

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

March 4, 2026

[REDACTED] ADMINISTRATOR
ELIZABETH [REDACTED]
109 WILLIAMS ROAD
MAINESBURG, PA, 16932

RE: C A R E
109 WILLIAMS ROAD
MAINESBURG, PA, 16932
LICENSE/COC#: 20326

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/20/2025 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: C A R E License #: 20326 License Expiration: 11/15/2026
 Address: 109 WILLIAMS ROAD, MAINESBURG, PA 16932
 County: TIOGA Region: NORTHEAST

Administrator

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

Legal Entity

Name: ELIZABETH [REDACTED]
 Address: 109 WILLIAMS ROAD, MAINESBURG, PA, 16932
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/07/2000 Issued By: Dept of L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 11/20/2025

Inspection Dates and Department Representative

11/20/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 18 Residents Served: 13

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 11
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/20/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/18/2025

12/30/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/29/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/06/2026

Inspections / Reviews (*continued*)

03/04/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2026

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

03/04/2026 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 11/20/2025, at 10:05 a.m., the home did not have their current License Inspection Summary posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] - 01/12/2026)

[redacted] - DCS posted new violations (LIS) on December 8, 2025

[redacted] - Owner/ Administrator will monitor and make sure that all violations are posted as soon as we get them. This will be monthly she will check to make sure that any and all violations are posted. [redacted] will post them immediately.

Proposed Overall Completion Date: 12/29/2025

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented ([redacted] - 03/04/2026)

17 - Record Confidentiality

2. 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 11/20/2025, at 10:02a.m., a medication logbook with resident medication information was found unlocked, unattended, and accessible on top of the medication cart.

Plan of Correction

Accept ([redacted] - 01/12/2026)

[redacted] - Med supervisor fixed this on 11/20/2025. [redacted] closed the med book put it in the med cart and locked it as soon as [redacted] noticed that [redacted] left it out.

[redacted] - Owner/ Administrator will monitor and make sure that resident information is not left out for everyone to see. This will be done on a daily basis.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented ([redacted] - 03/04/2026)

85a - Sanitary Conditions

3. Requirements

2600.

85a - Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/20/2025 at 10:23a.m., 2 small plastic ashtrays were found on the shelf of the dry storage area near resident snacks. The ashtrays contained recently extinguished cigarettes.

Plan of Correction

Accept () - 01/12/2026

- DCS removed ashtrays on 11/20/2025

- Owner/ Administrator will make sure that there is no smoking unless in designated areas. has told all staff no one is to be smoking on the back porch or in the building other than in the smoke room which is for residents only and that staff is to smoke outside. has done away with the ashtrays. checks on a daily basis.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented () - 03/04/2026

103c - Food Protected

4. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 11/20/2025, at 10:08a.m., in the storage room, there was an unsealed bag of breakfast sausages found in a freezer.

Plan of Correction

Accept () - 01/12/2026

- DCS bagged and labeled them on 11/21/2025

- Owner/ Administrator will monitor and make sure that all food is labeled and dated. is checking weekly to make sure anything we put in the freezer or fridge is labeled and dated.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented () - 03/04/2026

103e - Left Overs

5. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 11/20/2025 at 10:27a.m., the kitchen refrigerator contained an unlabeled, undated bowl of vegetable medley and bowl of pudding.

Plan of Correction

Accept () - 01/12/2026

-DCS labeled pudding and removed bowl of vegetable medley on 11/20/2025

- Owner/ Administrator will monitor and make sure that all food is labeled and dated correctly. is checking weekly to make sure anything we put in the freezer or fridge is labeled and dated.

Licensee's Proposed Overall Completion Date: 01/11/2026

103e - Left Overs (*continued*)

Implemented (█) - 03/04/2026

103i - Outdated Food

6. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 11/20/2025, at 10:20a.m. there was a dented can of corn found in the dry storage area of the kitchen.

Plan of Correction

Accept (█) - 01/12/2026

█ -DCS removed dented can of corn on 11/20/2025

█ - Owner/ Administrator will monitor and make sure there are no dented cans. █ is doing weekly checks to make sure that we have no dented cans.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented (█) - 03/04/2026

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 5/31/2025 and 6/30/2025 does not indicate if the drills were completed in the a.m. or p.m. hours.

