

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

January 29, 2026

[REDACTED]
HUMANGOOD PENNSYLVANIA
[REDACTED]

RE: RYDAL PARK PERSONAL CARE
1515 THE FAIRWAY
RYDAL, PA, 19046
LICENSE/COC#: 13812

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/24/2025, 11/25/2025 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: RYDAL PARK PERSONAL CARE **License #:** 13812 **License Expiration:** 02/19/2026
Address: 1515 THE FAIRWAY, RYDAL, PA 19046
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: HUMANGOOD PENNSYLVANIA
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 1 **Date:** 01/19/2012 **Issued By:** Abington Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 76 **Waking Staff:** 57

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 12/16/2025

Inspection Dates and Department Representative

11/24/2025 On Site: [REDACTED]
11/25/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 72	Residents Served: 49		
Secured Dementia Care Unit			
In Home: Yes	Area: Memory Care Unit	Capacity: 23	Residents Served: 19
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 49		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 27	Have Physical Disability: 0		

Inspections / Reviews

11/24/2025 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/27/2025

Inspections / Reviews *(continued)*

01/05/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/26/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 01/10/2026

01/13/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/26/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/25/2026

01/29/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/26/2026
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 9:30 a.m., the laptop on top of the medication cart in the memory care unit was unlocked, unattended, and accessible.

Repeat Violation: [REDACTED] and [REDACTED] et al.

Plan of Correction

Accept [REDACTED] 01/05/2026)

Preparation and execution of this Response and Plan of Correction does not constitute an admission or agreement by HumanGood/Rydal Park Personal Care Facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies and Plan of Correction. The Plan of Correction is being prepared and/or executed solely because it is required by State and Federal Law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, the Response and Plan of Correction constitutes the facility's allegation of compliance in accordance with section 2600.3 (c) of the Regulatory Compliance Guide.

17- Record Confidentiality

Team members have been reeducated by Administrator on resident record and locking of laptop screen on 12/23/2025- see attached in service

Moving forward, Administrator or designee will conduct weekly random audits that all medical records screen are locked or signed out on all electronic devices. Audits will start on the week of 1/5/26 weekly for six (6) months. Audits will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 12/27/2025

Implemented [REDACTED] - 01/29/2026)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident [REDACTED] passed away on [REDACTED] Resident [REDACTED]'s personal belongings were removed on [REDACTED] from [REDACTED] room; however, the refund check was not issued until [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/05/2026)

Executive director provided reeducation to PC Administrator and Business Office Manager on 12/22/2025-see

28e Death of a Resident (continued)

attached in service

Moving forward, Business Office Manager will provide PC administrator a monthly report of AR credits due refunds for twelve (12) months. Monthly audit will start the week of 1/5/26. Audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 12/27/2025

Implemented [redacted] - 01/29/2026)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [redacted] - 01/05/2026)

Executive director provided reeducation to PC Administrator and HR director on 12/22/2025 see attached in service Moving forward, HR director or HR designee will ensure that all direct care team members will have a US high school diploma. Current team member has been removed from the schedule until GED certification can be obtained. HR will conduct a monthly audit twelve (12) months. Audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 12/27/2025

Implemented [redacted] - 01/29/2026)

65g - Annual Training Content

4. 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.

65g - Annual Training Content (continued)

Description of Violation

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102), and new population groups that are being served at the home that were not previously served during the training year 2024.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accepted [REDACTED] - 01/05/2026)

The PC administrator provided reeducation to team members and interdepartmental managers and supervisors regarding training topics are completed as scheduled. Administrator reviewed training topics with team members and interdepartmental managers and supervisors on 12/23/2025- see attached in service.

Moving forward, PC administrator, Dining Services, Housekeeping and Activities Managers will conduct monthly audits for twelve (12) months beginning the week of 1/5/26. Audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 12/27/2025

Implemented [REDACTED] - 01/29/2026)

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED], there was an uncovered bedside mobility device with an opening of 12 inches wide and 6 inches high attached to the bed frame in bedroom [REDACTED]

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accepted [REDACTED] 01/13/2026)

The use of Bed Transfer Handle devices in service was given to team members on 12/23/2025 -see attached in service. Approved transfer handle was placed on resident's bed on 11/26/25. Full house audit completed by nursing supervisor on 1/7/2026 to ensure all approved transfer handles were on residents' bed.

The PC administrator will discuss at the next resident council on 1/30/26 using personal medical items to notify the administrator to ensure medical items are within compliance. Rehab services will continue to assess every six (6) months if residents require the need for bed transfer handle devices. Moving forward, PC Administrator or designee will be conducting monthly bed transfer mobility audit for three (3) months beginning the week of 01/5/26. Audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented [REDACTED] - 01/29/2026)

103d - Storing Food Off Floor

6. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On [REDACTED] there were 7 tubs of ice cream stored on the floor of the basement walk-in freezer.

