

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

December 23, 2025

[REDACTED]
STONERIDGE RETIREMENT LIVING COMMUNITIES, INC
[REDACTED]

RE: STONERIDGE POPLAR RUN
450 EAST LINCOLN AVENUE
MYERSTOWN,, PA, 17067
LICENSE/COC#: 30899

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2025 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: *STONERIDGE POPLAR RUN* License #: *30899* License Expiration: *09/11/2026*
 Address: *450 EAST LINCOLN AVENUE, MYERSTOWN,, PA 17067*
 County: *LEBANON* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *STONERIDGE RETIREMENT LIVING COMMUNITIES, INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/08/1990* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *11/06/2025*

Inspection Dates and Department Representative

11/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *36* Residents Served: *21*
 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: *21*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *1*

Inspections / Reviews

11/05/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/04/2025*

12/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/23/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/16/2025*

Inspections / Reviews (*continued*)

12/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/23/2025

12/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 9:05 AM, resident records that included the following, were unlocked, accessible and unattended sitting at the front desk:

- Resident # [redacted] physician's summaries and records to include date of birth, race, religious preference, date of admission to the home, medical insurance information, allergies to specified medications, current list of medications and a list of diagnoses.

On [redacted] at 9:25 AM, the following resident records were unlocked, unattended and accessible in the therapy director's office across from the nurse's station:

- Resident [redacted]'s Good Samaritan Hospital record, dated [redacted] which included the resident's medical record number, admitting diagnoses, date of birth, ethnicity, emergency contact, and insurance coverage information with member ID.
- Resident [redacted] Good Samaritan Hospital discharge summary, dated [redacted], which included the resident's discharge diagnoses and a full list of medications.
- Resident [redacted] physical therapy plan of care that included the resident's date of birth, functional deficits, and medical diagnoses.
- Resident [redacted]'s speech/language therapy consult, dated [redacted], which included the resident's pureed diet, date of birth, prescribing physician, and admission date.

Plan of Correction

Accept [redacted] - 12/10/2025)

Records were locked in nurses station desk and the therapy directors door was shut and locked upon initial finding. On 11/06/2025, the contracted therapy director was educated on the fact that when [redacted] leaves [redacted] office no resident documents can be left out in the open on [redacted] desk unless [redacted] door is shut and locked. All staff will be reeducated on maintaining resident information in a confidential manner by 12/19/2025.

Beginning 12/15/2025 The administrator will continue weekly unit checks for resident documents left unattended.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented [redacted] - 12/23/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] and [redacted], Resident [redacted]'s glucometer was used to test the blood glucose levels of Residents [redacted] and [redacted]

85a Sanitary Conditions (continued)

Plan of Correction

Accept [REDACTED] - 12/10/2025)

Staff Member A received directed education on the topic once again on 11/26/2025 as [REDACTED] has been the staff member to consistently share glucometers.

Staff Member A is PRN so does not regularly work on the floor. When [REDACTED] does pick up we will have [REDACTED] shadowed by another LPN during blood glucose checks until 12/31/2025 to ensure compliance.

Resident [REDACTED] received a new glucometer on 12/10/2025.

By 12/19/2025, The administrator will inform resident, family members and physicians of the shared glucometer usage and the possibility of bloodborne diseases. Any physician follow up recommendations will be maintained.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented [REDACTED] - 12/23/2025)

182b - Prescription Medication

3. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident [REDACTED] medical evaluation, completed on [REDACTED] indicated the resident can self administer medications with assistance to store medications in a secure place. The medication list attached to the resident's medical evaluation documented "skilled nurse service in order to assist with maintenance of [REDACTED]". The resident's assessment, dated [REDACTED], indicated the "resident's mother works in changing the resident's insulin pump and reader". Resident [REDACTED] support plan, dated [REDACTED] indicated the "family will assist with [REDACTED]". When needed, family has arranged with a nurse to change the pump". Per the home's administrator, the home does not provide the medically licensed personnel to assist with the maintenance of the insulin pump and the resident's mother provides these services without the assistance of a nursing agency.

Plan of Correction

Accept [REDACTED] - 12/10/2025)

Starting 12/15/2025, Resident [REDACTED] will have the maintenance of [REDACTED] insulin pump administered by a Registered Nurse from the skilled nursing unit when needed. This will be appropriately documented in the resident's medical record.

The administrator will educate the resident, resident' mother and all floor staff on the new process by 12/12/2025.

The administrator will ensure that staff update Resident [REDACTED] support plan by 12/12/2025 to include the supports in

182b - Prescription Medication (continued)

place for the maintenance of [REDACTED].

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented ([REDACTED] 12/23/2025)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at 2:51PM, the following medications were unlocked, unattended, and accessible in Resident [REDACTED] bedroom:

- [REDACTED] and [REDACTED].

Plan of Correction

Accept ([REDACTED] - 12/10/2025)

Resident was educated on the issue on 11/6/2025 and Meds were removed and locked in the Med Cart. Resident can request from nurse if it is needed.

Beginning 12/15/2025 The administrator will ensure we continue to monitor resident rooms for Over-The-Counter medications that are not locked up by a sample size of 5 rooms per week.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ([REDACTED] 12/23/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], instill 1 drop into both eyes two times a day for [REDACTED] and [REDACTED], instill 1 drop into each eye at bedtime for [REDACTED].

- On [REDACTED] and [REDACTED] at 5:00 PM, [REDACTED] were not administered to Resident [REDACTED] as the medication was not available in the home.
- On [REDACTED] at 8:00 PM, [REDACTED] were not administered to Resident [REDACTED] as the medication was not available in the home.

Plan of Correction

Accept ([REDACTED] 12/10/2025)

The Dorzolamide-timolol drops were reordered and in the Home to be administered on 11/4/25 at 8:00 AM.

The Latanoprost drops were reordered and in the Home to be administered on 11/3/25 at 8:00 PM.

187d - Follow Prescriber's Orders (continued)

LPN's and Med-Techs will be re-educated by the Administrator by 11/19/2025 on the fact that they need to monitor when prescription drugs are running low to make sure they are re-ordered timely to not miss any medication passes.

The Administrator will ensure that we continue to monitor missed med passes through weekly EMAR audits.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented (█ - 12/23/2025)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident █'s assessment, completed on █, indicated the resident independently ambulates from one place to another. However, the resident utilizes a wheeled walker when ambulating. The resident's assessment has not been updated to reflect the resident's need in this area.

On █ Resident █ was prescribed █ for █. However, Resident █ assessment, dated █, was not updated to reflect the resident's mental health needs.

Plan of Correction

Accepted (█ - 12/10/2025)

LPN's perform the RASP process. The administrator will provide re-education by 12/19/2025 that if a new prescription is issued for a new or worsened medical diagnosis that the RASP will need to be updated.

The Administrator will ensure that new a RASP is completed for Resident █ by 12/19/2025.

The Administrator will continue to monitor RASPs on a monthly basis to ensure we are maintaining up to date accurate Assessments.

In addition, we will re-educate the LPN's that if a resident utilizes a walker or wheelchair that they can not be listed as independently ambulating even if they do not need assistance in fire evacuation situations.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented (█ - 12/23/2025)