Plan of Correction

Accept (█) - 12/30/2025

█ - Med Supervisor and █ - DCS has fixed the am and pm in the fire drill logbook 11/21/2025

█ - Owner/ Administrator will monitor and make sure that we are conducting fire drills and putting times am/pm in logbook

Licensee's Proposed Overall Completion Date: 12/29/2025

Implemented (█) - 03/04/2026

132g - Fire Drills Days/Times

8. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

132g - Fire Drills Days/Times (continued)

Description of Violation

In the last six months, the home routinely held fire drills during the end of the month as evidenced by the following drills: 5/31/2025, 6/30/2025, 7/31/2025, 8/28/2025 and 10/31/2025.

Plan of Correction

Accept (█) - 01/12/2026

█ - Med Supervisor and █ - DCS have made sure that we are holding fire drills on different dates and not at the end of the month 11/21/2025

█ - Owner/ Administrator will monitor and make sure that fire drills are not being done at the end of the month. We will keep a log of all fire drills with date, time and how long it took for everyone to get out. this will be monitored monthly.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented (█) - 03/04/2026

144c1 - Smoking Area Guidelines

9. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

On 11/20/2025 at 10:23a.m, 2 small plastic ashtrays were found on the shelf of the dry storage area near resident snacks, out of the home's designated smoking area. The ashtrays contained recently extinguished cigarettes.

Repeat - 03/11/2025

Plan of Correction

Accept (█) - 01/12/2026

█ -DCS removed ashtrays to the outside of the home where they will stay 11/20/2025

█ - Owner/ Administrator will monitor and make sure there is no smoking unless in designated areas. █ has told all staff no one is to be smoking on the back porch or in the building other than in the smoke room which is for residents only and that staff is to smoke outside. █ has done away with the ashtrays. █ checks on a daily basis.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented (█) - 03/04/2026

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident # 1 is prescribed Acetaminophen 325 mg, administering 2 tablets by mouth as needed every four hours. The

184a - Resident's Meds Labeled (continued)

label on the medication incorrectly states to administer 1 tablet by mouth every four hours as needed.

Resident # 2 is prescribed Cyclobenzaprine 10 mg , administering 1 tablet by mouth as needed. The label on the medication incorrectly states to administer 1 tablet by mouth three times daily as needed.

Plan of Correction

Accept ([redacted] - 01/12/2026)

[redacted] - Med Supervisor fixed Resident #1 and Resident #2 mars were changed to match prescribers order and label from Pharmacy 11/20/2025

[redacted] - Owner/ Administrator will monitor and make sure that all meds match prescribers order and the labels from the pharmacy. [redacted] will make sure that [redacted] are putting the meds in the mars as they are printed on the labels. this will be done monthly.

Proposed Overall Completion Date: 01/11/2026

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented ([redacted] - 03/04/2026)

190a - Completion Medication Course

11. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident # 1 is administered Trulicity, a GLP-1, by the staff in the home. The home does not have any licensed staff certified to administer this medication nor does it have a waiver in place for a Medication Technician to administer the medication.

Plan of Correction

Accept ([redacted] - 01/12/2026)

[redacted] - Med Supervisor reached out to Resident # 1 's doctor to see about them giving [redacted] weekly shot 11/21/2025

Resident #1 has passed away [redacted] before we could get a response from [redacted] doctor DOD: [redacted] will see if the doctor's office can do them or we will be applying for a waiver.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented ([redacted] - 03/04/2026)

225c - Additional Assessment

12. Requirements

2600.

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

- 1. Annually.

225c - Additional Assessment (*continued*)**Description of Violation**

Resident 3 's current assessment was completed on 04/08/2024.

Plan of Correction

Accept ([REDACTED] - 01/12/2026)

[REDACTED] -DCS was made designated person to update Rasps. [REDACTED] has currently updated Resident # 3's rasp to be current 11/20/2025

[REDACTED] - Owner/ Administrator will monitor and make sure that Rasps are done in a timely matter after DME's are done. [REDACTED] will make sure that any DME'S that get done have RASPS done within a week.

Licensee's Proposed Overall Completion Date: 01/11/2026

Implemented ([REDACTED] - 03/04/2026)