pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **DIVINE LIVING HOME LLC**
LEGAL ENTITY

To operate **DIVINE LIVING HOME**
NAME OF FACILITY OR AGENCY

Located at **3828 COMLUMBIA AVENUE, MOUNTVILLE, PA 17554**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **39**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 9, 2026** until **January 9, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338242**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JULY 21, 2026

[redacted]
Divine Living Home LLC
[redacted]

RE: Divine Living Home
License #: 338242

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on January 28, 2026, April 7, 2025 and April 8, 2026 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) (relating to conditions for denial, non-renewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from JULY 9, 2026 to JANUARY 9, 2027.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date:

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
85(b)	III	32	$3	$96	15 calendar days from the Date of this letter
89(b)	II	32	$5	$160	5 calendar days from the Date of this letter

A fine will be assessed daily beginning with the date of [redacted] letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected and full compliance with the regulation has been achieved by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed, and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: [redacted]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *DIVINE LIVING HOME* **License #**: *33824* **License Expiration**: *07/09/2026*

Address: *3828 COMLUMBIA AVENUE, MOUNTVILLE, PA 17554*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *DIVINE LIVING HOME LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *07/07/1983* **Issued By**: *Dept of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *31* **Waking Staff**: *23*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Fine* **Exit Conference Date**: *01/28/2026*

Inspection Dates and Department Representative

01/28/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* **Residents Served**: *30*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *26* **Are 60 Years of Age or Older**: *24*

Diagnosed with Mental Illness: *21* **Diagnosed with Intellectual Disability**: *6*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

01/28/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *02/21/2026*

Inspections / Reviews *(continued)*

02/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/01/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *03/02/2026*

03/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/01/2026*

06/23/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Enforcement*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] ability to self-administer medications was assessed by a medical professional on [redacted] Resident [redacted] can self-administer medications with no assistance from others, with assistance to store medications in a secure place and with assistance in remembering [redacted] schedule. Resident [redacted] assessment and support plan, dated [redacted] indicated the resident cannot self-administer medications and direct care staff will administer all medications to Resident [redacted] On [redacted], Resident [redacted] did not receive this assistance as indicated in the resident's assessment and support plan as Resident [redacted] self-administered a medicated powder and [redacted].

Resident [redacted] ability to self-administer medications was assessed by a medical professional on [redacted] Resident [redacted] can self-administer medications with assistance to store medications in a secure place, remembering schedule and offering medications at prescribed times. Resident [redacted] assessment and support plan, dated [redacted], indicated the resident is capable of self-administering medications with assistance to store medications in a secure place and administer medications to Resident [redacted] at prescribed times. However, on [redacted], Resident [redacted] did not receive this assistance as indicated in the resident's assessment and support plan as Resident [redacted] was independently storing and administering medications as needed to include [redacted] and [redacted] in [redacted] bedroom.

Plan of Correction ***Directed [redacted] - 03/05/2026)***

Resident [redacted] completed [redacted] annual medical assessment on 10/22/2025. At the time of the appointment, the physician did not complete the DME paperwork that was sent with the resident.
Administrator, Janine Dotts, made multiple follow-up contacts with the physician's office between 10/22/2025 and 1/26/2026 to obtain the completed DME documentation. The DME paperwork was finalized on 1/26/2026 and specifies that Resident [redacted] may self-administer [redacted] Albuterol inhaler medication and Nystatin topical powder medication only. The resident is not permitted to self-administer any other medications.
At the time of inspection, the completed DME documentation had not yet been uploaded to the resident's file. The documentation has since been uploaded and properly filed in the resident's record.
Resident [redacted] physician was contacted on 1/29/2026 to obtain an updated physician's order authorizing the resident to self-administer and carry/store nitroglycerin and orgel.
On 02/01/2026, an audit was conducted by administrator of all residents who self-administer medication. Administrator will continue to conduct monthly audits of resident files to ensure that proper documentation and current physician authorization are present for all residents who are approved to self-administer medications. The Administrator was re-educated on 1/29/2026 regarding self-administration regulations, the importance of strictly following physician orders, and the requirement to obtain written physician authorization for self-administration privileges.
Education also included procedures for timely receipt of physician orders and ensuring all documentation is properly uploaded and maintained in resident files to remain in compliance with regulatory standards.

(Directed)
In addition to the above plan of correction:

- *All staff who administer medications will receive education on providing assistance with ADLs as indicated*

23a Activities of Daily Living Assistance (continued)

in the resident's assessment and support plan which includes medication administration. Staff will administer resident medications until the home receives physician's orders or the resident's medical evaluation indicating a resident can self administer. Education to be completed no later than 3/16/16.

- *Beginning no later than 3/16/16, the administrator or designee will observe medication administration for at least 3 residents per week for 3 months to ensure the resident is receiving supports in the area of medication administration as specified in the resident's assessment and support plan.*
- *Documentation of completed audits, observations and administration will be kept in the home and available for review by the Department.*

Directed Completion Date: *03/16/2026*

Implemented [redacted] - 06/23/2026)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 9:20 AM, the inoperable toilet in the bathroom located next to the kitchen contained splattered fecal matter on the outside of the toilet.

On [redacted] at 9:15 AM, black mold, measuring approximately 4" in diameter was under the sink in the bathroom located by resident room #7. The front toe kick of the cabinet was covered in small, black mold spots.

Repeated Violation [redacted], et al.

Plan of Correction ***Directed [redacted] 03/05/2026)***

Inoperable toilet was replaced on 02/13/2026.
For bathroom near room 7, bleach was applied to remove all black stains identified as mold. Staff was educated on 02/13/2026 identifying mold within high moisture areas like the bathrooms and retrained on how to clean and remove.
House manager will continue with shift checks of bathrooms and all other areas of the home to ensure all surfaces are free of mold with an end date of 03/31/2026.

