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

August 11, 2026

[redacted]
PRESBYTERIAN HOMES INC
[redacted]

RE: STEWARD PLACE
7 EAST LOCUST STREET
OXFORD, PA, 19363
LICENSE/COC#: 10063

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2025 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: *STEWARD PLACE* **License #**: *10063* **License Expiration**: *05/25/2026*

Address: *7 EAST LOCUST STREET, OXFORD, PA 19363*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *PRESBYTERIAN HOMES INC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/11/2005* **Issued By**: *COPA L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *55* **Waking Staff**: *41*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *09/15/2025*

Inspection Dates and Department Representative

09/15/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *148* **Residents Served**: *47*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *47*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *8* **Have Physical Disability**: *0*

Inspections / Reviews

09/15/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/06/2025*

10/07/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/06/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/12/2025*

Inspections / Reviews *(continued)*

10/08/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/08/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/30/2025*

08/11/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/30/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, whose date of hire is [redacted], does not have a completed criminal background check in their record.

Plan of Correction ***Directed ([redacted] - 10/08/2025)***

1. Presbyterian Senior Living (PSL) employees are not permitted to start working until all background checks are successfully completed and meet all regulatory guidelines. However, Staff person A was a contracted employee through a staffing agency. As of 09/01/2025, our community no longer utilizes the agency that employed Staff person A. Additionally, the staffing agency that employed Staff person A completed Sentry Link National Criminal and Offense Report on 09/24/2025 (see attachment Item 1)
2. To prevent a recurrence, our community's Nursing Scheduler will be re-educated on regulation 2600.51. Criminal History Checks no later than 10/12/2025. Prior to assigning any agency and/or other contracted worker, the Nursing schedule will verify that the individual's criminal background check was completed before the scheduled shift.
3. Nurse scheduler or designee will complete an audit of any current agency to confirm background check is available. This audit will begin 10/13/2025
4. PCHA or designee will complete an audit on Agency background checks weekly x4 and monthly times two. Findings of audits will be brought to quarterly QAPI meeting for recommendations.
5. Date of compliance November 6.

Proposed Overall Completion Date: 11/04/2025

Directed Completion Date: *10/28/2025*

Implemented ([redacted] - 02/25/2026)

64c - Annual Training

2. 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 person B, the home's administrator, completed 0 hours of Department-approved training in training year 2024.

Plan of Correction ***Directed [redacted] - 10/08/2025)***

Plan of Correction
1. The PCHA understands the significance of completing the required annual training. At the time of the survey the PCHA had 14 of the 24 credits were completed. The remaining 10 credits are already scheduled to be completed.
2. Executive Director or designee will verify yearly PCHA completion of education.
3. Executive Director re-educated PCHA on 24 hours of annual training relating to the job duties.
4. 4. The audit will begin 10/13/2025; findings of this audit will be reviewed at the quarterly QAPI meetings for recommendations and compliance verification

64c - Annual Training (continued)

5. Date of compliance November 6.

Proposed Overall Completion Date: 11/04/2025

Directed Completion Date: *10/28/2025*

Implemented [redacted] - 02/25/2026)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On [redacted] at 9:04 AM, in room [redacted], there was a significant amount of dust, used tissues and other paper and debris under the bed. There was also debris, significant dust and a bottle cap under the end table.

On [redacted], at 9:44 AM, in room [redacted] there was significant debris under the bed and end table, including several pieces of candy, both wrapped and unwrapped.

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Plan of Correction ***Directed [redacted] - 10/08/2025)***

1. On 9/15/25 both rooms [redacted] and [redacted] were cleaned.
2. No other rooms were identified at the time of the survey. All rooms were observed during the survey.
3. PCHA or designee will provide in-service to housekeeping personnel to clean under furniture. In-service to be completed no later than 10/27/2025
4. The PCHA or designee will conduct weekly environmental rounds beginning 10/10/2025 at 3 random each week and then 3 rooms monthly times two months to ensure that PC rooms are clean and clear of clutter. Findings of the audits will be reviewed at the quarterly QAPI meeting for recommendations and compliance.
5. Date of compliance November 6.

