2024*

*Director of ECU/Home Administrator and Director of Human Resources have been reeducated on the Standard and will ensure that employees are trained in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident. Ongoing, the Home Administrator will audit/assign annual training topics to direct-care*

65f - Training Topics (continued)

staff persons and ensure all the trainings are completed. Administrator will monitor training completion and report on staff compliance monthly to the Performance Improvement Committee by 10/13/25

Proposed Overall Completion Date: 10/13/2025

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented (█) - 12/31/2025)

103i - Outdated Food

5. Requirements

2600. 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated bag of meat patties in the kitchen freezer.

Plan of Correction

Accept (█) - 10/14/2025)

2600. 103.i. Outdated or spoiled food or dented cans may not be used.

**There was an unlabeled, undated bag of meat patties in the kitchen freezer.**

**Immediately, during the inspection this was corrected - the unlabeled, undated bag of meat patties were discarded from the kitchen freezer. Director of ECU/Home Administrator was reeducated on the Standard. The Director of the ECU/Home's Administrator will complete a weekly home inspection for ongoing compliance. The findings will be reported to the Performance Improvement Committee Monthly**

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented (█) - 12/24/2025)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/8/2025 at 9:23 AM, A large gray rubbermaid container with bricks on top of it was on the back porch and pushed against the door leading from the pantry, which blocked egress from the home.

Plan of Correction

Accept ( [redacted] - 10/14/2025)

2600. 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

On 9/8/2025 at 9:23 AM, A large gray rubbermaid container with bricks on top of it was on the back porch and pushed against the door leading from the pantry, which blocked egress from the home.

Immediately, during the inspection this was corrected – large gray Rubbermaid container with bricks on top of it was removed from the back porch area. Director of ECU/Home Administrator and Director of Plant Operations were reeducated on the standard. Ongoing the DPO will complete a weekly building inspection to assure that stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed and report the compliance through the Performance Improvement Committee.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented ( [redacted] - 12/24/2025)

132f - Alternate Exit Routes

**7. Requirements**

2600.  
132.f. Alternate exit routes shall be used during fire drills.

**Description of Violation**

*The rear door was the only exit route used during the fire drills held from 10/31/24 to 3/17/2025.*

*The rear ramp was the only exit route used during the fire drills held from 4/18/25 to 6/27/2025.*

**Plan of Correction**

Accept ( [redacted] - 10/14/2025)

*Requirements 2600. 132.f.  
Alternate exit routes shall be  
used during fire drills.*

*The rear door was the only exit  
route used during the fire drills  
held  
from 10/31/24 to 3/17/2025. The  
rear ramp was the only exit route  
used during the fire drills held  
from 4/18/25 to 6/27/2025.*

*Director of Plant Operations was  
reeducated on the standard. Ongoing  
the DPO will alternate exit routes  
during fire drills. The findings will be  
reported to the Performance  
Improvement Committee Monthly.*

**Licensee's Proposed Overall Completion Date: 10/13/2025**

Implemented ( [redacted] - 12/24/2025)

**141a - Medical Evaluation**

**8. Requirements**

2600.  
141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**Description of Violation**

*Resident 1, admitted [redacted], did not have a medical evaluation documented on a form specified by the Department. An outdated form was used and the date the resident was evaluated was not completed.*

**Plan of Correction**

Accept ( [redacted] - 10/14/2025)

*2600. 141.a. A resident shall  
have a medical evaluation by a*

141a - Medical Evaluation (continued)

physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Resident 1, admitted [REDACTED], did not have a medical evaluation documented on a form specified by the Department. An outdated form was used and the date the resident was evaluated was not completed.

Director of ECU/Home Administrator and Director of Plant Operations were reeducated on the standard. Home Administrator changed out outdated form and replaced with new version.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented ([REDACTED] - 12/24/2025)

162c - Menus Posted

9. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for "week 3" which covered 9/7/2025 to 9/13/2025 was posted. However, next week's menu was not posted.

Plan of Correction

Accept ([REDACTED] - 10/14/2025)

2600. 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c - Menus Posted (continued)

The home's menu for "week 3" which covered 9/7/2025 to 9/13/2025 was posted. However, next week's menu was not posted.

Immediately, during the inspection this was corrected and the home's menu, stating the specific food being served each meal was posted 1 week in advance.