(Directed)
In addition to the above plan of correction:

- *Education will be provided to all staff on checking resident restrooms for presence of fecal matter and properly cleaning/sanitizing the areas timely by 3/16/16.*
- *The House Manager will complete shift checks of resident bathrooms and all other areas of the home to ensure all surfaces are free of mold and feces through 3/31/26.*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *03/31/2026*

Implemented [redacted] 06/23/2026)

85a - Sanitary Conditions *(continued)*

85b - Infestation

4. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [redacted], multiple resident interviews indicated they have been bit by bed bugs within the last week on their legs, chest, and neck, and have found bed bugs on their pillow. On [redacted] dead bed bug carcasses were observed along the baseboards in Resident [redacted] bedroom.

Repeated Violation – [redacted] et al.

Plan of Correction ***Accept [redacted] - 03/05/2026)***

House manager continues to retain a list of reported sightings and will continue with the indicated protocol to remove all linens from rooms to heat treat at time of reporting. House manager is obtaining clothing of residents to heat treat as well. Rooms that have been identified to have live activity; including 3 beds in room 19, 2 beds in room 18, one bed in room 20; received new mattresses, frames, and mattress covers 01/28/2026 and 02/14/2026 . All linens are being heat treated from indicated rooms every morning to be heat treated as well.
Exterminator will continue to treat entire facility twice a month.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Not Implemented [redacted] - 06/23/2026)

88a - Surfaces

6. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The floor transition strip located between the home's telephone room and television room was not affixed to the floor, moving freely creating a tripping hazard; many residents in the home have an unsteady gait and utilize assistive devices for ambulation.

Plan of Correction ***Accept [redacted] - 03/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/29/2026 by the administrator to contact maintenance to fix transition strip. Maintenance came in to fix strip on 02/02/2026.

To enhance the currently compliant operations, on 02/01/2026 the direct care staff will continue daily checks of rooms and add floors, walls, ceilings, windows, doors and other surfaces, with a completion date of 04/30/2026.

Effective 02/13/2026 the direct care staff will perform daily checks of home, through 04/30/2026 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Not Implemented [redacted] 06/23/2026)

89a - Water Pressure

7. Requirements

2600.
89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

The home did not have hot running water that was sufficient to meet the bathing needs of residents in the home. On [redacted] at 4:15 PM, the highest temperature measured in the shower located by resident room [redacted] was 76.2 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] - 03/05/2026)***

Water temperature in all showers will be monitored daily for one week by Direct Care Staff for one week starting 2/3/26 through 2/10/26. Starting 3/1/26 water temperatures in all showers will be monitored Monthly through

89a - Water Pressure (continued)

12/31/26 by Direct Care Staff to ensure it remains within the safe and appropriate range to meet the bathing needs of residents. Direct Care Staff will document the temperature readings in a water temperature log.
Administrator will re-educated all staff on 2/13/26 on how to properly check the water temperature from each shower.
If the water temperature falls outside of the acceptable range of 105-120F maintenance and/or the Administrator will be notified immediately. Immediate corrective action will be taken to adjust the temperature to a safe level, and follow-up documentation will be completed to reflect the issue and resolution.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Implemented [redacted] - 06/23/2026)

89b - Hot Water Temperature

8. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at 4:17 PM, the hot water temperature at the bathroom sink located on the lower level near resident room [redacted] measured 122.6 degrees Fahrenheit.

Repeated Violation – [redacted] et al.

Plan of Correction ***Accept [redacted] 03/05/2026)***

Administrator contacted maintenance immediately regarding the water temperature concern. Maintenance responded to the facility on 2/2/2026 and inspected the hot water heater/furnace. The water temperature was verified to be set and maintained at 120°F.

Beginning 2/3/2026, Direct Care Staff will monitor and document the water temperature daily at the same time room and bathroom checks are conducted. This enhanced daily monitoring will continue for one week, ending on 2/10/2026, to ensure the water temperature remains within the acceptable range of 105°F–120°F.
Effective 3/1/2026, water temperature monitoring will transition to a monthly schedule and will continue through 12/31/2026. All readings will be documented in the facility's water temperature log. Direct Care Staff on duty will be responsible monitoring water temperature and documenting findings.
If at any time the water temperature falls outside of the acceptable range, Maintenance and/or the Administrator Melissa Orr or Janine Dotts will be notified immediately. Corrective action will be taken promptly, and follow-up documentation will reflect the issue and its resolution.

Licensee's Proposed Overall Completion Date: *03/05/2026*

89b - Hot Water Temperature *(continued)*

Not Implemented [redacted] - 06/23/2026)

95 - Furniture and Equipment

9. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted], the baseboard heater in resident room [redacted] did not have the front protective guard, exposing the heating elements. The heating element was covered in dust and was within inches of a resident's bed.

On [redacted] the baseboard heater in resident room [redacted] had a protective guard that was bent and not properly attached to the heater, leaving the heating elements exposed.

On [redacted] at 9:15 AM, the sink located in the bathroom next to resident room [redacted] contained approximately 3 inches of standing water as the sink did not drain.

On [redacted], the grab bars next to the toilet, located near resident room [redacted] were broken and unstable. The left grab bar moved approximately 1 foot side to side when pressure was applied, and the right grab bar moved approximately 6 inches side to side when pressure was applied creating a potential fall hazard.

Plan of Correction ***Accept [redacted] - 03/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 01/29/2026 by the Administrator to check baseboards in rooms 3 and 7. Both baseboards were dusted and reattached.*
2. *on 01/28/2026 by the direct care staff to place drain cleaner down the drain immediately after the drain cleared approximately 15 min after sink was filled.*
3. *administrator ordered new toilet handles on 01/29/2026. handles replaced on 02/02/2026.*

To enhance the currently compliant operations, on 01/30/2026 the Administrator will contact plumber to come and check drain, with a completion date of 02/15/2026.

