

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

March 27, 2026

[REDACTED]
PERSONACORP INC
[REDACTED]

RE: LIBERTY SQUARE PERSONAL CARE
86 MAIN STREET
STOUCHSBURG, PA, 19567
LICENSE/COC#: 20572

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/04/2025 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LIBERTY SQUARE PERSONAL CARE* License #: *20572* License Expiration: *10/01/2025*
 Address: *86 MAIN STREET, STOUCHSBURG, PA 19567*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *PERSONACORP INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/17/1999* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/04/2025*

Inspection Dates and Department Representative

12/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *19* Residents Served: *12*
 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: *11*
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/04/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/10/2026*

01/22/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/25/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/29/2026*

Inspections / Reviews (*continued*)

03/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/09/2026

03/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home does not have a quality management plan.

Plan of Correction

Accept [redacted] - 01/22/2026)

The Liberty Square management team recognizes the importance of developing and implementing measures to address the areas needing improvement within the facility.

The facility has developed a Quality Management Plan which centers around the periodic review and evaluation of the required items listed in 26 b.

Please see attached plan and report form.

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented [redacted] 03/27/2026)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 2:31 p.m., the 1st floor shared bathroom had dried urine on the wall and floor around the toilet.

Plan of Correction

Accept [redacted] - 01/22/2026)

Liberty Square understands the importance of maintaining a clean, sanitary environment. During our annual inspection there was urine on the floor and wall of our first floor shared bathroom. Our plan to tackle this recurring problem has 3 steps.

1) We will be providing a key to each of our first floor residents. We will ask them to lock the door when not in use. This will prevent the "upstairs" men from using this bathroom and encourage them to use their own private bathrooms.

2) We will be posting a sign in the shared bathroom that will ask the residents to notify staff or administrator if the bathroom needs attention.

3) We will be reminding each shift to check the bathroom during their time on duty to ensure that it remains clean and sanitary.

The administrator will monitor the situation for success.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] 03/27/2026)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 Lighting/Operable Lamp (continued)

Description of Violation

At approximately 2:16 p.m. in room █ 2nd floor, Resident █ does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 01/22/2026)

A new lamp was placed on Resident # █ bedside table. Resident was counseled concerning importance of leaving the lamp in place for safety and the ability to see if █ gets up at night.

Administrator will monitor the lamp to make sure that it remains there and is in good working order,

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented (█ 03/27/2026)

103e - Left Overs

4. 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

At approximately 2:40 p.m. in kitchen refrigerator 2 there was fruit salad in a plastic cup and an English muffin in a sandwich bag that was unlabeled and undated.

At approximately 2:40 p.m. in the kitchen freezer there were 3 packages of unlabeled, undated frozen sausage.

Plan of Correction

Accept (█ - 01/22/2026)

The unlabeled food, which was discovered during our inspection, was actually food belonging to staff. We have designated an additional shelf in that particular refrigerator as a "staff" shelf. All staff members have been advised to keep personal food and drinks, properly labeled, in "staff" door bins and on the appropriate shelf. Administrator will monitor the staff food for correct placement.

The unlabeled sausage (in white freezer paper) was cooked for dinner the night of the inspection. Administrator will be sure to label and date unmarked packages when purchased from the farm market.

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented (█ - 03/27/2026)

103i - Outdated Food

5. Requirements

2600.

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

Description of Violation

At approximately 2:37 p.m., 3 bags of 3 lbs. spoiled smelling potatoes surround by flies were in the kitchen. The kitchen had 2 boxes of 14oz of graham crackers with best used by date 11/2023.

At approximately 2:40 p.m. in the kitchen pantry area there was a dented 29oz. can of Great Value pear halves in heavy syrup.

103i Outdated Food (continued)

At approximately 2:40 p.m. in kitchen refrigerator 2, there was a plastic container of cooked chicken fingers that had a best buy date of 11/24/25, a wilted, brownish/yellow head of lettuce and a wilted cucumber.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/22/2026)

The items found were overlooked or forgotten items which, if discovered by staff, would have been disposed of immediately. The potatoes, crackers, lettuce and cucumber were disposed of at the time of our inspection. The pears were actually able to be returned for credit.

