

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

November 17, 2025

[REDACTED]
BRADFORD ECUMENICAL HOME INC
[REDACTED]

RE: CHAPEL RIDGE
200 ST. FRANCIS DRIVE
BRADFORD, PA, 16701
LICENSE/COC#: 42642

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2025, 10/10/2025 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: CHAPEL RIDGE License #: 42642 License Expiration: 11/10/2025
 Address: 200 ST. FRANCIS DRIVE, BRADFORD, PA 16701
 County: MCKEAN Region: WESTERN

Administrator

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

Legal Entity

Name: BRADFORD ECUMENICAL HOME INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/18/1996 Issued By: Dept of Labor
 Type: I-1 Date: 01/20/2017 Issued By: City of Bradford

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 58 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/10/2025

Inspection Dates and Department Representative

10/09/2025 - On-Site: [REDACTED]
 10/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 112 Residents Served: 58
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 58
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

10/09/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/26/2025

Inspections / Reviews *(continued)*

10/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/13/2025

11/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident [REDACTED] was prescribed, [REDACTED] / ML amount to administer per sliding scale, 201- 250 give 1 unit, 251- 300 give 2 units, 301- 350 give 3 units, 351- 400 give 4 units, if blood sugar is greater than 400, give 5 units inject [REDACTED] maximum daily dose 35 units do not take if skipping a meal. However, on [REDACTED] 5, the medication's label indicated a maximum daily dose of 31 units.

REPEAT: [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/27/2025)

On 10/9/2025 Nurse Supervisor placed a change of direction sticker on insulin pens. It is noted that the maximum daily dose had no effect on what the resident received.

10/9/2025 Nurse Manager called Pharmacy to ensure that the order was updated to the correct maximum daily dose to prevent reoccurrence.

10/9/2025 Nurse Supervisor audited the one other resident that receives a sliding scale to check for any errors on their order, and there were none.

10/14/2025 Nurse Manager, Nurse Supervisor and Resident Services Coordinate discussed medications labels at monthly Resident Assistant meeting and the discrepancy found.

10/23/2025 Medication audit sheet updated, along with a schedule of medication audits to be completed.

10/23/2025 medication audits are to be completed daily according to audit schedule created (two residents daily), which will allow each resident to have a monthly check of their medications and accuracy of labels. Audits will be completed by resident assistants that have completed med training. Med audits are turned into Nurse Manager, Nurse Supervisor and Resident Services Coordinator daily. Any corrections needed will be done immediately by resident assistant that finds error.

As of 10/23/2025 Nurse Manager, Nurse Supervisor and Resident Services Coordinator will monitor medication audits and audit schedule to ensure resident medications are being audited accordingly and that all corrections needed were followed up on.

At Quarterly Compliance Meetings on 11/6/2025 and 2/5/2026 audit findings will be reported on by Nurse Manager, Nurse Supervisor and Resident Services Coordinator and any follow up actions needed.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented [REDACTED] 11/17/2025)