Effective 02/01/2026 the direct care staff will perform checks of bathrooms every shift and daily room inspections through 04/30/2026 to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Not Implemented [redacted] 06/23/2026)

100b - Removal Snow/Obstructions

10. Requirements

2600.

100b - Removal Snow/Obstructions *(continued)*

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On [redacted] at 9:13 AM, snow and ice accumulation was on the front patio, front steps and walkway ranging between 3 to 10 inches deep.

On [redacted] at 9:26 AM, the exit pathway from the lower level was covered in snow and ice.

Plan of Correction ***Directed[redacted] - 03/05/2026)***

On 1/28/26 Administrator immediately contacted someone to complete snow removal of outside walkways and fire escapes that still had snow accumulation.
Administrator contracted a company for the year to continue snow removal on days of snowfall beginning 02/02/2026. Snow removal will be completed with 24 hours of snowfall.
On 02/13/2026 staff was educated on regulation 2600.100b regarding snow removal.
House Manager and staff will conduct checks of fire escapes on days effective 02/13/26 of snowfall to ensure a clear pathway for egress with no end date.

(Directed)

- *In addition to the above plan of correction, beginning no later than 3/16/26, the home will ensure ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes to ensure safe exit from the home in case of an emergency. The home will immediately remove any obstruction within these areas until the contracted company arrives.*

Directed Completion Date: *03/16/2026*

Implemented[redacted] - 06/23/2026)

101j1 - Mattress Fire Retardant

11. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

Resident [redacted] boxspring was broken and sunken in causing the resident's mattress to sink into the boxspring.

Plan of Correction ***Accept[redacted] - 03/05/2026)***

Resident [redacted]s box spring was removed and replaced with a new platform bed, on 02/09/2026 with the mattress properly positioned and secured on top to ensure stability and appropriate support.

The direct care staff will monitor continue inspections to ensure all beds remain in good repair and meet safety standards. Any future concerns will be addressed immediately to maintain compliance and resident safety.
Administrator will begin inspections once a month to ensure mattresses are in good repair beginning 02/13/2026 with no end date.

101j1 - Mattress Fire Retardant (continued)

Licensee's Proposed Overall Completion Date: *03/05/2026*

Implemented [redacted] - 06/23/2026)

101j3 - Bed/Linens/Pillows/Blankets

12. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for Resident [redacted] bedsheets had red stains and hard, brown particles stuck on the top sheet.

Repeated Violation - [redacted], et al.

Plan of Correction ***Accept [redacted] - 03/05/2026)***

The House Manager will ensure that daily room checks are conducted on both first and second shifts to verify that all residents have clean sheets, pillows, and bed linens that are in good repair and free from stains, tears, or damage.

Staff will complete and initial a daily room check log to document compliance ***(Directed-daily room checks will begin no later than 3/16/26-[redacted])****. Any deficiencies identified during the room checks (e.g., soiled linens, damaged bedding, or missing items) will be addressed immediately. Clean replacement linens will be provided the same day, and damaged items will be removed and replaced.*

The House Manager will review the completed room check logs weekly to ensure compliance and will provide additional staff training if patterns of non-compliance are identified. ***(Directed-weekly log checks will begin no later than 3/16/26-[redacted]***

Licensee's Proposed Overall Completion Date: *12/31/2026*

Implemented ([redacted] - 06/23/2026)

101l - Bunk/Raised Beds

13. Requirements

2600.
101.l. Bunk beds or other raised beds that require residents to climb steps or ladders to get into or out of bed are prohibited.

Description of Violation

Resident [redacted] occupies a raised bed that requires the use of a step stool.

Plan of Correction ***Accept [redacted] 03/05/2026)***

Resident [redacted]s raised bed was replaced with a lower bed to improve safety on 01/28/2026 and accessibility. This change eliminates the need for a step stool or climbing when entering or exiting the bed, thereby reducing the risk of falls.
Staff was educated on 02/13/2026 regarding regulation 2600.101(l).

101l - Bunk/Raised Beds (continued)

02/13/2026 staff will continue daily room checks and report anything out of compliance with no end date

Licensee's Proposed Overall Completion Date: *03/05/2026*

Implemented [redacted] - 06/23/2026)

101o - Walls, Floors, Ceilings

14. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On [redacted] at 9:20 AM, Resident [redacted] bedroom floor was covered in pieces of food and debris under and around the resident's nightstand.

Repeated Violation - [redacted], et al.

Plan of Correction ***Accept [redacted] 03/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/28/2026 by the direct care staff to move night stand and sweep/vacuum around resident [redacted] s bed.

To enhance the currently compliant operations, on 02/13/2026 the direct care staff will continue to complete room checks and was further instructed to move dressers and night stands to vacuum underneath furniture, with a completion date of 04/30/2026.

Effective 02/13/2026 the direct care staff will perform daily floor vacuum cleanings of rooms and as needed with no end date, to maintain ongoing compliance with ensuring the bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Not Implemented [redacted] - 06/23/2026)

141a 1-10 Medical Evaluation Information

17. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] initial medical evaluation, dated [redacted] did not include clarifying information if the resident had the ability to self-administer medications. The evaluation indicated the resident can self-administer with assistance in offering medication at prescribed times. However, the medication addendum indicated the resident cannot self-administer any of the prescribed medications.

Plan of Correction ***Accept [redacted] 03/05/2026)***

Resident [redacted] has been discharged from the program effective 2/16/26.

