

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

January 5, 2026

[REDACTED]
PETER BECKER COMMUNITY

[REDACTED]
ATTN:DIRECTOR OF PERSONAL CARE
[REDACTED]

RE: PETER BECKER COMMUNITY
800 MAPLE AVENUE, 1ST FLOOR
HARLEYSVILLE, PA, 19438
LICENSE/COC#: 12773

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2025 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: PETER BECKER COMMUNITY License #: 12773 License Expiration: 06/09/2026
Address: 800 MAPLE AVENUE, 1ST FLOOR, HARLEYSVILLE, PA 19438
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: PETER BECKER COMMUNITY
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 79 Waking Staff: 59

Inspection Information

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

Inspection Dates and Department Representative

11/06/2025 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68 Residents Served: 60

Secured Dementia Care Unit

In Home: Yes Area: Lakarpur Capacity: 11 Residents Served: 10

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 19 Have Physical Disability: 1

Inspections / Reviews

11/06/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2025

12/04/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 12/30/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/09/2025

Inspections / Reviews *(continued)*

12/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/29/2025

01/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year July 2024 to June 2025.

Plan of Correction

Accept [redacted] 12/04/2025)

Audit will be completed of ancillary staff and (incl staff person A) who have not had annual in person fire safety will receive in person fire safety by 12/15/25. Regular Staff were audited previously and all staff that needed in person fire safety received it as part of our last POC. In person training has been added to the 2025-2026 annual training curriculum.

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

Implemented [redacted] - 01/05/2026)

123b - Emergency Procedures Posted

2. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 12/04/2025)

Copies of the home's emergency procedures are posted in binders in the main lobby as well as in each personal care unit in public areas.

PC Administrator or designee will spot check these areas on a monthly basis to ensure that the binders remain accessible to the public at all times.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] 01/05/2026)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e Storing Medications (continued)

Description of Violation

On [redacted] resident [redacted]'s [redacted] did not have an open date on the label. According to the manufacturer's instructions, this medication expires 28 days after opening.

The following blister packs were observed punctured on the back:

- resident [redacted] on slot #8
- resident [redacted] on slot #26
- resident [redacted] on slot #6 and #17

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 12/26/2025)

Resident [redacted] Lantus pen and meds in punctured blister packs have all been disposed of according to policy. Weekly medication cart audits that were started as part of the last POC will continue for an additional three months (or longer if issues persist). Copies of recent audits attached.

Additionally, beginning 12/8/25, random cart audits will be assigned to med techs throughout the week to supplement the full weekly audits. Each cart will be audited a minimum of once per week per shift. Copy of the individual audit sheet to be used attached.

Licensee's Proposed Overall Completion Date: 12/06/2025

Implemented [redacted] - 01/05/2026)

184b - Labeling OTC/CAM

4. Requirements

- 2600.
- 184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted] a bottle of [redacted] was in the home's Ridgeview medication cart and was not labeled with a resident's name.

Plan of Correction

Accept [redacted] 12/04/2025)

Unlabeled aspirin bottle has been disposed of according to policy. Weekly medication cart audits will continue for an additional three months (or longer if issues persist). Beginning week of 11/30/25 184b will be added to the audit sheet we are currently using for 183d,e and 185a

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 01/05/2026)

234a - Admission Support Plan

5. Requirements

- 2600.
- 234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secured Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial

234a - Admission Support Plan (continued)

support plan was completed on 10/24/2025.

Plan of Correction

Accept [redacted] - 12/04/2025)

Administrator or Designee will audit all SDCU support plans for completion date and any that have not been completed will be completed by 12/1/25.

Excel spreadsheet has been created and will be utilized to ensure that any new admissions to SDCU have a support plan completed within 72 hours of admission.

Weekly audits will be completed to ensure that all new admissions have support plan completed within 72 hours of admission

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [redacted] - 01/05/2026)

251c - Standardized Forms

6. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [redacted] initial medical evaluation, dated [redacted], was not completed on the Department's current standardized form. The form was updated to a new format and is required to be used for all medical evaluations completed on or after [redacted]

Plan of Correction

Accept [redacted] - 12/04/2025)

PC Administrator or Designee will complete an initial audit of all DME that have been completed since 7/1/25 by 12/1/25.

Any old forms found will be updated to the new form by 12/15/25.

Monthly audits will be completed of all DME for each month to ensure that the correct form continues to be used.

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

Implemented [redacted] - 01/05/2026)