

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

November 14, 2025

[REDACTED]
CHARLES P & MARGARET E POLK FOUNDATION
301 NORTH STREET
MILLERSBURG, PA, 17061

RE: POLK PERSONAL CARE CENTER
301 NORTH STREET
MILLERSBURG, PA, 17061
LICENSE/COC#: 30687

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/18/2025 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: *POLK PERSONAL CARE CENTER* License #: *30687* License Expiration: *03/26/2026*
 Address: *301 NORTH STREET, MILLERSBURG, PA 17061*
 County: *DAUPHIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *CHARLES P & MARGARET E POLK FOUNDATION*
 Address: *301 NORTH STREET, MILLERSBURG, PA, 17061*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/10/2014* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Renewal* Exit Conference Date: *09/18/2025*

Inspection Dates and Department Representative

09/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *85* Residents Served: *43*

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: *43*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

09/18/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/13/2025*

10/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/13/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/17/2025*

Inspections / Reviews *(continued)*

10/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/17/2025

11/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff Person A, hired on [REDACTED], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ([REDACTED] - 10/15/2025)

Staff Person responsible for new hire orientation on [REDACTED] failed to obtain a high school diploma or GED on Staff Person A.

Immediate Action:

10/7/25, Staff Person A requested an official, certified document from the school district where [REDACTED] graduated from. 10/10/25, the school districts certified document on Staff Person A was received and retained in Staff Person A's personnel file.

Quality Improvement/On-Going Compliance:

10/9/25, the Administrator revised the New Hire Orientation form. The HR Director will use the revised form immediately.

10/13/25, the HR Director completed an initial audit of all current direct care staff records pertaining to regulation 54.a.

10/13/25, the Administrator met with the HR Director and provided education on regulation 54.a. The HR Director signed an acknowledgment of this education.

The HR Director will provide a copy of the New Hire Orientation form within 72 hours of completion of new hire on-boarding, to the Administrator or designee for review. The Administrator or designee will validate the appropriate qualification document has been received and retained in the employees' personnel file.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented ([REDACTED] - 11/14/2025)

65f - Training Topics

2. Requirements

2600.

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

- 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.

Description of Violation

Staff Person A, hired on [REDACTED] did not receive training on the following topics during the 2024 training year:

- 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.

65f - Training Topics (continued)

- 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.
- Safe management techniques.

Staff Person B, hired on [REDACTED] did not receive training on the following topics during the 2024 training year:

- Care for residents with dementia and cognitive impairments.
- Safe management techniques.

Plan of Correction

Accept ([REDACTED] - 10/15/2025)

Staff Person responsible for planning, coordinating and tracking training for year 2024 for direct care staff failed to have Staff Person A and Staff Person B participate in the required, provided annual training at PPCC.

The HR Director is responsible for planning, coordinating and tracking training for year 2025.

Immediate Corrective Action:

10/7/25 the Administrator revised Proposed Annual Training Calendar and the Direct Care Staff Annual Training log to reflect training pertaining to regulation 65.f.

10/9/25 the revised Direct Care Staff Training log will be used. All current training logs for 2025 on each direct care staff person will be replaced with the revised training log to validate that each direct care staff has or will meet regulation 65.f on or before 12/31/2025 (the end of the training year).

10/13/25 the Administrator met with the HR Director and reviewed regulation 65.f pertaining to annual training of direct care staff. HR Director signed acknowledgement of this education.

Quality Improvement/On-Going Compliance:

10/13/25 the HR Director completed an initial audit of all current direct care staff training records to ensure all current direct care staff are on track to secure their annual training of regulation 65.f on or before 12/31/25 - end of 2025 training year.

10/21/25 the Administrator will initially review the internal training binder to confirm all direct care staff will meet the training requirements on/before 12/31/25.

3/1/26 the Administrator will begin quarterly review of the internal training binder.

Licensee's Proposed Overall Completion Date: 10/17/2025

Implemented ([REDACTED] - 11/14/2025)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 9/15/25 at 4:39 AM. The previous sleeping hours fire drill was conducted on 3/10/25 at 2:10 AM.

132e - Fire Drill Sleeping Hours (continued)

Plan of Correction

Accept (█ - 10/15/2025)

The Administrator failed to hold a sleeping hours fire drill in a timely manner.

The Administrator is responsible for maintaining compliance by holding a sleeping hours fire drill once every 6 months.

Immediate Corrective Action:

10/9/25 the Administrator created a Sleeping Hours Policy along with a Sleeping Hours Fire Drills log to document that sleeping hours fire drills are being held in the appropriate time frame.

10/13/25 the Business Manager provided Administrator with education on regulation 132.e. The Administrator signed the acknowledgement of this training.

Quality Improvement/On-Going Compliance:

3/1/26 the Administrator will begin quarterly audits of the sleeping hours fire drill log.

