

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

April 6, 2026

[REDACTED]
SUNRISE PERSONAL CARE HOME LLC
[REDACTED]

RE: SILVER SPRING PERSONAL CARE
HOME
125 STATE ROAD
MECHANICSBURG, PA, 17055
LICENSE/COC#: 33867

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2026, 02/04/2026 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: SILVER SPRING PERSONAL CARE HOME License #: 33867 License Expiration: 03/13/2026
 Address: 125 STATE ROAD, MECHANICSBURG, PA 17055
 County: CUMBERLAND Region: CENTRAL

Administrator

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

Legal Entity

Name: SUNRISE PERSONAL CARE HOME LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 12/20/2022 Issued By: Silver Spring Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal, Complaint Exit Conference Date: 02/04/2026

Inspection Dates and Department Representative

02/03/2026 - On-Site: [REDACTED]
 02/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 55
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

02/03/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/28/2026

03/02/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/03/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/09/2026

Inspections / Reviews *(continued)*

03/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/03/2026

04/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff Member A, hired on [REDACTED] received only 3.28 hours of annual training in the training year 2025.

Plan of Correction

Accepted [REDACTED] 03/10/2026)

Immediate Corrective Action:

On 2/5/26 the Executive Director educated the Business Office Manager on regulation 65e that direct care staff members must have at least 12 hours of annual training relating to their job duties.

Plan for Ongoing Compliance:

On 2/10/26 the Executive Director updated the annual training plan for training year 2026.

On 2/20/26 all direct care staff members were given access to all 12 hours of required annual training courses for the year 2026. All direct care staff members have individual accounts utilizing the online learning program (Relias) and will also be required to attend mandatory in person training sessions on specific topics (ex: Fire Safety) relevant to their position.

On 3/1/26 all direct care staff members were instructed to access the online learning program (Relias) and complete all assigned training courses each month during the training year 2026.

Beginning on 4/1/26 the Business Office Manager or Executive Director will conduct a monthly audit of all direct care staff members training courses to track progress. Certificates of completion will be kept in each staff member's personnel file.

Licensee's Proposed Overall Completion Date: 04/03/2026

Implemented [REDACTED] 04/06/2026)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 6. Safe management techniques.
- 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 A, hired on [REDACTED], did not receive training on the following topics during the training year 2025:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- Care for residents with dementia and cognitive impairment.
- Safe management techniques.
- Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics (continued)

Plan of Correction

Accept [redacted] - 03/10/2026)

Immediate Corrective Action:

On 2/5/26 the Executive Director educated the Business Office Manager on regulation 65f that details the specific annual training topics for all direct care staff members.

Plan for Ongoing Compliance:

On 2/10/26 the Executive Director updated the annual training plan for training year 2026.

On 2/20/26 all direct care staff members were given access to all 12 hours of required annual training courses for the year 2026. All direct care staff members have individual accounts utilizing the online learning program (Relias) and will also be required to attend mandatory in person training sessions on specific topics (ex: Fire Safety) relevant to their position.

On 3/1/26 all direct care staff members were instructed to access the online learning program (Relias) and complete all assigned training courses each month during the training year 2026. These topics will include instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; care for residents with dementia and cognitive impairment; safe management techniques; care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Beginning on 4/1/26 the Business Office Manager or Executive Director will conduct a monthly audit of all direct care staff members training courses to track progress. Certificates of completion will be kept in each staff member's personnel file.

Licensee's Proposed Overall Completion Date: 04/03/2026

Implemented [redacted] 04/06/2026)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
5. Falls and accident prevention.

Description of Violation

Staff Member A, hired on [redacted], did not receive training in the following areas during the training year 2025:

- 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.
- Emergency preparedness procedures and recognition and response to crises and emergency situations.
- Resident rights.
- Falls and accident prevention.

65g Annual Training Content (continued)

Plan of Correction

Accept [redacted] - 03/10/2026)

Immediate Corrective Action:

On 2/5/26 the Executive Director educated the Business Office Manager on regulation 65g that details the specific annual training content required for all direct care staff members.

Plan for Ongoing Compliance:

On 2/10/26 the Executive Director updated the annual training plan for training year 2026.

On 2/20/26 all direct care staff members were given access to all 12 hours of required annual training courses for the year 2026. All direct care staff members have individual accounts utilizing the online learning program (Relias) and will also be required to attend mandatory in person training sessions on specific topics (ex: Fire Safety) relevant to their position.

On 3/1/26 all direct care staff members were instructed to access the online learning program (Relias) and complete all assigned training courses each month during the training year 2026. These topics will include fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert; emergency preparedness procedures and recognition and response to crises and emergency situations; resident rights; falls and accident prevention.

Beginning on 4/1/26 the Business Office Manager or Executive Director will conduct a monthly audit of all direct care staff members training courses to track progress. Certificates of completion will be kept in each staff member's personnel file.

Licensee's Proposed Overall Completion Date: 04/03/2026

Implemented [redacted] - 04/06/2026)

103i - Outdated Food

4. Requirements

2600.

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

Description of Violation

On [redacted] at 2:03 PM, there were two unlabeled and undated saran wrapped packs of yellow cheese located in walk in refrigerator #34.

Plan of Correction

Accept [redacted] 03/02/2026)

Immediate Corrective Action:

On 2/3/26 the Dietary Manager immediately disposed of the two unlabeled and undated saran wrapped packs of yellow cheese located in the walk in refrigerator.

On 2/4/26 the Executive Director educated the Dietary Manager and all dietary staff on the regulation that outdated or spoiled food or dented cans may not be used.

Plan for Ongoing Compliance:

On 2/9/26 the Dietary Manager or dietary staff member began conducting a daily audit of all food items in the refrigerator to ensure all items are properly labeled and dated.