Proposed Overall Completion Date: 11/04/2025

Directed Completion Date: *10/28/2025*

Implemented [redacted] - 02/25/2026)

141b1 - Annual Medical Evaluation

4. Requirements

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

141b1 - Annual Medical Evaluation *(continued)*

Description of Violation

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

Plan of Correction ***Directed [redacted] - 10/08/2025)***

1. Resident [redacted] is no longer in the facility. If [redacted] returns to the facility a medical evaluation will be completed.
2. The PCHA conducted an audit of every PC resident's file on 09/16/2025 to ensure that their DMEs were completed. Any identified evaluations that were not completed timely the PCHA or designee will complete.
3. Re-education to PCHA on-site via technical advice by the surveyor and again by ED on 09/16/2025.
4. The PCHA or designee will audit 6 resident charts weekly times 4 to ensure medical evaluation is completed annually and then 6 charts monthly times two months. Findings of the audits will be brought to quarterly QAPI meeting for recommendations. Additionally, all upcoming medical evaluations will be tracked on the PCHA & RSM Outlook calendars. The weekly audits and updates to the Outlook calendars will begin 10/10/2025. The PCHA & RSM Outlook calendars will be updated in conjunction with the weekly audits to ensure successful compliance as well as completion in a timely manner.
5. Date of compliance November 6.

Proposed Overall Completion Date: 11/04/2025

Directed POC:

In addition to the above-mentioned steps:

Within 5 days of the receipt of the plan of correction: *The administrator or designated staff person shall review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. Documentation of the review shall be kept.*

Directed Completion Date: *10/28/2025*

Implemented ([redacted] 02/25/2026)

183e - Storing Medications

5. 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 [redacted], the following expired medications prescribed to resident [redacted] were in the home's medication cart:

- [redacted] *with an open date of [redacted]. According to the manufacturer's instructions this medication should be discarded 6 weeks after opening.*
- [redacted] *with an open date of [redacted] According to the manufacturer's instructions this medication should be discarded 6 weeks after opening.*

183e Storing Medications (continued)

- [redacted] *and* [redacted] *with an open date of* [redacted]*. According to the manufacturer's instructions this medication should be discarded 28 days after opening.*

Repeat violation: [redacted]

Plan of Correction ***Directed*** [redacted] ***- 10/08/2025)***

1. Resident [redacted] *expired medications were removed from the medication cart. Residents* [redacted]*s MD and resident were notified and no harm to the resident.*
2. PCHA completed medication cart audit on three medication carts, and no other expired medications were noted to be expired.
3. On 09/15/2025 & 09/16/2025 the PCHA reviewed and re educated the PCA/Medication Technicians on regulation 2600.183.e as well as reviewed how to audit their medication carts to maintain regulatory compliance. Additionally, each PCA/Medication Technician will be trained on how to reorder medications from the pharmacy. This training will be completed no later than 10/21/2025.
4. The PCHA or designee will be responsible for auditing 6 resident's medication/profiles weekly and then 6 residents monthly times two months to ensure each resident's medication is at the community, current, labeled correctly and available for usage as ordered by the PCP. Findings of the audits will be brought to quarterly QAPI meeting for recommendations.
5. Date of compliance November 6.

Proposed Overall Completion Date: 11/04/2025

Directed POC:

In addition to the above-mentioned steps:

Within 7 days of the receipt of the plan of correction: *A designated staff person qualified to administer medications shall check each medication cart at least weekly to ensure all medications are properly packaged and stored including that there are no unpackaged or loose medications in the medication cart. Documentation of checks shall be kept.*

Directed Completion Date: *11/04/2025*

Implemented [redacted] ***- 08/11/2026)***

184b - Labeling OTC/CAM

6. 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 [redacted]*, a package of* [redacted] *belonging to resident* [redacted] *was in the home's*

184b - Labeling OTC/CAM (continued)

medication cart and was not labeled with the resident's name.

Plan of Correction ***Directed [redacted] 10/08/2025)***

1. Residents [redacted]'s medication was removed from the cart. Resident[redacted]s medication was re-ordered and labeled. No harm to the resident.
2. PCHA and med techs audited carts to ensure all meds were labeled with residents' name. No other medication identified without name on medication.
3. On 09/15/2025 & 09/16/2025 the PCHA reviewed and re-educated the PCA/Medication Technicians on regulation 2600.184.b, as well as reviewed how to audit their medication carts to maintain regulatory compliance. Additionally, each PCA/Medication Technician will be responsible for checking their medication carts at the conclusion of their shift to ensure that only medications administered by the PCA/Med Tech are present on the medication cart. This process will be added to the PCA/Medication Technician flow sheet. All PCA/Medication Technicians will be educated on this new process no later than 10/22/2025.
4. The PCHA or designee will be responsible for auditing 6 resident's medications/profiles to ensure each resident's medication is labeled. Findings of the audit will be brought to QAPI meeting for recommendations.
5. Date of compliance November 6.