On 02/01/2026, an audit was conducted by administrator of all residents who self-administer medication. 2/1/2026 Administrator will continue to conduct monthly audits of resident files to ensure that proper documentation and current physician authorization are present for all residents who are approved to self-administer medications. This will ensure that all medical evaluations and documentation remain current and accurate.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Implemented [redacted] - 06/23/2026)

141b1 - Annual Medical Evaluation

18. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]

Repeated Violation – [redacted] et al.

Plan of Correction ***Accept [redacted] - 03/05/2026)***

Effective 3/1/26 Administrator will follow up with physicians office within 48 hours of residents, annual assessment to obtain DME paperwork. If DME is not available immediately, ask physicians office for visit summary until DME is completed. The Administrator will track outstanding documentation and follow up with the physician's office weekly to ensure timely receipt.

As far as education is concerned the administrator is the only person who is responsible for ensuring that all medical evaluations are complete and properly documented and filed in the resident's chart. Administrator reviewed RCG on 3/2/26

141b1 Annual Medical Evaluation (continued)

Resident [redacted] medical evaluation was received on 1/26/26.
Administrator will begin reviewing all DME medical paperwork within 48 hours of each appointment on 2/1/26.
Monthly audits of resident medical files will continue to be conducted to verify that all evaluations are up to date and properly filed effective 2/1/26

Licensee's Proposed Overall Completion Date: *03/02/2026*

Implemented [redacted] - 06/23/2026)

144c1 - Smoking Area Guidelines

19. 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:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permits smoking in the exterior pavilion by the parking lot. However, Resident [redacted] has been smoking inside the vestibule located on the lower level of the home.

Plan of Correction ***Accept [redacted] 03/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/29/2026 by the administrator to hold a community meeting with residents regarding house guidelines surrounding smoking.

To enhance the currently compliant operations, on 01/29/2026 the direct care staff will conduct checks of resident [redacted]s room every shift to be sure [redacted] is not utilizing any part of the building to smoke. Resident was found to be smoking in fire escape exit by staff on 01/29/2026 and was given a 30 day notice, with a completion date of 03/01/2026.

Effective 01/29/2026 the staff will perform daily checks of rooms and fire escapes and shift checks of resident [redacted] room, through 03/02/2026 to maintain ongoing compliance with developing and implementing written fire safety policy and procedures that includes, including proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Implemented [redacted] - 06/23/2026)

181c - Self-administration Assessment

20. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [redacted] self-administers [redacted] once weekly and checks [redacted] blood glucose levels daily; however, Resident [redacted] was assessed by a physician who determined the resident cannot self-administer medications on [redacted]

Resident [redacted] self-administers medications to include [redacted] and checks [redacted] blood sugar levels daily; however, Resident [redacted] was assessed by a physician who determined the resident cannot self-administer medications on [redacted].

Resident [redacted] was assessed by a physician who determined the resident cannot self-administer medications on [redacted]. However, on [redacted] at 10:00 AM, Staff member B instructed Resident [redacted] to "apply it ([redacted] and then bring it back."

Repeated Violation – [redacted] et al.

Plan of Correction ***Accept [redacted] - 03/05/2026)***

On 1/29/26 Administrator contacted PCP of Resident [redacted] to update med list to reflect self-administration of [redacted] authorized previously by endocrinologist.
Resident [redacted] does not have an order for Blink dry eyes and reported not having used it for months; eye drops were disposed of. Documentation received for resident [redacted] self-administration of blood glucose checks dated 1/21/2026.
Resident [redacted] DME was updated on 02/9/26 to reflect self-administration of [redacted].

Administrator conducted an audit of resident's chart for self-administration on 01/19/2026 and contacted prescribing physician regarding any missing documentation that was found. Administrator will follow up with physician about any remaining documentation not received by 3/31/2026.
Administrator will continue to conduct monthly audits with no end date to ensure regulation compliance.

Licensee's Proposed Overall Completion Date: *03/31/2026*

Implemented [redacted] - 06/23/2026)

181e - Capable to Self Administer

21. Requirements

2600.
181.e. To be considered capable to self-administer medications, a resident shall:
2. Know how much medication is to be taken.
3. Know when medication is to be taken.

Description of Violation

Resident [redacted] self-administers medications to include [redacted]. On [redacted] Resident [redacted] was unable to indicate how much medication they take and say when they take their medication. Resident [redacted] is prescribed [redacted], take one tablet twice daily with meals; however, Resident [redacted] self-administers this medication in the morning without food.

181e - Capable to Self Administer *(continued)*

Plan of Correction ***Accept [redacted] - 03/05/2026)***

Resident [redacted] was evaluated by [redacted] primary care provider (PCP) on 2/10/2026 and was determined to be capable of self-administering [redacted] medication.

To ensure continued safety and compliance, the Direct Care Staff (DCS) will monitor Resident [redacted] weekly for a period of one month beginning 02/10/2026 thru 03/10/2026 to verify that [redacted] is taking the correct medication and dosage as prescribed.

At the conclusion of the 30-day monitoring period, the care team will review documentation to determine if continued monitoring is necessary or if the resident may continue self-administration independently.

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] 06/23/2026)

182c - Medication Administration

22. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Resident [redacted] cannot self-administer medications as indicated on the resident's medical evaluation, dated [redacted], and requires medication administration to be performed by the home as indicated in the resident's assessment and support plan, dated [redacted]. However, the staff does not observe Resident [redacted] ingest [redacted] medication. On [redacted], Resident [redacted] indicated staff give [redacted] two tablets of [redacted] and tell [redacted] to take it. However, Resident [redacted] only takes one tablet and keeps the other tablet(s) in [redacted] wallet.