On 2/18/26 the Dietary Manager educated all dietary team members on the regulation that all food must be properly labeled and dated to ensure that outdated or spoiled food or dented cans are not being used.

103i - Outdated Food (continued)

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [redacted] - 04/06/2026)

127a - Portable Space Heaters

5. Requirements

2600. 127.a. Portable space heaters are prohibited.

Description of Violation

On [redacted] at approximately 11:15 AM, a portable space heater was stored in a locked box located in the medication room.

Plan of Correction

Accept [redacted] - 03/02/2026)

Immediate Corrective Action:

On 2/4/26 the Maintenance Director immediately removed the portable space heater from the building. On 2/4/26 the Executive Director educated the Maintenance Director on the regulation that portable space heaters are prohibited.

Plan for Ongoing Compliance:

On 2/25/26 the Maintenance Director educated the housekeeping and laundry team members about the regulation that portable space heaters are prohibited. On 3/25/26 the Executive Director will review the regulation that portable space heaters are prohibited during the monthly Safety Meeting with staff members from all departments.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [redacted] - 04/06/2026)

182b - Prescription Medication

6. Requirements

2600. 182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following: 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [redacted] at 9:00 AM, Staff Member B administered [redacted] to Resident #1. However, Staff Member B has not completed the required training to be able to administer subcutaneous [redacted] agonist medications

On [redacted] at 9:00 AM, Staff Member C administered [redacted] to Resident # [redacted]. However, Staff Member C has not completed the required training to be able to administer subcutaneous [redacted] agonist medications

On [redacted] at 9:00 AM, Staff Member A administered [redacted] to Resident # [redacted]. However, Staff Member A has not completed the required training to be able to administer subcutaneous [redacted] agonist medications

182b Prescription Medication (continued)

Plan of Correction

Accept [REDACTED] - 03/02/2026)

Immediate Corrective Action:

On 2/4/26 the Executive Director educated the Wellness Director and Wellness Coordinator on the regulation that all staff members administering subcutaneous GLP 1 agonist medications must be licensed or have additional training. On 2/4/26 the Wellness Director updated the instructions in the electronic medication system to reflect that a licensed staff member is the only person authorized to administer Trulicity.

Plan for Ongoing Compliance:

On 2/6/26 the Wellness Director educated all nurses and medication technicians on the requirement that any GLP 1 agonist must be administered by licensed staff only. On 2/13/26 the Executive Director began conducting a weekly audit of the medication administration record to ensure that all GLP 1 agonist medications are being administered by licensed staff only.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] - 04/06/2026)

182c - Medication Administration

7. Requirements

2600.

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

- 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).

Description of Violation

On [REDACTED] at 9:00 AM, Staff Member B did not place the Resident [REDACTED]'s morning medications including, [REDACTED] and [REDACTED] in Resident [REDACTED] hand, mouth or another route as ordered by the prescriber when administering the medications. Resident [REDACTED] requires assistance to take [REDACTED] medication.

Plan of Correction

Accept [REDACTED] - 03/02/2026)

Immediate Corrective Action:

On 2/4/26 the Executive Director educated the Wellness Director and Wellness Coordinator on the regulation that medication must be placed in the resident's hand, mouth or other route as ordered by the prescriber.

Plan for Ongoing Compliance:

On 2/6/26 the Wellness Director educated all nurses and medication technicians on the regulation that medication must be placed in the resident's hand, mouth or other route as ordered by the prescriber. On 2/12/26 the Wellness Director began conducting individual observations of each medication technician to ensure compliance with following all medication administration procedures. All medication technicians will be observed at least one time by 3/27/26.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] - 04/06/2026)

183b - Meds and Syringes Locked

8. 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 11:24 AM, a cup containing 7 pills was unlocked, unattended, and accessible in Resident [REDACTED] bedroom.

Repeated Violation - [REDACTED], et al

Plan of Correction

Accept [REDACTED] - 03/02/2026)

Immediate Corrective Action:

On 2/4/26 the Executive Director educated the Wellness Director and Wellness Coordinator that all prescription medications, OTC medications, CAM and syringes must be kept in an area or container that is locked, including medications and syringes kept in the resident's room.

Plan for Ongoing Compliance:

On 2/6/26 the Wellness Director educated all nurses and medication technicians on the regulation that prescription medications, OTC medications, CAM and syringes must be kept in an area or container that is locked, including medications and syringes kept in the resident's room.

On 2/12/26 the Wellness Director began conducting individual observations of each medication technician to ensure compliance with following all medication administration procedures. All medication technicians will be observed at least one time by 3/27/26.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] - 04/06/2026)

183e - Storing Medications

9. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], the bubble pack for [REDACTED] prescribed for Resident [REDACTED] had a rip approximately 2 centimeters long on the back of Day 30. There was scotch tape placed over the rip, and the pill was still inside.

Repeated Violation - [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 03/02/2026)

Immediate Corrective Action:

On 2/3/26 the Wellness Coordinator and medication technician immediately disposed of the [REDACTED] pill that was taped in the bubble pack using scotch tape.

Plan for Ongoing Compliance:

183e Storing Medications (continued)

On 2/3/26 the Wellness Director added a line on the medication cart audit sheet to examine all bubble packs to ensure the foil wrapping on the packs is intact. The Wellness Director and Wellness Coordinator will continue to audit the medication carts on a weekly basis to ensure all prescription medications, OTC medications and CAM are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

On 3/19/26 the Wellness Director will educate all nurses and medication technicians on the regulation that all medications must be properly stored, including no use of scotch tape to seal ripped foil on the back of bubble packed medications.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] - 04/06/2026)