

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

November 13, 2025

[REDACTED]
STEP BY STEP, INC
[REDACTED]

RE: STEP BY STEP, INC
1280 E. MCKINLEY STREET
CHAMBERSBURG, PA, 17202
LICENSE/COC#: 340670

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2025 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: <i>STEP BY STEP, INC</i>	License #: <i>340670</i>	License Expiration:
Address: <i>1280 E. MCKINLEY STREET, CHAMBERSBURG, PA 17202</i>		
County: <i>FRANKLIN</i>	Region: <i>CENTRAL</i>	

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

Legal Entity		
Name: <i>STEP BY STEP, INC</i>		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: <i>R-4</i>	Date: <i>07/28/2006</i>	Issued By: <i>Guilford Township</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>8</i>	Waking Staff: <i>6</i>

Inspection Information		
Type: <i>Partial</i>	Notice: <i>Announced</i>	BHA Docket #:
Reason: <i>Change Legal Entity</i>		Exit Conference Date: <i>10/07/2025</i>

Inspection Dates and Department Representative	
<i>10/07/2025 - On-Site</i>	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity:		Residents Served: <i>8</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>5</i>		Are 60 Years of Age or Older: <i>4</i>	
Diagnosed with Mental Illness: <i>8</i>		Diagnosed with Intellectual Disability: <i>2</i>	
Have Mobility Need: <i>0</i>		Have Physical Disability: <i>0</i>	

Inspections / Reviews		
<i>10/07/2025 Partial</i>		
Lead Inspector: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>10/24/2025</i>
<i>10/22/2025 - POC Submission</i>		
Submitted By: [REDACTED]	Date Submitted: <i>11/07/2025</i>	
Reviewer: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>10/29/2025</i>

Inspections / Reviews *(continued)*

10/31/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/07/2025

11/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

95 Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The handle on the faucet of the bathroom sink across from resident [redacted] bedroom is loose and prevents the user from controlling the temperature of the water.

Plan of Correction

Accept [redacted] - 10/31/2025)

Upon finding the faucet handle not working properly, [redacted] PRS, contacted TrimTek Plumbing and scheduled an appointment to repair the faucet. TrimTek Plumbing repaired the faucet on 10/07/25. Staff began conducting site checks on 10/07/25. When all staff complete site checks, staff will ensure that resident equipment is in working condition. If staff find equipment that is not in working condition, staff will notify [redacted] PRS, during normal business hours. Staff will notify the on-call staff if the finding occurs outside of normal business hours. Additionally, staff will write in the FYI binder about the equipment not working and the steps taken to resolve the issues in order for all staff to be made aware that a solution is in progress. Finally, [redacted] PRS, will write a follow-up note in the FYI binder when the issue has been resolved. [redacted] PRS, will review this guideline to ensure all resident equipment is in operable condition with all staff during a staff meeting on 10/23/25 and documented in the minutes. In addition, [redacted] PD, will ensure, document, and address the findings on the quarterly walkthrough form provided by the Property and Risk Department.

Minutes and Repair Invoice are attached.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/13/2025)

96a First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kits in the main office and staff break room do not contain thermometers or eye coverings.

Plan of Correction

Accept [redacted] - 10/31/2025)

[redacted] PD, and Dmitri Scheerer, PRCW, immediately placed a thermometer and face shield when these items were noted as missing. [redacted] PD, modified the First Aid Kit list for the SCR to include a thermometer and an eye shield. [redacted] PRS, will educate staff during the staff meeting on 10/23/25 on the importance of having a thermometer and eye shield, and document it in the minutes. [redacted] PRCW, began completing monthly checks of the first aid kit on 10/09/25 to ensure all listed items are included and in working condition and no items have expired. This is recorded on the "Monthly Vehicle Inspection Form" and the "Facility and Vehicle Maintenance Checklist." In addition, [redacted] PD, will ensure, document, and address the findings on the quarterly walkthrough form provided by the Property and Risk Department.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/13/2025)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not had a fire safety inspection or a fire drill observed by a fire safety expert.

Plan of Correction

Accept [redacted] - 10/31/2025)

Several phone calls were made to schedule a fire safety inspection. On 10/25/25, [redacted] from Fire & Life Safety Solutions responded to [redacted] communication. [redacted] reported that [redacted] completed the fire safety inspection for Keystone Human Services last year. [redacted] provided a copy of the last inspection. [redacted] reported that the new owner of Fire & Life Safety Solutions will contact [redacted] to schedule an annual inspection. [redacted], PRS, will take the lead on setting up and coordinating an annual renewal cycle with Fire and Life Safety Solutions to ensure compliance. When the fire inspection is completed, dated documentation will be kept in the site's Support Manual to keep track of dates when future inspections are due. [redacted] PRS, will be responsible for maintaining records in the site's Support Manual. [redacted] PRS, will be responsible for ensuring the Safety Inspection is scheduled and completed annually.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/13/2025)

144c1 - Smoking Area Guidelines

4. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is on the rear patio. There are eight chairs with metal frames that are covered in a soft plastic fabric. The chairs have no tags which confirm that they meet California's standards for fire resistance.

Plan of Correction

Accept [redacted] - 10/31/2025)

[redacted] PD, will coordinate the purchase of 8 fire-resistant outdoor chairs. The chairs were delivered on 10/17/25. [redacted] PD, disposed of the existing chairs on 10/17/25 and ensured that the fire-resistant chairs are available. [redacted] PRS, will review this guideline with all staff to ensure all staff and residents are aware of safety concerns related to seating. This will be done at the staff meeting on 10/23/25, and it will be documented in the minutes.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 11/13/2025)