Plan of Correction ***Accept [redacted] - 03/05/2026)***

Administrator did not find any tablets in Resident [redacted] wallet on 01/29/2026.
Administrator began monthly observations of staff beginning 02/02/2026 and will be completed by 05/02/2026.
Administrator spoke with resident [redacted] regarding medication requirements in the home and explained the requirements of the doctor for medications.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Implemented [redacted] - 06/23/2026)

183b - Meds and Syringes Locked

23. 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 [redacted] at 9:42 AM, [redacted] was unlocked, unattended, and accessible on a shelf in resident room [redacted]. This room is shared between three residents, including Resident #6 who is not able to self-administer medications.

On [redacted] at 2:00 PM, a bottle of [redacted] and [redacted], were unlocked, unattended, and accessible on a resident's nightstand and shelf in resident room [redacted]

On [redacted] at 3:45 PM, a round, brownish-orange pill with markings "G2" on one side of the pill was on the floor in the tv room.

On [redacted] at 3:45 PM, [redacted] and [redacted] was unlocked, unattended, and accessible on a nightstand in resident room [redacted]

Repeated Violation – [redacted] et al.

Plan of Correction ***Accepted [redacted] 03/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 01/28/2026 by the administrator to remove Blink Dry Eyes lubricant from room [redacted]*
2. *on 01/28/2026 by the administrator to dispose of loose pill according to protocol.*
3. *on 01/29/2026 by the administrator to re-educate residents in room [redacted] and room [redacted] regarding the rules of storage of medications that they self-administer.*

To enhance the currently compliant operations, on 02/02/2026 the direct care staff will include lock box checks with daily room inspections, with a completion date of 04/30/2026. Administration gave education to staff on 02/13/2026 regarding proper disposal of loose pills found.

Effective 02/02/2026 the direct care staff will perform daily checks of lockboxes in rooms, through 04/30/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *03/10/2026*

Implemented [redacted] - 06/23/2026)

183e - Storing Medications

24. Requirements

2600.

183e Storing Medications *(continued)*

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.

Description of Violation

On [redacted], Resident [redacted] 's [redacted], was opened, inserted into the inhaler cartridge and not labeled with the date it was inserted or opened. According to the manufacturer's instructions, the cartridge is to be discarded 3 months after insertion of the cartridge into the inhaler.

On [redacted], [redacted] prescribed to Resident [redacted] expired in 2024 and was stored in Resident [redacted] bedroom.

Repeated Violation [redacted], et al.

Plan of Correction ***Directed [redacted] 03/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/28/2026 by the adminsitrator to write date opened on Spiriva inhaler box. Administrator disposed of Blink Dry eyes box.

To enhance the currently compliant operations, on 02/02/2026 the direct care staff will include checks for any medications in the room with their current daily room inspections, with a completion date of 04/30/2026. Medications found outside of a lock box will be checked up against the MAR to see if there is a current order in place, if not, administrator will contact MD or order and store according to DME instructions given by MD.
Education given to staff on 02/13/2026 outlined self administration regulations and proper storage of medications that are deemed eligible for self administration.

Effective 02/02/2026 the direct care staff will perform daily rooms inspections of through 04/30/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)
In addition to the above plan of corrections:

- *Education will be provided to all staff who administer medications on labeling inhalers with dates to ensure they are discarded per manufacturer's instructions by 3/16/26.*
- *Beginning no later than 3/16/26, the administrator or designee will complete weekly medication audits for all medications in a resident's bedroom and medication cart to ensure medications are labeled properly with the date opened and are not expired.*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *03/16/2026*

Implemented [redacted] 06/23/2026)

187b - Date/Time of Medication Admin.

25. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] was not in the home from 11:30 AM on [redacted] until after 1:30 PM on [redacted]. However, Resident [redacted] January 2026 Medication Administration Record indicated the following medications were administered by Staff Member C on [redacted] at 7:00 AM:

Repeated Violation – [redacted], et al.

Plan of Correction ***Accept [redacted] 03/05/2026)***

Administrator called a meeting with staff on 02/13/2026 and provided more education on the proper procedure of medication administration.

Administrator will observe each staff member administering medication to ensure proper procedure is being used with an end date of 02/16/2026.

To ensure continued compliance, administrator will complete observations once a month beginning 02/02/2026 through 05/03/2026 with each of the staff and correct any issues as needed. During observations administrator, who is a certified medication admin trainer, will observe and correct any deficiencies of the process of med administration at the time of med pass.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Implemented [redacted] 06/23/2026)

187d Follow Prescriber's Orders

26. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed daily blood glucose checks. On [redacted], the last blood glucose check taken and stored in Resident [redacted] glucometer was completed on [redacted] at 5:30 PM.

In January 2026, Resident [redacted] was prescribed [redacted], take 6 tablets by mouth daily for 2 days, take 5 tablets by mouth for 2 days, take 4 tablets by mouth for 2 days, take 3 tablets by mouth for 2 days, take 2 tablets by mouth

187d Follow Prescriber's Orders (continued)

for 2 days, take 1 tablet by mouth for 2 day then take 1 tablet by mouth for 2 days. The mediation was started on [redacted] However, Resident [redacted] only received 6 tablets for one day on [redacted] and then followed the orders to taper the medication.

Repeated Violation [redacted] et al.

Plan of Correction ***Accept ([redacted] - 03/05/2026)***

Administrator called a meeting with staff on 02/13/2026 and provided more education on the proper procedure of medication administration.

Administrator informed PCP of medication error for resident [redacted] on 2/9/26.
PCP was informed on 2/9/26 about residents #9 not conducting blood glucose checks prior to [redacted] discharge on 2/16/26.

Administrator will conduct weekly MAR audits to verify that all medications administered match the prescriber's orders. This auditing process will continue through 04/30/2026.

To ensure continued compliance, administrator will complete mar audits weekly to ensure medications are being administered as prescribed.

Licensee's Proposed Overall Completion Date: *03/05/2026*

Implemented [redacted] - 06/23/2026)

227e - Self Administer Medication

27. Requirements

2600.
227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident [redacted] assessment, dated [redacted], indicated the resident is able to self administer medications with assistance at offering medications at prescribed times; however, Resident #[redacted] support plan, dated [redacted], does not include a plan to meet the resident's medication needs.