Plan of Correction**Accept [REDACTED] - 01/13/2026)**

Dining Service Manager will provide reeducation and an in service to dining team and receiver by 12/31/2025. Full house audit of storage areas completed by Dining Services General Manager on 12/1/2025 to ensure that there was no storing of food on the floor. As of 12/1/2025, added checking for foods on the floor on evening closing rounds. • Will enlist help from other team members when there are multiple deliveries arriving at the same time. Dining Service Manager or designee will conduct random biweekly audits in the main kitchen for six (6) months starting on 1/1/26. Audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented [REDACTED] - 01/29/2026)

103g - Storing Food

7. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [REDACTED], there was a bag of golden raisins inside a box, opened and unsealed.

Plan of Correction**Accept [REDACTED] - 01/13/2026)**

Dining Service Manager will provide reeducation and an in service to dining team members by 12/31/2025. Full house audit completed by Dining Services General Manager on 12/1/2025 to ensure food was stored properly. As of 12/1/2025, added checking for improperly stored food to our evening closing rounding. Purchased new containers to ensure sufficient amount for food storage. Dining Service Manager or designee will conduct random biweekly audits in the main kitchen for six (6) months starting on 1/1/26. Audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented [REDACTED] - 01/29/2026)

103i - Outdated Food

8. Requirements

2600.

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

103i - Outdated Food (continued)

Description of Violation

On [REDACTED], chocolate fudge icing with an expiration date of [REDACTED] was in the main kitchen pantry.

Plan of Correction

Accept [REDACTED] - 01/13/2026)

Full house audit of storage areas completed by Dining Services General Manager on 12/1/2025 to ensure that there was no outdated food. As of 12/1/2025, added checking for outdated foods on evening closing rounds. Added during weekly inventory counts and checks, checking for best by dates. Dining Service Manager will provide reeducation and an in service to dining team members by 12/31/2025. Dining Service Manager or designee will conduct random biweekly audits in the main kitchen for six (6) months starting on 1/1/26. Audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented [REDACTED] - 01/29/2026)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/05/2026)

Executive Director provided reeducation to PC Administrator regarding annual medical evaluations on 12/23/25- see attached in service

Moving forward, PC Administrator has created on 11/27/25 an Excel spreadsheet with all residents' DME's dates. PC Administrator or designee will provide monthly audits of DME due for the previous month beginning the week of 1/5/26. Audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 12/27/2025

Implemented [REDACTED] 01/29/2026)

171c - Home's Vehicle Documents

10. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

1. Vehicle registration.
2. Valid driver's license for vehicle operator.
3. Vehicle insurance.
4. Current inspection.

171c - Home's Vehicle Documents (continued)

5. Commercial driver's license for vehicle operator if applicable.

Description of Violation

The home does not have a copy of a current registration for the 2023 Subaru that is used to transport residents.

Plan of Correction

Accept ([redacted] - 01/13/2026)

PC Administrator provided reeducation to Director of Community Life and transportation manager on 12/22/25- see attached in service

Full audit of all vehicles was completed by Director of Community Life and Transportation on 11/25/2025. Printed registrations that were not present in the vehicles from the Penn DOT website and placed in vehicles. To ensure proper transportation documentation is maintained and monitored, we have implemented the following measures:

- A digital file system is being maintained on the Rydal server with clearly labeled folders using proper names. In addition, physical files are organized and stored by year and vehicle.
- A paper copy of all required documentation is also kept in each vehicle at all times.
- All expiration dates have been entered into Outlook to allow for regular tracking. These dates will be reviewed during the monthly audit process to ensure documents are renewed prior to expiration.
- The Driver Daily Checklist has been updated to include a requirement that drivers verify once per week, before submitting their checklist, that all required paperwork in the vehicle is current and valid.
- Driver Daily Checklists will be audited monthly, and results will be reported to Personal Care, confirming that transportation files and documentation remain up to date.

Moving forward transportation manager will conduct monthly audits for twelve (12) months beginning the week of 1/5/26. Audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented [redacted] 01/29/2026)

182b - Prescription Medication

11. 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

On [redacted] at 17:00 and 20:00, staff person C administered medications to resident 3 to include the following: [redacted], and [redacted]. Staff person C is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration

182b Prescription Medication (continued)

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.

