

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

March 12, 2026

[REDACTED], ADMINISTRATOR
PRESBYTERIAN HOMES, INC.
ONE KIRKLAND VILLAGE CIRCLE
ATTN: KIRKLAND VILLAGE PCH
BETHLEHEM, PA, 18017

RE: KIRKLAND VILLAGE
1 KIRKLAND VILLAGE
BETHLEHEM, PA, 18017
LICENSE/COC#: 22050

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2026 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: *KIRKLAND VILLAGE* License #: *22050* License Expiration: *02/19/2027*
 Address: *1 KIRKLAND VILLAGE, BETHLEHEM, PA 18017*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *PRESBYTERIAN HOMES, INC.*
 Address: *ONE KIRKLAND VILLAGE CIRCLE, ATTN: KIRKLAND VILLAGE PCH, BETHLEHEM, PA, 18017*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/21/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *02/12/2026*

Inspection Dates and Department Representative

02/12/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *64* 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: *0* Are 60 Years of Age or Older: *32*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/12/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/12/2026*

03/09/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/11/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/14/2026*

Inspections / Reviews *(continued)*

03/12/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 2:40 p.m. there was a full, unattended, uncovered trash can in the home's pantry area.

Plan of Correction

Accept (█) - 03/09/2026

1. A trash lid was applied to the trash can in the pantry on 2/12/2026. Trash in this pantry is emptied daily to reduce risk of insects, rodents, and odors.
2. Dining Room Supervisor or designee will educate servers and team members on the need to ensure proper lid coverage of trash receptacles each time they enter/exit the pantry by 3/12/2026.
3. Dining Room Supervisor or designee will conduct a random audits at various meals to ensure trash lids are properly secured and in place in the pantry. Audits to be conducted weekly for 4 weeks, then monthly for 3 months and report findings to Administrator and QAPI Committee.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented (█) - 03/12/2026

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 2:40 p.m. two ice cream tubs in the ice cream chest were not covered with lids.

Plan of Correction

Accept (█) - 03/09/2026

1. The original lids were properly reapplied to the ice cream tubs in the dipping cases in the pantry on 2/12/2026 at time of discovery. Plastic lids were ordered and applied to the ice cream tubs in the dipping cases in the pantry on 2/13/2026.
2. Administrator completed audit to ensure all food items requiring lids/covers were in place 2/12/2026. No variances were noted.
3. Dining Room Supervisor and Personal Care Administrator will educate servers and team members on the need to ensure proper lid coverage of ice cream tubs each time they use the dipping case by 3/12/2026.
4. Dining Room Supervisor or designee will conduct random audits at various times of the day to ensure trash lids are properly secured and in place. Audits to be conducted weekly for 4 weeks, then monthly for 3 months and report findings to Administrator and QAPI Committee.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented (█) - 03/12/2026

183e - Storing Medications

3. 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

At 1:50 P.M. the home's medication cart contained an open bottle of Timolol 0.5% eye drops used BID for resident #3 that did not have the date of opening. According to the manufacturer's instructions the drops should be used within 28-30 days of opening.

Plan of Correction

Accept (█) - 03/09/2026

1. Timolol eye drops was discarded at time of discovery. New unopened bottle of Timolol was opened and dated. There were no ill effects to resident #3.
2. Licensed Nurse audited all residents with PRN eye drops to ensure all had open dated and no expired eye drops remained in the med-cart.
3. PC Administrator will educate all med-techs and nurses to date when a new eye drops are opened, review the manufacturer instructions and to discard Timolol eye drops 28-30 days after it has been opened. Education to be completed by 3/10/2026.
4. Licensed Nurse or designee will conduct audits on eye drops to ensure eye drops are labeled with open dates and staff are following manufacturer instructions regarding expiration dates. Audits will be conducted weekly for 4 weeks and then monthly for 3 months and findings will be reported to Administrator and QAPI Committee.

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

Implemented (█) - 03/12/2026

185a - Implement Storage Procedures**4. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Fluticasone Propionate Nasal suspension 50mcg as needed. At 1:40P.M., Fluticasone Propionate Nasal suspension was not available in the home.

Resident #2 is prescribed Tylenol 325 mg as needed and Guaifenesin 100mg/5ml as needed. At 2:00 P.M., Tylenol 325 mg and Guaifenesin 100mg/5ml were not on available in the home.

Plan of Correction

Accept (█) - 03/09/2026

- 1a. Resident #1's PRN Fluticasone was ordered from pharmacy 2/12/2026. It was received and placed in the med-cart 2/13/2026. No ill effects were noted to resident #1.
- 1b. Resident #2 PRN Tylenol order was re-ordered 2/12/2026 and received from pharmacy. Resident #2 order for Guaifenesin was no longer needed and was discontinued 2/13/2026. No ill effects were noted to resident #2.
2. LPN completed a review of current residents with orders for PRN Nasal Spray, Tylenol, and cough medications to ensure all ordered medications were available in med-cart to be administered as needed by 2/26/2026.
3. Administrator will educate all LPNs and Med-techs that all PRN ordered medications are to be available for administration. Education to be completed by 3/10/2026.
4. Licensed Nurse or designee will conduct a random audit of 3 residents who receive prn medications to ensure

185a - Implement Storage Procedures (continued)

medications are available. Audits to be conducted weekly for 4 weeks, then monthly for 3 months and report findings to Administrator and QAPI Committee.

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

Implemented (█ - 03/12/2026)