Our fresh food items are always checked for safety and quality at the time we prepare or serve them.

A system for checking food dates and cleaning out our refrigerators has been put into place. On the days that we will be receiving a grocery order, the administrator will clean out the old food items and check the dates to ensure the safety and freshness of the food for our residents before the new groceries arrive.

Staff and administrators will check the dates on our dry goods at least every month to be certain that outdated food is disposed of in a timely manner.

Administrator will monitor the kitchen for compliance.

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented [REDACTED] - 03/27/2026)

107d - Procedure Emergency Management Agency Submission**6. 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 submitted to local emergency management agency in the year 2025 and the last submission is unknown.

Plan of Correction

Accept [REDACTED] - 02/10/2026)

The Liberty Square administrator will review, update and submit our written emergency procedures to the local emergency management agency. This will be done on an annual basis. Reminder date will be added to facility calendar to ensure compliance. Administrator will monitor for compliance. See attached dated mail receipts and cover letter.

Licensee's Proposed Overall Completion Date: 01/29/2026

Implemented [REDACTED] - 03/27/2026)

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.

132c Fire Drill Records (continued)

Description of Violation

The fire drill record for the drill conducted on [REDACTED] does not include a.m./p.m.

Plan of Correction

Accept [REDACTED] - 01/22/2026)

Liberty Square administrators are aware of the importance of accurate documentation when recording our fire drills. We will now be using military time when documenting fire drill information to avoid the confusion which occurred during our inspection. Administrator will monitor fire drill record for compliance.

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented [REDACTED] - 03/27/2026)

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] as needed. On [REDACTED] the medication was not available in the home.

Plan of Correction

Accept [REDACTED] 01/22/2026)

Liberty Square acknowledges that it is important to have all prescribed/recommended OTC medications available for each resident. Resident [REDACTED] now has [REDACTED]. Administrator will be checking medication lists for each resident to ensure that all rarely used creams, drops and lotions are present in the home for use, if needed. If any such items go unused for a year, the PCP will be contacted for a status update. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [REDACTED] - 03/27/2026)

190a - Completion Medication Course

9. 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

On [REDACTED] at 12:04 p.m. staff person A administered medications to Resident [REDACTED]. Staff person A has not completed their annual practicum since [REDACTED]

Plan of Correction

Directed [REDACTED] - 03/02/2026)

In the course of correcting this error, Liberty Square was latently made aware of the suspension of our contracted medication administration trainer's (the individual responsible for performing the annual practicum for the facility) certification, on 12/15/2025. We have been working directly with ODP to find a solution, and have a staff member trained in a timely manner. This staff member will take over for the suspended individual, re teaching and training staff. Proper protocol will be monitored and maintained through a collaborative effort between the administrator

190a - Completion Medication Course (continued)

and the trainer.

Staff certifications of all types will be reviewed by administrator on a monthly basis with renewal dates placed on the facility calendar, notifying staff of when trainings are to occur.

A PCA designated by the administrator was enrolled in ODP's Train-the-Trainer course on 12/11/2025, to be completed in a timely manner and become the certified trainer for Liberty Square, replacing the need and uncertainty of a contracted 3rd party. This trainer will perform all necessary functions of the trainer, as stated in the 2600s, including but not limited to: MAR reviews, annual practicum observations, file audits and policy compliance.

The then-certified trainer plans to train another staff person to become a practicum observer, to further ensure greater, more consistent monitoring and compliance.

Date assigned is projected, as completion of the Train-the-Trainer course is dependent upon the schedule of in-person classes being held in Harrisburg.

Please note: The participant reads as Andrea Stone, but this is being changed to accurately reflect previously submitted paperwork that states PCA Sydney Stone is the actual participant.

Proposed Overall Completion Date: 02/11/2026

(Directed)

All staff members administering medications will be trained in the Department approved medication administration course.

Directed Completion Date: 03/09/2026

Implemented [REDACTED] - 03/27/2026)