

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

October 14, 2025

[REDACTED], CFO  
UNITED CHURCH OF CHRIST HOMES INC  
[REDACTED]

RE: THORNWALD HOME  
442 WALNUT BOTTOM ROAD  
CARLISLE, PA, 17013  
LICENSE/COC#: 34342

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2025 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: THORNWALD HOME License #: 34342 License Expiration: 05/25/2026  
 Address: 442 WALNUT BOTTOM ROAD, CARLISLE, PA 17013  
 County: CUMBERLAND Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: UNITED CHURCH OF CHRIST HOMES INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1	Date: 01/17/1974	Issued By: L&I
Type: I-2	Date: 04/28/2009	Issued By: borough of Carlisle
Type: I-2	Date: 12/17/2010	Issued By: borough of Carlisle

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 09/17/2025

**Inspection Dates and Department Representative**

09/17/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: 36	Residents Served: 30
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Secured Dementia Care Unit

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

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1	Are 60 Years of Age or Older: 30
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0	Have Physical Disability: 1

**Inspections / Reviews**

09/17/2025 - Full

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

Inspections / Reviews (*continued*)

## 10/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/10/2025

## 10/07/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/17/2025

## 10/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 9/17/25 at 9:05 AM, resident #1's medical and demographic information that included prescribed list of medications, physician's orders, DNR status, social security number, identifying information, insurance information, emergency contacts, date of birth, diagnoses, and religious affiliation were unlocked, unattended, and accessible in a folder lying on a desk in the common area outside the nurses' station.

Plan of Correction

Accept ( [redacted] - 10/07/2025)

- Resident #1's appointment folder was placed in the locked nurse office on 9/17/2025 and given to [redacted] as [redacted] was leaving the building.
- Personal Care staff were educated on 9/18/2025 that resident records, to include appointment folders, shall be kept confidential and may not be accessible to anyone other than the resident, or resident designated person. This information shall be kept in the locked nurse office and shall be given to the resident/resident designated person before they leave the building.
- Personal Care residents and designated persons have been educated of how to obtain their appointment folder before leaving the building. Mailing from PCHA dated 10/1/2025.
- LPNs are responsible to conduct daily spot observations to ensure all resident records and personal information are kept confidential and not accessible to others as stated on the education on 9/18/2025.
- Administrator shall conduct weekly audit for 6 weeks, starting 10/2/2025 ending 11/5/2025 to ensure resident records, to include appointment folders, are kept confidential and are not be accessible to anyone other than the resident, or resident designated person.. If any areas on concern is noted, the audit will continue for another 6 week period.
- Results of audits will be analyzed to identify/track trends or patterns and will be reported to the facility monthly QAPI Committee for review and recommendation. (10/23/25, 11/20/25)

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

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

65f - Training Topics

2. Requirements

2600.

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

1. Medication self-administration training.

Description of Violation

Direct care staff member A did not receive training in medication self-administration training during the 2024 calendar training year.

## 65f - Training Topics (continued)

**Plan of Correction**

Accept (█) - 10/03/2025)

- An audit was completed the Administrator on 9/18/2025 for all Direct Care Staff training records to assure that all staff had received medication self-administration training during the 2024 training year. All records were compliant with this regulation except for direct care staff member A.
- Direct care staff member A received training on Medication Self-Administration training on 9/19/2025 to meet this regulatory requirement for the 2025 training year.
- Personal Care Home Administrator immediately documented the training on DCS A's 2025 Staff Training Log on 9/19/2025.
- Administrator will audit training logs for completeness, and that no trainings are missing prior to the end of the year. The completion of the logs and any corrective action will be noted in the December 2025 QAPI report on 12/18/2025.
- Results of audits will be analyzed to identify/track trends or patterns and will be reported to the facility QAPI Committee for review and recommendation.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented (█) - 10/14/2025)

## 183b - Meds and Syringes Locked

**3. 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 9/17/25 at 1:20 PM, Hydrocortisone cream was unlocked, unattended, and accessible sitting on top of resident #2's medication cabinet in their bathroom. Resident #2 is not able to self-administer medications. .

**Plan of Correction**

Accept (█) - 10/07/2025)

- The Hydrocortisone cream was secured and locked in Resident #2's medicine cabinet at the time of the inspection by the Licensed Nurse on 9/17/2025.
- Licensed Nurses were re-educated on 9/19/2025 by the Administrator that all medications, including OTC medications, shall be kept in each resident's locked medicine cabinet.
- Administrator will conduct weekly random room observation audits to three rooms, to ensure that all medications are locked and inaccessible for 6 weeks. The audit began 10/1/2025, and will end 11/5/2025. If any areas of concerns are identified during this time frame, the audit will continue for an additional six-week period.
- Results of audits will be analyzed to identify/track trends or patterns and will be reported to the facility QAPI Committee for review and recommendation.