Plan of Correction ***Directed [redacted] - 03/05/2026)***

Resident [redacted] support plan was updated to include a plan to meet the resident's medication needs.

(Directed)

- *Resident [redacted] support plan will be updated no later than 3/16/26.*
- *An initial audit will be completed for all resident assessment and support plans to ensure proper supports are documented in the areas of medication administration. Audits will be completed by the administrator or designee no later than 3/16/26.*
  Education will be provided to all staff member(s) responsible for completing resident support plans on 2600.227(e) by 3/16/26.

227e Self Administer Medication (continued)

- *Beginning no later than 4/1/26, a sample size of ten resident assessment and support plans will be audited monthly by the administrator or designee to ensure proper supports are identified in the area of medication administration.*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *04/01/2026*

Implemented [redacted] - 06/23/2026)

Facility Information

Name: *DIVINE LIVING HOME* **License #**: *33824* **License Expiration**: *07/09/2026*

Address: *3828 COMLUMBIA AVENUE, MOUNTVILLE, PA 17554*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *DIVINE LIVING HOME LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/07/1983* **Issued By**: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *30* **Waking Staff**: *23*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Provisional* **Exit Conference Date**: *04/09/2026*

Inspection Dates and Department Representative

04/07/2026 - On-Site: [redacted]

04/08/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* **Residents Served**: *32*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *23* **Are 60 Years of Age or Older**: *9*

Diagnosed with Mental Illness: *19* **Diagnosed with Intellectual Disability**: *5*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

04/07/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/30/2026*

Inspections / Reviews *(continued)*

05/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/12/2026*

05/12/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/01/2026*

07/09/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2026*

Reviewer: [redacted] **Follow Up Type:**

42q - Compensation

1. Requirements

2600.
42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Resident [redacted] was observed pulling a trash bag out of the dining room trash receptacle and replacing trash bag on [redacted] at 1:20PM. Several residents confirmed that Resident [redacted] completes tasks on behalf of the home including taking out the trash, changing the toilet paper and paper towels in the common bathrooms. Resident [redacted] is not being compensated by the home in accordance with State and Federal labor laws for performing these tasks.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the administrator who communicated to resident [redacted] that [redacted] is not to complete any tasks on behalf of the home which includes taking out trash, changing the toilet paper and paper towels in the common bathrooms.

To enhance the currently compliant operations, on 04/22/2026 the Administrator held a meeting and made it clear to all residents that they can only engage in housework or chores that are directly related to their own personal needs and not general house maintenance or chores. Direct Care Staff will monitor residents daily to ensure they are not performing any tasks on behalf of the home. If a resident is observed completing staff duties, they will be redirected and reminded that they are not permitted to do so, with no end date.

Effective 4/8/2026 the direct care staff will monitor residents daily to make sure that they are not performing staff duties with no end date to maintain ongoing compliance with compensating residents in accordance with State and Federal labor laws for labor performed on behalf of the home, and allowing residents to voluntarily and without coercion, perform tasks related directly to the resident's personal space or common areas of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented ([redacted] - 06/11/2026)

51 - Criminal Background Check

2. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 Criminal Background Check *(continued)*

Description of Violation

Staff Member A was hired and began working in the home on [redacted]. The home did not request a Pennsylvania State Police Criminal Background check for this staff member until [redacted]

Plan of Correction ***Accept [redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2026 by the Administrator to conducted an audit of all staff records.

To enhance the currently compliant operations, on 05/01/2026 the administrator will to complete all criminal background checks prior to first day of work, with a completion date of 12/31/2026.

Effective 05/01/2026 the Administrator will perform quarterly audits of staff charts through 12/31/2026 to maintain ongoing compliance with having criminal history checks and hiring policies that are in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented ([redacted] - 06/11/2026)

54a - Direct Care Staff

3. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:

Description of Violation

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

Plan of Correction ***Accept [redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the Administrator to Contact staff member A to inform them that that [redacted] must provide a copy of [redacted] high school diploma/GED no later than May 30, 2026.

To enhance the currently compliant operations, on 05/01/2026 the Administrator will Ensure that all new staff members coming on board have a high school diploma or GED prior to their first day of employment; this requirement is ongoing with no end date, with a completion date of 12/31/2026.

54a - Direct Care Staff (continued)

Effective 05/01/2026 the Administrator will perform quarterly Audits of Audits , through 12/31/2026 to maintain ongoing compliance with Administrator will perform quarterly audits of staff charts, through 12/31/2026. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

65f - Training Topics

4. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
5. Personal care service needs of the resident.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff Member B did not receive training in personal care service needs of the resident and care for residents with MH or ID which are served by the home in the calendar training year 2025.

Repeated Violation - [redacted] et al.

Plan of Correction ***Accept ([redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the Administrator to Administrator contacted staff member B to inform [redacted] that [redacted] must complete required training in personal care needs of the residents and care for residents with MH or ID no later that May 30, 2026.

To enhance the currently compliant operations, on 05/01/2026 the Administrator will ensure that staff member B is completing all necessary trainings in the required time frames. If staff member B does not complete necessary trainings [redacted] will be removed from the schedule until trainings are completed. Administrator will complete quarterly audit of all staff charts, with a completion date of 12/31/2026.

Effective 05/01/2026 the Administrator will perform quarterly audits of staff charts through 12/31/2026 to maintain ongoing compliance with that all training topics for the annual training for direct care staff persons including personal care service needs of the resident, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home are completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

65g Annual Training Content

5. 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.
5. Falls and accident prevention.