Directed Completion Date: *10/28/2025*

Implemented [redacted] - 02/25/2026)

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident[redacted] is prescribed [redacted], 1 tablet orally one time a day, scheduled for administration at 9:00 AM. However, resident [redacted] was administered [redacted] tablet late on the following dates and times:

- *[redacted] this medication was administered at 12:38 PM.*
- *[redacted] this medication was administered at 10:42 AM.*
- *[redacted] this medication was administered at 10:24 AM.*

Resident [redacted] is prescribed [redacted] caplet, give 1 tablet orally three times a day. However, this medication was not administered to resident [redacted], three times a day, on the following dates:

- *on [redacted], this medication was only administered twice; at 2:00 PM and 9:00 PM.*
- *on [redacted] and [redacted], this medication was only administered once; at 9:00 PM each day.*

Resident [redacted] is prescribed [redacted], give 1.5 tablet by mouth three times a day. However, this medication was not administered to resident [redacted] three times a day, on the following dates:

- *on [redacted], this medication was only administered twice; at 2:00 PM and 9:00 PM.*
- *on [redacted] and [redacted] this medication was only administered once; at 9:00 PM each day.*

Repeat violation: [redacted]

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction ***Directed (- 10/08/2025)***

1. Resident had no harm. MD was notified and clarified order. The resident was also notified of medication error. The missed medication was written as medication errors
2. PCHA or designee will run a 7 day look back missed medication report from 10/6/25 to identify if any other medication was missed. If any identified they will be written as a medication error.
3. The PCHA re-educated med techs and nurses on following the direction of the prescriber on 09/15/2025 & 09/16/2025. Additionally, the PCHA will provide additional training on our new electronic medical record (Point Click Care) system to ensure that all team members (LPNs & PCA/Medication Technicians) have a clear understanding of how to enter and confirm medication orders. This training will begin on 10/09/2025 with all team members being trained not later than 10/22/2025. Following this training, any team member can continue to receive education on Pont Click Care every Thursday.
4. The PCHA or designee will be responsible for auditing six residents' medication/profiles weekly and then six residents' profiles monthly times two to ensure the home followed the direction of the prescriber. Findings of audits will be reviewed at QAPI for recommendations.
5. Date of compliance November 6.

Proposed Overall Completion Date: 11/04/2025

Directed POC:

In addition to the above-mentioned steps:

Within 7 days of the receipt of the plan of correction: *A designated staff person qualified to administer medications shall review all resident MARs at least weekly, for 30 days, to ensure proper documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of reviews shall be kept.*

Directed Completion Date: *10/28/2025*

Implemented - 08/11/2026)

225c - Additional Assessment

8. 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.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident most recent assessment was completed on

Repeat violation:

225c - Additional Assessment *(continued)*

Plan of Correction ***Directed (- 10/08/2025)***

1. Resident is no longer in the facility. If returns to the facility a medical evaluation will be completed.
2. The PCHA conducted an audit of every PC resident's file on 09/16/2025 to ensure that their DMEs were completed. Any identified evaluations that were not completed timely the PCHA or designee will complete.
3. Re-education to the PCHA on how residents should have an annual assessment or change in condition of the residents.
4. The PCHA or designee will audit 6 resident charts weekly times 4 to ensure the resident assessment is completed annually and then 6 charts monthly times two months. Findings of the audits will be brought to quarterly QAPI meeting for recommendations. Additionally, all upcoming resident assessments will be tracked on the PCHA & RSM Outlook calendars. The weekly audits and updates to the Outlook calendars will begin 10/10/2025. The PCHA & RSM Outlook calendars will be updated in conjunction with the weekly audits to ensure successful compliance as well as completion in a timely manner.
5. Date of compliance November 6.

Proposed Overall Completion Date: 11/04/2025

Directed Completion Date: *10/28/2025*

Implemented (02/25/2026)

227a - Support Plan 30 Days

9. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident was admitted on ; however, the resident's initial support plan was not completed as of .

Repeat violation:

Plan of Correction ***Directed - 10/08/2025)***

1. Resident support plan will. completed
2. The PCHA conducted an audit of every PC resident's file on 09/16/2025 to ensure that support plans were completed. Any support plans that were not completed timely the PCHA or designee will complete.
3. Re-education to the PCHA on how residents should have a support plan within 30 days of admission.
4. The PCHA or designee will audit 6 resident charts weekly times 4 to ensure the resident support plan is completed annually and then 6 charts monthly times two months. Findings of the audits will be brought to quarterly QAPI meeting for recommendations. Additionally, all upcoming resident support plan will be tracked on the PCHA & RSM Outlook calendars. The weekly audits and updates to the Outlook calendars will begin 10/10/2025. The PCHA & RSM Outlook calendars will be updated in conjunction with the weekly audits to ensure successful compliance as well as completion in a timely manner.
5. Date of compliance November 6.

Proposed Overall Completion Date: 11/04/2025

227a Support Plan 30 Days *(continued)*

Directed Completion Date: *10/28/2025*

Implemented ([redacted] - 08/11/2026)