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

Implemented (█) - 10/14/2025)

183b - Meds and Syringes Locked (continued)

183e - Storing Medications

4. 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 9/17/25, one of resident #3's oxycodone 5mg tablets was being held into the pill pocket of the 30-day supply package with tape.

Plan of Correction

Accept (█ - 10/07/2025)

- The oxycodone 5 mg tablet being held in the pill packet with clear tape was wasted by 2 LPNs on 9/19/25.
- Licensed Nurses were educated on 9/19/25 by the Administrator that the use of clear tape securing medications in a blister card is prohibited.
- Starting on 1st shift on 10/6/2025, narcotic medication blister cards will be checked for any broken seals or the use of tape, by the LPNs during the daily shift exchange narcotic count. The audit will continue for 45 days, ending 11/19/2025.
- Administrator shall conduct weekly narcotic medication card audits, starting 10/1/2025 to ensure the integrity of the packaging for 6 weeks, ending 11/5/2025. If any areas on concern is noted, the audit will continue for another 6 week period.
- Results of audits will be analyzed to identify/track trends or patterns and will be reported to the facility QAPI Committee for review and recommendation.

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

Implemented (█ - 10/14/2025)

225a - Assessment 15 Days

5. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #4's initial assessment, dated █, did not include an assessment of the resident's communication, olfactory, or tactile needs as these areas were left blank.

Plan of Correction

Accept (█ - 10/07/2025)

- Resident #4's initial assessment was missing documentation for communication, olfactory, or tactile needs. LPN added "n/a no concerns", as this was missed on the original assessment on █
- Re-education was provided by the Administrator on 9/19/2025 on meeting the needs of personal care residents

**225a - Assessment 15 Days (continued)**

using the required DHS forms. Specific attention was focused on the 15 day requirement to have the resident assessment completed, leaving no blanks even if there are no concerns.

\* 10/6/2025 Administrator will complete an audit of all personal care residents' assessments to ensure baseline compliance. This audit will be completed by 10/10/2025.

- Beginning 10/1/2025 the Administrator will audit the completion of the assessment for the next three personal care admissions to ensure the appropriate timeliness and that all sections of the assessment are addressed. If any areas on noncompliance are seen, the Administrator will continue the audit for the next three admissions.
- Administrator will report the audit results at the following QAPI Committee after the three admissions, when the pattern of compliance is achieved. QAPI scheduled for 11/20/25 and 12/18/2025.
- Results of audits will be analyzed to identify/track trends or patterns and will be reported to the facility QAPI Committee for review and recommendation.

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

Implemented (█ - 10/14/2025)

**225c - Additional Assessment****6. Requirements**

2600.

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

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

**Description of Violation**

Resident #5's assessment, dated █ did not include the resident's diagnoses of Depression, Anxiety Disorder, Obsessive Compulsive Disorder, Paranoia or the resident's need for monthly psychiatry services.

**Plan of Correction**

Accept (█ - 10/07/2025)

- Resident #5's assessment did not include █ diagnosis of Depression, Anxiety Disorder, Obsessive Compulsive Disorder, Paranoia or the need for monthly psychiatry services. On 9/17/2025, LPN added these 4 diagnoses to Section 3 Mental Health, Behavioral Health and Cognitive Functioning Needs on █ RASP. A plan to meet each diagnosis was implemented to include the monthly visits with psychiatry services.
- Re-education was provided by the Administrator on 9/19/2025 on meeting the needs of personal care residents using the required DHS forms. Specific attention was focused on making sure that each diagnosis listed on the Documentation of Medical Evaluation and the Medication Administration Record has been identified on the RASP and that a plan to meet those needs are also addressed.
- On 10/1/2025 2 LPNs are assigned to each resident to complete the RASP. After the first LPN finalizes the RASP with the resident, the second LPN will audit for accuracy and completeness prior to being filed in the resident medical chart. The second LPN will initial the signature page of the RASP to indicate that the audit was completed.
- Beginning 10/1/2025, Administrator will audit all new admissions' initial RASPs and those residents that are due for their annual RASP during the next three months to ensure that licensed nurses are completing their audit. (10/31/25, 11/30/25, and 12/31/25). If any areas on non-compliance are seen, the Administrator will continue the audit for the next three months.

\* On 10/6/2025 Administrator will complete an audit of all personal care residents' assessments to ensure baseline

225c - Additional Assessment (continued)

compliance. This audit will be completed by 10/10/2025.

- Administrator will report the audit results at the monthly QAPI Committee, until the pattern of compliance is achieved. QAPI meetings are scheduled 10/23/25, 11/20/25, 12/18/25, and 1/22/26.
- Results of audits will be analyzed to identify/track trends or patterns and will be reported to the facility QAPI Committee for review and recommendation.

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

Implemented (█ - 10/14/2025)