

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

March 6, 2026

[REDACTED]
ET 141 OPERATIONS LLC
[REDACTED]

SUITE 400
[REDACTED]

RE: ELIZABETHTOWN PERSONAL CARE
141 HEISEY AVENUE
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33881

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/21/2026 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: ELIZABETHTOWN PERSONAL CARE License #: 33881 License Expiration: 03/03/2026
 Address: 141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: ET 141 OPERATIONS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/07/1992 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: Total Daily Staff: 31 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 01/21/2026

Inspection Dates and Department Representative

01/21/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 39 Residents Served: 31
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 31
 Number of Residents Who:
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 31
 Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 3

Inspections / Reviews

01/21/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/12/2026

02/18/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/24/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/27/2026

Inspections / Reviews *(continued)*

03/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident [redacted] current medical evaluation completed on [redacted] was not signed and dated by a physician, physician's assistant or certified registered nurse practitioner.

Plan of Correction

Accept [redacted] - 02/18/2026)

Appointment with PCP to complete the necessary medical evaluation was scheduled for 2/18/2026. Medical transportation was arranged to and from this appointment.

A full audit of resident evaluations was completed and a monthly calendar of when upcoming evals are due was created to ensure this will not be an ongoing issue. Evaluations will be audited monthly for 3 months, then quarterly once compliance is established consistently for 3 months.

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented [redacted] 03/06/2026)

141b2 - Medical Evaluation Changes

2. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

In December, 2025, Resident [redacted]s mobility needs changed from using a walker to a wheelchair. In December 2025, Resident [redacted] contracted the flu which required [redacted] to need oxygen, in addition this made it difficult for [redacted] to turn or position and use the bathroom. On [redacted] it was discovered that Resident [redacted] had a small skin tear on [redacted] buttocks as a result of [redacted] incontinence and need for repositioning. On [redacted] the home began implementing 2 hours incontinence checks, during these checks the staff were also instructed to reposition the resident in order to prevent further skin break down.

Following these changes in condition, the home failed to have the resident evaluated by a physician.

Plan of Correction

Accept [redacted] 02/18/2026)

Appointment with PCP to complete the necessary medical evaluation was scheduled for 2/18/2026. Medical transportation was arranged to and from this appointment. Staff education was provided regarding the need for evaluation if there is a change in condition. A full audit of resident evaluations was completed and a monthly calendar of when upcoming evals are due was created to ensure this will not be an ongoing issue. Evaluations will be audited monthly for 3 months, then quarterly once compliance is established consistently for 3 months.

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented [redacted] - 03/06/2026)

225c - Additional Assessment

3. Requirements

2600.

225c Additional Assessment (continued)

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

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

Description of Violation

In December 2025, Resident [REDACTED] mobility needs changed from using a walker to a wheelchair. Resident # [REDACTED] was a full assist with all ADLs. In December 2025, Resident [REDACTED] contracted the flu which required [REDACTED] to need oxygen, in addition this made it difficult for [REDACTED] to turn or position and use the bathroom. On [REDACTED] it was discovered that Resident [REDACTED] had a small skin tear on [REDACTED] buttocks as a result of [REDACTED] incontinence and need for repositioning. On [REDACTED] the home began implementing 2 hours incontinence checks, during these checks the staff were also instructed to reposition the resident in order to prevent further skin break down. In December 2025, [REDACTED] was no longer able to go to the dining area for meals due to [REDACTED] mobility needs. All meals were served in [REDACTED] room, and [REDACTED] required staff's full assistance to eat meals.

Resident [REDACTED]'s assessment was not updated to reflect these changes.

Plan of Correction

Accepted [REDACTED] 02/18/2026)

Appointment with PCP to complete the necessary medical evaluation was scheduled for 2/18/2026. Medical transportation was arranged to and from this appointment. Staff education was provided regarding the need for evaluation if there is a change in condition. Resident then experienced another change in condition and was sent to ER for evaluation. A full audit of resident evaluations was completed and a monthly calendar of when upcoming evals are due was created to ensure this will not be an ongoing issue. Evaluations will be audited monthly for 3 months, then quarterly once compliance is established consistently for 3 months.

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented [REDACTED] - 03/06/2026)