

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

November 17, 2025

[REDACTED]
A.M.P. LIVING COMMUNITIES
[REDACTED]

RE: MORRIS-PACE WEST
25 S 9TH STREET
LEBANON, PA, 17042
LICENSE/COC#: 34042

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2025 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: MORRIS-PACE WEST License #: 34042 License Expiration: 10/11/2025
 Address: 25 S 9TH STREET, LEBANON, PA 17042
 County: LEBANON Region: CENTRAL

Administrator

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

Legal Entity

Name: A.M.P. LIVING COMMUNITIES
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/15/1987 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 10/15/2025

Inspection Dates and Department Representative

10/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 74 Residents Served: 53
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 32
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

10/15/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/02/2025

10/28/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/03/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/04/2025

Inspections / Reviews *(continued)*

11/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A generic spray bottle labeled "simple green multi-purpose cleaner" was found in the basement maintenance room.

Plan of Correction

Accept (████) - 10/28/2025)

1. This regulation is important because all poisonous materials must be kept in their original, labeled containers to prevent accidental misuse and ensure the safety of residents and staff.
2. During the inspection on 10/15/25, a generic spray bottle labeled "Simple Green Multi-Purpose Cleaner" was found in the basement maintenance room. The Administrator immediately removed and discarded the bottle in the trash to eliminate any potential risk.
3. In addition to our ongoing compliance plan, implemented on 9/1/2025 the Administrator will personally inspect the maintenance room every Monday and Friday starting 10/27/25 to ensure all cleaning and chemical supplies are stored in their original, labeled containers. Any unlabeled or improperly stored items will be discarded immediately, and staff responsible will receive corrective action and re-education.
4. On 10/24/25, all staff were re-educated on the importance of proper labeling, handling, and storage of all cleaning products. A signed training roster is maintained on file.
5. I, the Administrator, and the Maintenance Man are responsible for ensuring ongoing compliance with this regulation and for maintaining a safe, organized, and properly labeled maintenance area at all times.

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

Implemented (████) - 11/12/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On (████) at 12:30 PM, the bathroom floor in bedroom (████) was dirty and the bottom of the toilet was splattered with brown spots.

Plan of Correction

Accept (████) - 10/28/2025)

1. This regulation is important because maintaining sanitary conditions helps ensure a clean, comfortable, and safe environment for all our residents.
2. During the inspection on 10/15/25, at 12:30 PM, the bathroom floor in Bedroom (████) was found to be dirty,

85a - Sanitary Conditions (continued)

and the bottom of the toilet had brown residue. The resident explained that [redacted] prefers to clean [redacted] own bathroom and had declined staff assistance. I explained to the resident, in the presence of the inspector, that while i understand [redacted] independence, staff are still required to maintain sanitary conditions in all resident rooms per state regulation.

- 3. On 10/15/25 , the med-tech supervisor immediately cleaned and sanitized the bathroom floor and toilet in Bedroom 205 to restore proper sanitary conditions.
- 4. The cleaning schedule implemented on 9/8/25 for all residents room is posted in the office and is initialed weekly by assigned staff to verify completion. All staff assigned to weekly room cleaning and linen changes will continue to follow the facility's cleaning schedule.
- 5. Beginning 10/24/25, staff will notify me or the Assistant Administrator if a resident refuses cleaning or linen service, so that we can address it right away and document resident re-education.
- 6. On 10/24/25, all staff were re-educated on maintaining sanitary conditions and proper daily bathroom cleaning procedures. A signed training roster is on file.
- 7. On 10/27/25, the resident was re-educated on the importance of allowing staff to clean [redacted] room and replace linens for health and safety reasons.
- 8. I, the Administrator, and the Direct care staff are responsible for preventing recurrence and ensuring that sanitary conditions are maintained throughout the facility

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

Implemented [redacted] - 11/12/2025)

185a - Implement Storage Procedures

3. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed blood sugar tests before meals and bedtime as directed. The blood sugar reading stored in the resident's meter on [redacted] at 7:00 AM is [redacted]; the reading documented on the medication administration record (MAR) is [redacted]. The blood sugar reading stored in the resident's glucometer on [redacted] at 8:00 PM is [redacted]; the reading documented on the MAR is [redacted].

Resident [redacted] is prescribed blood sugar checks 4 times daily. The blood sugar reading stored in the resident's glucometer on [redacted] at 8:00 PM is [redacted] the blood sugar reading documented on the MAR is [redacted].

Resident [redacted] is prescribed blood sugar checks 3 times a day. The resident has two glucometers. There are multiple readings documented on resident [redacted]'s MARs that are not stored in either of [redacted] glucometers including:

[redacted]

185a - Implement Storage Procedures (continued)

**Plan of Correction**

Accept [REDACTED] - 10/28/2025)

1. *This regulation is important because properly storing and handling glucometers helps keep our residents safe and ensures accurate readings for their diabetic care.*
2. *During the inspection on 10/15/25, there were differences found between the blood sugar readings stored in residents' glucometers and the readings documented on their Medication Administration Records (MARs) by medication staff.*
3. *On 10/17/25, the home's handwritten diabetic log was updated to provide more spacing between entries after staff suggested that the previous layout was too close together, making it difficult to record residents' blood sugar readings accurately.*
4. *On 10/21/25, we ordered 48 new EasyTouch glucose meters (Order ID: RM288546) so that each current and future diabetic resident will have their own assigned meter of the same brand. This change will help staff document readings more accurately, avoid confusion between meters, and make it easier to keep devices properly calibrated.*
5. *On 10/24/25, all medication staff were retrained on how to properly use, store, and document glucose meter readings. A signed training roster is kept on file.*
6. *Starting 10/27/25, I the administrator will personally review at least four residents' diabetic logs every Monday to make sure that glucometer readings are properly documented in the residents MARs. These weekly audits will be kept on file to monitor consistency and accuracy.*
7. *I, the Administrator, and the medication staff are responsible for ensuring that accurate diabetic blood sugar logs are maintained at all times so that residents receive safe and reliable diabetic care.*

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

Implemented ([REDACTED] - 11/12/2025)