

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

January 13, 2026

[REDACTED], ADMINISTRATOR  
PHOEBE RICHLAND HEALTH CARE CENTER  
108 SOUTH MAIN STREET  
RICHLANDTOWN, PA, 18955

RE: MEADOW GLEN AT PHOEBE  
RICHLAND  
108 SOUTH MAIN STREET  
RICHLANDTOWN, PA, 18955  
LICENSE/COC#: 14225

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/17/2025, 11/18/2025 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: MEADOW GLEN AT PHOEBE RICHLAND License #: 14225 License Expiration: 02/08/2026  
Address: 108 SOUTH MAIN STREET, RICHLANDTOWN, PA 18955  
County: BUCKS Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: PHOEBE RICHLAND HEALTH CARE CENTER  
Address: 108 SOUTH MAIN STREET, RICHLANDTOWN, PA, 18955  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-2 Date: 11/30/2015 Issued By: Richlandtown Borough

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 111 Waking Staff: 83

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 11/18/2025

**Inspection Dates and Department Representative**

11/17/2025 - On-Site: [REDACTED]  
11/18/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

|   |   |              |                      |
|---|---|--------------|----------------------|
| <b>General Information</b>              |   |              |                      |
| License Capacity: 100                   | Residents Served: 73                      |              |                      |
| <b>Secured Dementia Care Unit</b>       |   |              |                      |
| In Home: Yes                            | Area: MS 1 / MS 2                         | Capacity: 38 | Residents Served: 38 |
| <b>Hospice</b>                          |   |              |                      |
| Current Residents: 6                    |   |              |                      |
| <b>Number of Residents Who:</b>         |   |              |                      |
| Receive Supplemental Security Income: 0 | Are 60 Years of Age or Older: 73          |              |                      |
| Diagnosed with Mental Illness: 0        | Diagnosed with Intellectual Disability: 0 |              |                      |
| Have Mobility Need: 38                  | Have Physical Disability: 0               |              |                      |

**Inspections / Reviews**

**11/17/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/19/2025

**12/26/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 12/31/2025  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/02/2026

Inspections / Reviews *(continued)*

01/13/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [REDACTED] did not receive orientation on the following topics: telephone use and notification of emergency services.

Plan of Correction

Accept ( [REDACTED] - 12/26/2025)

1. Immediate Intervention- Staff member B will be educated on 2600.65 a by 12/19/2025.
2. Personal care home administrator or designee will educate staff development on regulation 2600 65 a by 12/19/2025.
3. Orientation first day topics will be updated to include telephone use and notification of emergency services.
4. All employees will receive telephone use and notification of emergency services by 12/30/25.
5. Executive Director/designee will audit all new employee 1st Day Orientation documentation for 90 days to ensure adherence to the regulations. The audits will be reviewed at the monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 12/30/2025

Implemented ( [REDACTED] - 01/13/2026)

107d - Procedure Emergency Management Agency Submission

4. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated, and submitted annually to the local emergency management agency since 7/01/2024.

107d - Procedure Emergency Management Agency Submission (*continued*)**Plan of Correction**

Accept (█ - 12/26/2025)

1. *Immediate intervention- Personal care administrator completed and sent letter to the emergency services management on November 18, 2025. See letter attached.*
2. *PCHA educated on 12/11/25 on completing annual emergency procedures and submission process.*
3. *Upon completion the annual emergency procedure will be reviewed at a monthly QAPI meeting.*

Licensee's Proposed Overall Completion Date: 12/30/2025

Implemented (█ - 01/13/2026)

## 171b4 - Staff Training

**5. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

**Description of Violation**

*Staff person D transports residents from the facility alone. However, staff person D has not completed the initial new hire direct care staff person training.*

**Plan of Correction**

Accept (█ - 12/26/2025)

1. *Immediate intervention-Staff member D completed on November 30, 2025.*
2. *Personal care administrator or designee will educate staff development on regulation 2600 171 b4 by 12/19/2025.*
3. *Personal care administrator or designee will have activities staff complete direct care training and competency by 12/19/2025. See attachment for staff person D.*
4. *Executive Director/designee will audit direct care training competition for new staff for 90 days to ensure adherence to regulations. The audits will be reviewed at the monthly Quality Assurance Meeting.*

Licensee's Proposed Overall Completion Date: 12/30/2025

Implemented (█ - 01/13/2026)

## 183e - Storing Medications

**6. 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.

**Description of Violation**

*Lorazepam 0.5 mg is prescribed for resident 1. However, the blister pack was punctured on slots #9, 12, and 15 and the pills were held in place with tape.*

*Calazime Intensive Paste, belonging to resident 2, expired on 5/23/2025 and was kept on the medication cart.*

## 183e - Storing Medications (continued)

**Plan of Correction**

Accept (█ - 12/26/2025)

1. Immediate intervention- Personal care administrator will educate personal care department on medications management, and storage policy by 12/30/25. See attached.
2. Lorazepam .5mg blister pack was destroyed on 11/18/2025.
3. Medication cart audits completed by 12/19/25 no other issues identified.
4. Weekly med cart audits x four weeks will be performed, monthly thereafter to ensure compliance.
5. Executive Director/designee will review findings of audits and present them to the Quality Assurance Committee monthly to ensure compliance with regulations.

Licensee's Proposed Overall Completion Date: 12/30/2025

Implemented (█ - 01/13/2026)