

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

March 2, 2026

[REDACTED]  
UNITED CHURCH OF CHRIST HOMES INC  
[REDACTED]

RE: EPHRATA MANOR  
99 BETHANY ROAD  
EPHRATA, PA, 17522  
LICENSE/COC#: 32188

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/15/2026 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:** EPHRATA MANOR **License #:** 32188 **License Expiration:** 06/24/2026  
**Address:** 99 BETHANY ROAD, EPHRATA, PA 17522  
**County:** LANCASTER **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** UNITED CHURCH OF CHRIST HOMES INC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 08/31/2022 **Issued By:** Department of Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 37 **Waking Staff:** 28

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident **Exit Conference Date:** 01/15/2026

**Inspection Dates and Department Representative**

01/15/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 48 **Residents Served:** 37  
**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:** 37  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

**Inspections / Reviews**

01/15/2026 Partial  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/14/2026

Inspections / Reviews (*continued*)

02/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/19/2026

02/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/27/2026

03/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2026

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 10:08 AM, resident medical information was unlocked, unattended and accessible in the home's examination room including:

- Resident # [redacted] at the base of [redacted] to include physician's orders for mobility.
- Resident [redacted]'s administration of nasal spray at 1:25 AM.
- Resident [redacted] bowel movement and medication administration at 11:58 AM.
- Resident [redacted] upcoming medical appointment. .
- Resident [redacted] dietary order for ground meats and a mechanical soft diet.

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] 02/13/2026)

The PCHA immediately closed the examination room locking door to secure the records for residents [redacted] and [redacted] Staff on duty were immediately educated by the PCHA to ensure that the examination room door is closed and locked at all times to ensure that resident records remain inaccessible to the public.

Department wide training of PA DHS Regulation 2600.17 Record Confidentiality by PCHA was initiated immediately and will remain ongoing until all staff have completed education. All staff will be educated by February 26th at the monthly staff meeting. Staff are instructed to ensure all medical information of residents is locked and inaccessible to the public.

PCHA or designee will conduct daily random audits on various shifts x1 week which began on 1/16/2026. PCHA or designee will add additional weekly audits to the community walk throughs that are completed. These additional audits will become a permanent part of weekly community walk throughs to ensure staff are in compliance with regulation 2600.17.

The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations. Date of completion 2/27/2026

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [redacted] - 03/02/2026)

121b - Locking Device Approval

2. Requirements

2600.

121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

## 121b Locking Device Approval (continued)

**Description of Violation**

The doors at the east hall exit, west hall exit, and center exit on the first and second floors, which are used as an egress route from resident hallways to stairwells and exterior of the home were equipped with magnetic locking devices requiring a code to be entered to disengage the lock, preventing immediate egress from all doors. The home does not have written approval or a variance from the Department of Labor and Industry, the Department of Health or the local building authority for use of magnetic locking device.

**Plan of Correction**

Accept [REDACTED] - 02/13/2026)

Upon discovery by the Licensing Inspector PCHA spoke with the Director of Environmental Services and a call was placed to our vendor who installs and maintains mag locks. The vendor who installs special locking arrangements for the community was notified and on 01/20/2025 vendor arrived to the facility to disengage magnetic locks on all doors allowing for unrestricted means of egress.

PCHA will evaluate resident population and associated risk to decide if there is a need for a delayed egress to be installed. If after reviewing the trends and patterns associated with the evaluations a delayed egress is deemed necessary, the PCHA and or Director of Environmental Services will reach out to the local building authority to request recommendation for special locking arrangements. The PCHA will be responsible for providing appropriate documentation to the Department prior to installation of any special locking arrangements per 2600.121b.

Licensee's Proposed Overall Completion Date: 02/12/2026

Implemented [REDACTED] - 03/02/2026)

## 225c - Additional Assessment

**3. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

Resident [REDACTED] experiences and receives routine medication for [REDACTED] and [REDACTED]. However, the resident's assessment, dated [REDACTED], does not include these diagnoses as an assessed medical need.

Resident #6 experiences episodes of sleepwalking for which the resident utilizes a bell on [REDACTED] bedroom door to alert the resident if [REDACTED] is trying to leave the bedroom. However, the resident's assessment, dated 6/12/25, has not been updated to reflect the resident's behavioral need.

**Plan of Correction**

Accept [REDACTED] - 02/13/2026)

The medical and behavioral needs of Resident [REDACTED] were reviewed by PCHA and Licensed Nurses. Addendums were made to the Resident's RASP on 1/25/2026 and 2/7/2026 to reflect the missing assessments noted by the Licensing Inspector. Resident's PCP and POA were notified of changes in behavioral needs.

**225c Additional Assessment (continued)**

*The PCHA will provide education to the Licensed Nurses to ensure understanding of the need to complete and update the RASP to ensure that they accurately reflect the needs of the residents. All staff will be educated on or by February 26th at monthly staff meeting.*

*The PCHA and or designee will conduct weekly audits of five residents for 2 months to ensure that the RASP accurately reflects the needs of the residents. These audits began on 2/9/2026.*

*The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations. Date of completion 4/3/2026*

**Licensee's Proposed Overall Completion Date: 02/26/2026**

**Implemented [REDACTED] 03/02/2026)**