Plan of Correction

Accept (████) - 01/13/2026)

Executive Director provided education to PC Administrator on 12/22/2025 see attached in service. It was identified that current medication train the trainer was no longer certified. PC Administrator is currently completing the DHS Medication Train the Trainer program. PC Administrator will have train the trainer program completed by January 30, 2026. Current team member will not administer medications until DHS Medication Med tech class completed. PC Administrator reviewed medication med tech binder on 11/26/2025. PC Administrator will complete audits monthly to ensure all team members are qualified med techs for (6) six months. Audits will start the week of 01/12/2026 and audit will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented (████) - 01/29/2026)

183b - Meds and Syringes Locked

12. 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 (████) at 9:30 a.m., the medication cart in the memory care unit was unlocked, unattended, and accessible.

Repeat Violation: (████)

Plan of Correction

Accept (████) - 01/05/2026)

Administrator provided in service to LPN's and med techs provided that med cart must be secured when unaccompanied on 12/23/2025 see attached in service.

Moving forward, Administrator or designee will conduct weekly audits. Audits will start on the week of 1/5/26 weekly for six (6) months. Audits will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 12/27/2025

Implemented (████) - 01/29/2026)

183e - Storing Medications

13. 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

██████████ is prescribed for resident ██████████. However, the back foil of pill #7 of the blister pack is broken. According to the manufacturer's instructions, prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light.

██████████ is prescribed for resident ██████████. However, the medication had an expiration date of ██████████ and it was on the medication cart. According to the manufacturer's instructions, prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light.

Repeat Violation: ██████████ et al.

Plan of Correction

Accept ██████████ - 01/13/2026)

Administrator provided LPN's and med tech's reeducation and in service on blister packs punctured and expired medications on 12/23/25. Hospice notified that prefilled syringes will no longer be accepted. All prefilled syringes have been replaced and will use only multidose liquid bottles for all comfort medications. See attached in service. A complete med cart completed by 11-7 nurse on 11/25/2025 to ensure new medications were received from hospice and syringes were disposed. 11-7 nurse completed med cart audits to ensure that blister cards intact. Moving forward, Administrator or designee will conduct weekly audit review of medication blister card for twelve (12) months beginning the week of 1/5/26. Audits will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented ██████████ - 01/29/2026)

184a - Resident's Meds Labeled

14. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident ██████████ directions changed. However, the blister pack instructions read, "Take one tablet by mouth daily," and the electronic medical administration record reads, "Take one tablet by mouth two times daily."

Repeat Violation: ██████████

Plan of Correction

Accept ██████████ 01/13/2026)

Administrator provided LPN's/Med techs an in service on medications must have correct pharmacy labels or

184a - Resident's Meds Labeled (continued)

change of direction sticker on 12/23/25- see attached in service

Full med cart audits were started on 11/26/2025 and completed by full time 11-7 nurse on 12/08/2025. 11-7 nurse continues to complete nightly cart audits and 24-hour check to ensure correct directions reflect the MAR or add change of direction sticker if applicable.

Moving forward, the administrator or designee will conduct random monthly cart audits on all medications has a correct pharmacy label or change of directions stickers (6) six months starting the week of 1/5/26. Audits will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented [REDACTED] - 01/29/2026)

187d - Follow Prescriber's Orders**15. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] Give one tablet by mouth three times a day for [REDACTED] before meals, and hold if blood pressure is less than [REDACTED]. According to the medication administration record, the resident was administered medication numerous times during the month of November, while the blood pressure was under [REDACTED]

Repeat Violation: [REDACTED] and [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 01/13/2026)

Administrator provided LPN's and Med techs reeducation and an in service to follow prescribers orders on 12/23/2025- see attached in service

Administrator conducted a full review of medication orders to ensure correct parameters are attached to orders.

Administrator will provide a refresher course Back to Basic Medication administration with med techs ensuring that they are following providers orders and entering the correct documentation with medication administration by 01/23/2026. Moving forward, the administrator or designee will conduct random weekly orders to ensure parameters are entered and medication are being documented correctly as prescribed for (6) six months starting the week of 1/5/26. Audits will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [REDACTED] 01/29/2026)

236 - Staff Training**16. Requirements**

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

236 - Staff Training (continued)

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU), had only 4.75 hours of training in dementia care during the training year 2024.

Plan of Correction

Accepted [redacted] - 01/13/2026)

*Executive Director provided reeducation to PC Administrator on 12/23/25- see attached in service
PC Administrator met with corporate education development manager on 12/15/25 to ensure correct number of hours are loaded for annual Relias dementia trainings. PC Administrator or designee will conduct quarterly audits for twelve (12) months to ensure dementia training has been completed annually starting the week of 1/5/26. Audits will be reported to QAPI monthly beginning in February 2026. QAPI is scheduled for February 18, 2026.*

Proposed Overall Completion Date: 01/10/2026

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented [redacted] - 01/29/2026)