Description of Violation

Staff Member B did not receive training in fire safety, emergency preparedness, falls and accident prevention in the calendar training year 2025.

Repeated Violation - [redacted] et al.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the Administrator to contact Staff member B to inform [redacted] that [redacted] must complete fire safety training, emergency preparedness, falls and accident prevention no later May 30, 2026..

To enhance the currently compliant operations, on 05/01/2026 the administrator will ensure that staff member B completes all necessary training no later than May 30, 2026. If training is not completed the staff member will be removed from the schedule until training is completed, with a completion date of 12/31/2026.

Effective 05/01/2026 the Administrator will perform quarterly audits through 12/31/2026 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and falls and accident prevention. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

85a - Sanitary Conditions

6. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 11:50AM, the upstairs level north bathroom by room [redacted] has visible mold spores on the toe kick under the bathroom sink vanity.
Repeated violation - 11/18/25 et al.

85a - Sanitary Conditions (continued)

Plan of Correction ***Accept [redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the Direct Care Staff to clean the area under the sink vanity in the upstairs bathroom near Room 7, using bleach to remove all traces of mold.

To enhance the currently compliant operations, on 05/01/2026 the Direct Care Staff will conduct checks daily on each shift on all the bathrooms in the home to make sure they are clean and free of mold, with a completion date of 06/30/2026.

Effective 05/01/2026 the House manager will perform daily checks, through 06/30/2026 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented [redacted] - 06/23/2026)

85b - Infestation

7. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

Dead bedbug carcass were observed in the 2nd floor west side bathroom and by the door to resident room [redacted] on [redacted] at approximately 9:10 AM

One live bedbug was observed in Resident [redacted] bed between the sheets on [redacted] at 1:43PM.

One small red bedbug was observed in Resident [redacted] s bed between the sheets. Resident [redacted] had visible bedbug bites on [redacted] arms.

Repeated Violation - [redacted] et al., [redacted] et al.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the Direct care staff to strip sheets off of bed in residents [redacted] and resident [redacted] room. Both residents were given new sheets.

To enhance the currently compliant operations, on 04/07/2026 the Direct Care Staff will document any findings of bedbugs during daily room checks so that Ehrlich Extermination Services can be notified and treat the affected area.

85b - Infestation (continued)

Ehrlich will continue to conduct bedbug extermination treatments every two weeks, with a completion date of 08/31/2026.

Effective 04/30/2026 the direct care staff will continue to perform daily checks of the facility through 08/31/2026 to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

88a - Surfaces

9. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 11:03AM, the ceiling paint in the hallway bathroom across from the dry storage/med room was bulging as a result of water damage.

Repeated Violation - [redacted] et al.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/20/2026 by the Administrator to contact the maintenance team who repaired the ceiling in the hallway bathroom across from the dry storage/medication room on 4/20/2026.

To enhance the currently compliant operations, on 05/01/2026 the Direct Care Staff will continue to conduct daily checks on all bathrooms on each shift, with a completion date of 06/30/2026.

Effective 05/01/2026 the Direct Care Staff will perform daily checks on each shift of all bathrooms in the facility through 06/30/2026 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

88a Surfaces *(continued)*

Licensee's Proposed Overall Completion Date: *05/05/2026*

89b - Hot Water Temperature

10. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at 11:34AM, the east side north bathroom on the 2nd floor water temperature was measured at133.5 degrees Fahrenheit.

On [redacted] at 11:37AM, the east side south bathroom on the 2nd floor water temperature was measured at 134 degrees Fahrenheit.

On [redacted] at 11:42AM the lower level southside bathroom sink's water temperature was 131.1 degrees Fahrenheit.

On [redacted] at 11:46 AM the lower level northside bathroom sink's water temperature was 131 degrees Fahrenheit.

Repeated Violation - [redacted] et al.

Plan of Correction ***Accept ([redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the Administrator to contact Schwanger Bros to readjust water heater temperature. Water heater temperature adjustment was made on 4/10/2026.

To enhance the currently compliant operations:

1. *on 04/10/2026 the maintenance will adjust water heater and monitor for continued compliance, with a completion date of 04/10/2026.*
2. *on 04/07/2026 the Direct Care Staff will continue to document water temperature daily and will report readings above 120, with a completion date of 04/30/2026 unless temperatures still reading high then we will continue checks for a month following.*

The overall completion date is 04/30/2026.

Effective 04/13/2026 the DCS will perform daily checks of water temperatures, through 04/30/2026 to maintain ongoing compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 04/30/2026

Licensee's Proposed Overall Completion Date: *04/30/2026*

95 - Furniture and Equipment

11. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The chair grip for the toilet in the east side south 2nd floor bathroom has a broken bolt and moves 8-10 inches when pressure is applied to it.

Plan of Correction ***Accept (- 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the Administrator to have maintenance to fix east side 2nd floor bathroom chair grip. New chair grip was ordered on 4/10/2026 and will be installed no later than 5/15/2026.

To enhance the currently compliant operations, on 5/1/2026 the Direct Care Staff will continue to conduct daily bathroom checks to ensure all furniture and equipment are functioning properly and in good condition, with a completion date of 06/30/2026.

Effective 04/30/2026 the Direct Care Staff will perform daily checks of all bathrooms through 06/30/2026 to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

101o - Walls, Floors, Ceilings

12. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

Significant dust build up, particles, and debris was observed on radiators and carpeted floors along the walls in room [redacted]

Repeated Violation - [redacted] et al.

Plan of Correction ***Accept [redacted] 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the direct care staff to clean the dust build up in room #19 on radiators, carpet and floors.

101o Walls, Floors, Ceilings (continued)

To enhance the currently compliant operations, on 04/07/2026 the house manager will continue to complete daily and weekly checks to ensure the bedrooms are clean and free of dust build up on radiators, carpet and floors, with a completion date of 06/30/2026.