Director of ECU/Home Administrator was reeducated on the standard and will complete a weekly inspection for ongoing compliance. The findings will be reported to the Performance Improvement Committee Monthly.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented (█) - 12/24/2025)

171b5 - First Aid Kit

10. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include nonporous disposable gloves, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Plan of Correction

Accept (█) - 10/14/2025)

2600. 171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident: 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

The first aid kit in the van used to transport residents does not include nonporous disposable

**171b5 - First Aid Kit (continued)**

*gloves, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.*

*Immediately, during the inspection this was corrected- nonporous disposable gloves, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers were replaced.*

*Director of ECU/Home Administrator was reeducated on the Standard. Ongoing, The Director of the ECU/Home's Administrator will complete a weekly inspection for ongoing compliance. The findings will be reported to the Performance Improvement Committee Monthly.*

**Licensee's Proposed Overall Completion Date: 10/13/2025**

**Implemented (█) - 12/24/2025)**

**185a - Implement Storage Procedures****11. 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**

*Resident █ self-administers medications including controlled substance amphetamine/dextroamp. The home does not have specific medication policies in place for residents that self-administer medication.*

*On 9/4/2025 the pill count was 30.*

*On 9/5/2025 the medication was documented as self-administered around noon. However, the count was completed at 11:56 AM prior to administration and reads as 30.*

*On 9/6/2025 the medication was documented as self-administered around noon. The count was not completed and information filled in was crossed out as an error.*

*On 9/7/2025 the medication was documented as self-administered around noon and at 2 PM the count was 27.*

*On 9/8/2025 the medication was documented as self-administered around noon and it was counted at 8:26 AM as 27.*

*According to the homes medication policy states "11. Each time a medication is used, it will be signed out. A controlled drug inventory record form will be maintained on each nursing unit. 12. The controlled substance record sheet (declining inventory record) will be kept as proof of use including discontinued medication for all controlled substances. 13. Each controlled substance will be counted simultaneously at each shift change by at least two people who are legally authorized to administer medications 14. Any discrepancy in the count of controlled substances shall be reported in writing on the controlled substance loss form immediately to the director of nursing or designee and a*

**185a - Implement Storage Procedures (continued)**

*signed entry shall be recorded on the page where the discrepancy is found 15. If the count does not match up the reason must be determined before the nurse leaves the facility. "*

*The home is not implementing its controlled substance policy.*

**Plan of Correction**

Accept ( [REDACTED] - 10/14/2025)

*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.*

*Resident [REDACTED] self-administers medications including controlled substance amphetamine/dextroamp. The home does not have specific medication policies in place for residents that self-administer medication. On 9/4/2025 the pill count was 30. On 9/5/2025 the medication was documented as self-administered around noon. However, the count was completed at 11:56 AM prior to administration and reads as 30. On 9/6/2025 the medication was documented as self-administered around noon. The count was not completed and information filled in was crossed out as an error. On 9/7/2025 the medication was documented as self-administered around noon and at 2 PM the count was 27. On 9/8/2025 the medication was documented as self-administered around noon and it was counted at 8:26 AM as 27. According to the homes medication policy states "11. Each time a medication is used, it will be*

**185a - Implement Storage Procedures (continued)**

*signed out. A controlled drug inventory record form will be maintained on each nursing unit.*

*12. The controlled substance record sheet (declining inventory record) will be kept as proof of use including discontinued medication for all controlled substances. 13. Each controlled substance will be counted simultaneously at each shift change by at least two people who are legally authorized to administer medications 14. Any discrepancy in the count of controlled substances shall be reported in writing on the controlled substance loss form immediately to the director of nursing or designee and a signed entry shall be recorded on the page where the discrepancy is found 15. If the count does not match up the reason must be determined before the nurse leaves the facility. " The home is not implementing its controlled substance policy.*

*Director of ECU/Home Administrator and all direct care staff are scheduled for reeducated on the Standard. Ongoing, the Director of the ECU/Home's Administrator will complete medication audit to ensure ongoing compliance with the controlled substance policy. The findings will be reported to the Performance Improvement Committee Monthly, starting immediately.*

*Proposed Overall Completion Date: 10/13/2025*

**Licensee's Proposed Overall Completion Date: 10/13/2025**

185a - Implement Storage Procedures (*continued*)

*Implemented ( [REDACTED] - 12/24/2025)*