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented (█ - 11/14/2025)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident #1's current medical evaluation, dated █, does not include special dietary needs and the ability to self-administer medications.

Resident #2's current medical evaluation, dated █ does not include special dietary needs and the ability to self-administer medications.

Plan of Correction

Directed (█ - 10/15/2025)

The Resident Care Manager (RCM) Nurse or designee failed to review the medical evaluations for completeness upon return from Resident # 1 & Resident #2's in-person evaluation with their physician.

Immediate Corrective Action:

10/13/25, RCM obtained PCP consent to update the DME of Resident #2.

10/22/25, RCM will obtain Hospice nurse/physician consent (upon their visit of Resident #1) to update the DME of Resident #1.

10/13/25, the Administrator reviewed requirements of regulation 141.b.1 with RCM and Resident Care Supervisor (RCS). Both RCM and RCS signed an acknowledgement of the training.

Quality Improvement/On-Going Compliance:

10/9/25, the "Diet Sheet" and the "Medication Self-administration Assessment" forms will begin to be referenced by RCM and/or RCS at the time medical evaluations are being completed so special dietary needs and ability to self-administer medications are included on the medical evaluations.

10/13/25, the RCM and/or RCS will review DMEs within 72 hours of completion prior to filing in Residents chart. This will be ongoing for all residents DMEs.

11/30/25, the RCM and/or RCS will complete an initial audit of all current DMEs to ensure compliance and then will continue to review on a quarterly basis in 2026.

141b1 - Annual Medical Evaluation (continued)

[Directed]

- In addition to the above steps, the RCM and/or RCS an initial audit of all current DMEs to ensure compliance. This audit will be completed no later than 11/15/25. Documentation of this audit is to be kept and available for review by the Department.

Directed Completion Date: 11/15/2025

Implemented (█) - 11/14/2025

187b - Date/Time of Medication Admin.

5. 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 #2 is prescribed Atorvastatin Calcium 80 mg with orders to take 1 tablet by mouth daily. Resident #2's September 2025 medication administration record does not include the initials of the staff person who administered this medication on 9/13/25 at 6:00 PM.

Plan of Correction

Accept (█) - 10/15/2025

The staff person who administered Resident #2's prescribed Atorvastatin Calcium 80mg on 9/13/25 at 6:00pm failed to initial the MAR.

Immediate Corrective Action:

10/10/25, the Resident Care Manager (RCM) provided education to the specific staff person pertaining to this violation.

Quality Improvement/On-Going Compliance:

10/13/25, the Administrator began reviewing regulation 187.b with staff responsible for medication administration. Staff are signing an acknowledgement of the training. All appropriate staff will receive this education on/before 10/22/25.

10/13/25, Each staff person administering medications will be required to review the residents' MARs that they administered prescribed medications to at the end of their shift to validate that MARs include their initials.

10/31/25, MARs will be reviewed by RCM, Resident Care Supervisor (RCS) and/or designee on a monthly basis. If the MARs do not include the initials of the staff person who administered the prescribed medication, staff person may receive disciplinary action.

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

Implemented (█) - 11/14/2025

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The current medical evaluation for Resident #3, dated [REDACTED] indicates the resident has a history of Traumatic Brain Injury. The resident's current support plan, dated [REDACTED], does not include how this need will be met.

The current medical evaluation for Resident #4, dated [REDACTED] indicates the resident has a diagnosis of hyperglycemia. The resident's current support plan, dated [REDACTED], does not include how this need will be met.

Plan of Correction**Directed ([REDACTED] - 10/15/2025)**

Admissions/Social Services Director failed to include a history of Traumatic Brain Injury on Resident #3's current support plan dated [REDACTED] and how the need will be met and also the diagnosis of hyperglycemia on Resident #4's support plan dated [REDACTED] and how this need will be met.

Immediate Corrective Action:

10/9/25, the Admissions/Social Services Director updated Resident #3 and #4s support plan.

Quality Improvement/On-Going Compliance:

10/9/25, the Admissions/Socials Services Director began an initial audit of all current support plans to ensure compliance. This audit will be completed by 11/30/25.

10/13/25, the Administrator reviewed regulation 227.d with the Admissions/Social Services Director. The Admissions/Social Services Director signed the acknowledgment of the training.

3/1/26, the Admissions/Social Services Director will perform quarterly audits of 10% of Residents support plans in comparison with Residents current medical evaluations

[Directed]

- In addition to the above steps, on 10/9/25, the Admissions/Socials Services Director began an initial audit of all current support plans to ensure compliance. This audit will be completed by 11/15/25. Documentation of this audit will be kept and available for review by the Department.

Directed Completion Date: 11/15/2025

Implemented ([REDACTED] - 11/14/2025)