Effective 04/07/2026 the House manager will perform daily checks of residents bedrooms ensure the bedrooms are clean and free of dust build up on radiators, carpet and floors through 06/30/2026 to maintain ongoing compliance with ensuring the bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented ([redacted] - 06/23/2026)

132a - Monthly Fire Drill

14. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Multiple residents and a staff members confirmed through interviews with agents of the Department that fire drills have not been conducted in several months and the alarm system is not set off for drills.

Plan of Correction ***Accept[redacted] 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the administrator to meet with house manager and direct care staff regarding frequency of fire drills. Administrator found that some direct care staff had no participated in fire drills.

To enhance the currently compliant operations:

1. *on 04/15/2026 the house manager, direct care staff and administrator conducted a fire drill. House manager will plan out fire drill for the remainder of the year, with a completion date of 12/31/2026.*
2. *on 05/01/2026 the administrator will follow up monthly to ensure completion and quarterly participate in fire drills. Administrator will ensure that documentation is completed, with a completion date of 12/31//2026.*

The overall completion date is 12/31/2026.

Effective 05/30/2026 the house manager will perform monthly drills through 12/31/2026 to maintain ongoing compliance with holding an unannounced fire drill at least once a month. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

132a - Monthly Fire Drill *(continued)*

Implemented [redacted] - 06/23/2026)

132e - Fire Drill Sleeping Hours

15. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's last two sleeping hours fire drills were completed on [redacted] and [redacted]

Plan of Correction ***Accept [redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/15/2026 by the administrator to reviewed planned fire drills to ensure that there were at least 2 overnight fire drills within 180 days of each other.

To enhance the currently compliant operations, on 05/01/2026 the house manager will plan over night drills within the indicated 180 day period, with a completion date of 5/1/2026.

Effective 05/30/2026 the administrator will perform semi annually reviews of fire drill form through 12/31/2026 to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented [redacted] - 06/23/2026)

161d - Dietary Needs

16. Requirements

2600.
161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

The medical evaluation completed [redacted] for Resident [redacted] indicates a special diabetic diet. No special diets are being provided to Resident [redacted] by the home.

Plan of Correction ***Accept [redacted] 05/12/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the Administrator to Completed a report for all residents on special diets and posted it in a conspicuous area where all staff can see it.

161d - Dietary Needs (continued)

To enhance the currently compliant operations, on 05/1/2026 the Administrator will run reports monthly to maintain an up-to-date list of residents who are on special diets, with a completion date of 12/31/2026. Administrator will create alternative menu that will be offered to indicated residents with a completion date of 5/31/2026. The House manager will ensure residents will be offered alternative menu daily. This will be on the ongoing basis.

Effective 05/01/2026 the Administrator will perform Monthly reports of resident charts to maintain an up-to-date list of residents who are on special diets, through 12/31/2026 to maintain ongoing compliance with ensuring each resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian are met, and to keep documentation of each resident's special dietary needs in each resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented [redacted] - 06/23/2026)

181e - Capable to Self Administer

17. Requirements

2600.
181.e. To be considered capable to self-administer medications, a resident shall:
2. Know how much medication is to be taken.

Description of Violation

Resident [redacted] self-administers Insulin. Resident [redacted] is prescribed: [redacted]; inject [redacted] units subcutaneously before meals. Inject per sliding scale with meals along with [redacted] unit dose.

[redacted]

On [redacted] at approximately 10:45 AM, Resident [redacted]s blood sugar was [redacted] Resident [redacted] was attempting to inject [redacted] units instead of the [redacted] units required. Resident [redacted] stated that [redacted] units were needed and that [redacted], demonstrating that Resident [redacted] is not capable of self administering this medication.

Plan of Correction ***Accept ([redacted] 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the administrator to observed resident [redacted] self administering insulin and blood sugar checks. Resident [redacted] stated [redacted] was nervous while state inspector was observing which caused [redacted] to be flustered, thus choosing the wrong amount of insulin.

181e - Capable to Self Administer (continued)

To enhance the currently compliant operations:

1. *on 04/13/2026 the administrator called primary care physician regarding capacity of self administration. PCP agreed to reassess resident during next visit on 5/5/2026, with a completion date of 05/05/2026.*
2. *on 04/13/2026 the administrator will update RASP to reflect increased support ensuring resident is injecting proper doses, with a completion date of 5/1/2026. Administrator informed all staff of updated support.*

The overall completion date is 05/05/2026.

Effective 4/13/26 the direct care staff will perform daily observations of self administration of resident through 05/31/2026 to maintain ongoing compliance with ensuring that to be considered capable to self-administer medications, a resident will, including know how much medication is to be taken, and know how much medication is to be taken. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented [redacted] - 06/23/2026)

225c - Additional Assessment

18. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident [redacted] most recent medical evaluation, dated [redacted], indicated a diabetic special diet. Resident [redacted]'s most recent assessment, dated [redacted] did not indicate the dietary need for a diabetic special diet.

Repeated Violation - [redacted] et al.

Plan of Correction ***Accept [redacted] - 05/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2026 by the administrator to update Resident #6's assessment plan in the dietary section, specifying a diabetic diet.

To enhance the currently compliant operations, on 04/30/2026 the administrator will continue to conduct audits of documentation of medical evaluation, assessments, and support plans to ensure all information is consistent and accurate, with a completion date of 06/30/2026.

225c - Additional Assessment (continued)

Effective 04/30/2026 the Administrator will perform monthly audits of resident documentation of medical evaluation, assessments, and support plans to ensure all information is consistent and accurate, with a completion date of 06/30/2026. to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and annually, and annually, and annually, and annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/05/2026

Licensee's Proposed Overall Completion Date: *05/05/2026*

Implemented [redacted] 06/23/2026)