

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

December 3, 2025

[REDACTED], ADMINISTRATOR
SPIRIT OF GHEEL
P.O. BOX 610
KIMBERTON, PA, 19442

RE: GHEEL HOUSE
P.O. BOX 610, 10 HOLLOW ROAD
KIMBERTON, PA, 19442
LICENSE/COC#: 14432

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/29/2025 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: *GHEEL HOUSE* License #: *14432* License Expiration: *02/05/2026*
 Address: *P.O. BOX 610, 10 HOLLOW ROAD, KIMBERTON, PA 19442*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SPIRIT OF GHEEL*
 Address: *P.O. BOX 610, KIMBERTON, PA, 19442*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *04/11/1985* Issued By: *COPA L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/29/2025*

Inspection Dates and Department Representative

10/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *5*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/29/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/23/2025*

12/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/03/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

12/03/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. 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 1 is prescribed [redacted] as needed.

On 10/29/2025 this medication was not available in the home.

Plan of Correction

Accept ([redacted] - 12/03/2025)

Staff must reorder a refill for a PRN before the medication runs out. If a blister pack is completed, they are not to remove it from the bin until an a refill is picked up by the driver or the medication is discontinued. PRN meds must be checked every month by DCS to ensure that there is sufficient medication available and reorder when needed. [redacted] medication was taken [redacted] that resolved. The last dose was taken the day of inspection. The medication should have been discontinued and removed from the MAR the day of inspection.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented ([redacted] - 12/03/2025)

186c - Change in Medications

2. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On 10/29/2025, [redacted] prescribed to resident 2, was found in the home's medication cabinet. On 8/28/2025, this prescription was adjusted from take [redacted] however the resident's October 2025 medication administration record (MAR) does not reflect this medication change.

On 10/29/2025, [redacted] resident 2, was found in the home's medication cabinet. On 9/23/2025, this prescription was adjusted from take [redacted] however the resident's October 2025 medication administration record (MAR) does not reflect this medication change.

Plan of Correction

Accept ([redacted] - 12/03/2025)

Medication changes must be updated to the pharmacy the same day they are changed for [redacted]. Since [redacted] uses a different pharmacy than the facility uses for due to insurance, the pharmacy doesn't know of the change unless the facility notifies them. DCS must check MARs each month when they come and check that all information is current and accurate.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented ([redacted] - 12/03/2025)

252 - Record Content

3. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 1's record does not include a copy of the resident's home contract.

Plan of Correction

Accepted ([REDACTED] - 12/03/2025)

The Executive Director completes and files the contract when a resident is admitted. The original contract could not be located despite searching for it. The updated contract when rates changed is present in the record. The Executive Director will be sure that the contract is present each month when updating needed forms for charts and completing chart audits

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented ([REDACTED] - 12/03/2025)