

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

April 1, 2026

[REDACTED] PRESIDENT/CEO
STEP BY STEP, INC
[REDACTED]

RE: STEP BY STEP, INC
1280 E. MCKINLEY ST
CHAMBERSBURG, PA, 17202
LICENSE/COC#: 34067

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: *STEP BY STEP, INC* License #: *34067* License Expiration: *11/14/2026*
 Address: *1280 E. MCKINLEY ST, CHAMBERSBURG, PA 17202*
 County: *FRANKLIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *STEP BY STEP, INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *07/28/2006* Issued By: *Guilford Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* 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: *8* Residents Served: *8*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*
 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: *03/13/2026*

03/16/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/24/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/26/2026*

Inspections / Reviews *(continued)*

04/01/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff Members A, B, C, and D do not have verification of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 03/16/2026)

Staff immediately began the process of obtaining documentation verifying possession of a high school diploma or GED to ensure compliance with hiring requirements. [REDACTED], Program Director, notified [REDACTED], Recruiter, of the regulatory requirement that all staff must provide proof of a high school diploma or GED at the time of hire.

Moving forward, [REDACTED] will modify and strengthen hiring practices to ensure that all required documentation, including verification of a high school diploma or GED, is obtained and reviewed prior to or at the time of onboarding. This documentation will be maintained in the employee's personnel file to ensure compliance with regulatory standards and internal policies.

As part of the corrective action already taken, [REDACTED] has provided a copy of [REDACTED] high school diploma, which has been submitted to Human Resources and placed in [REDACTED] personnel file. [REDACTED] has contacted [REDACTED] former high school and formally requested a copy of [REDACTED] diploma. [REDACTED] was advised by the school that the request is being processed and that it may take approximately six to eight weeks to receive the official documentation. Upon receipt, the diploma will be immediately submitted to Human Resources for inclusion in [REDACTED] personnel file.

To prevent recurrence, Human Resources will implement a verification checklist during the recruitment and onboarding process to ensure that all required credentials and documentation are obtained and verified prior to finalizing employment. This process will be monitored by the Recruiter and Program Director to ensure ongoing compliance with hiring standards.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented () - 04/01/2026)

85b - Infestation

2. Requirements

2600.

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

Description of Violation

On 2/12/26 at 9:51 AM, mouse droppings were observed on top of canned food items in the dining room storage cabinet and on the floor of another storage cabinet.

Plan of Correction

Accept () - 03/16/2026)

On 2/12/26, [REDACTED], PRS, contacted Ehrlich Pest Control after staff reported evidence of mice in the home. Ehrlich completed an inspection of the residence on 2/27/26 and identified a potential entry point where mice could access the home. On 3/3/26, Ehrlich returned and completed repairs to seal the identified entry point and prevent further access to the residence.

85b - Infestation (continued)

In addition to addressing the structural concern, staff education was provided to reinforce prevention and reporting procedures. At a staff meeting held on 2/27/26, all staff were reminded to immediately report any signs of pest activity, including mouse droppings or other evidence, to PRS so pest control services can be contacted without delay. Staff were also reminded of proper food storage requirements, including ensuring all food items are sealed and stored in appropriate containers, and maintaining cleanliness in kitchen and common areas to reduce the likelihood of pest activity.

Moving forward, the PsychRehab Supervisor (PRS) will be responsible for monitoring the home for any signs of pest activity and ensuring that staff continue to follow proper reporting and sanitation procedures. The PRS will also ensure that licensed pest control services are contacted immediately should any further concerns arise.

Full compliance with this corrective action was achieved on 3/3/26, following the completion of repairs by Ehrlich Pest Control. Ongoing monitoring will occur through regular home inspections and staff supervision to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 03/11/2026

Implemented () - 04/01/2026

89b - Hot Water Temperature

3. Requirements

2600.

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

Description of Violation

On 2/12/26 at 9:57 AM, the hot water temperature in shower #1 measured 127 degrees Fahrenheit.

Plan of Correction

Accept () - 03/16/2026

On 1/16/26, the agency attempted to address the concern regarding the water temperature in the home. On 2/12/26, it was identified that the issue had not been fully resolved. On that same date, PRS, began obtaining quotes from licensed plumbing companies to install a water temperature regulator to ensure the water temperature remains within the appropriate safety range.

As part of this effort, three companies were contacted to assess the situation and provide quotes. One company provided a quote on 2/25/26. A second company assessed the situation on 3/5/26, and the agency is currently awaiting their quote. The third company has also been contacted but has not yet submitted a quote.

The PRS will continue to follow up with the companies to obtain the remaining quotes and ensure that the necessary installation is scheduled as soon as possible. Once the water temperature regulator is installed, the PRS will monitor the water temperature to ensure it remains within the appropriate and safe range.

On 3/12/26, the county approved the request to move forward with Plumbing (see attached).

The PRS is responsible for overseeing the completion of this corrective action and will continue to monitor the situation to ensure compliance once the repair is complete.

Licensee's Proposed Overall Completion Date: 03/11/2026

Implemented () - 04/01/2026

89b - Hot Water Temperature *(continued)*

103g - Storing Food

4. Requirements

2600.

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

Description of Violation

On 2/12/26 at 9:47 AM a bag of extra-large raw shrimp and "Brown and Serve" sausage patties located in the freezer were observed open and unsealed. Also, a 25 lb. bag of white sugar and a small bag of brown sugar located in the dining room storage closet were observed open and unsealed.

Plan of Correction

Accept (█ - 03/16/2026)

All staff have been reminded that any opened food packages must be properly sealed to maintain food safety. Opened packages must be placed in a sealed container, ziplock bag, or secured with a bag clip to prevent contamination. Staff were reminded that the agency is responsible for ensuring the safety of all food stored in the home, regardless of whether the food was purchased by staff or by residents.

Staff education regarding proper food storage and food safety expectations was reinforced at the staff meeting held on 2/27/26. During this meeting, staff were instructed to ensure that all food items in the home are stored in accordance with food safety standards. In addition, all staff were assigned the Relias training titled Food Safety Fundamentals to further reinforce proper food handling and storage practices.

The PRS will be responsible for monitoring compliance with food storage procedures through routine kitchen inspections and staff supervision. Any concerns identified will be addressed immediately with additional staff guidance and retraining if necessary.

Full compliance with this corrective action was achieved on 3/10/26. Ongoing monitoring will occur to ensure continued adherence to proper food safety practices.

Licensee's Proposed Overall Completion Date: 03/11/2026

Implemented (█ - 04/01/2026)

144c1 - Smoking Area Guidelines

5. 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's designated smoking area located on the cement back porch was observed having cigarette butts both on the porch and the grounds beside the porch.

144c1 - Smoking Area Guidelines (continued)

Plan of Correction

Accept () - 03/16/2026

Staff members were immediately reminded of their responsibility to maintain the cleanliness of all exterior areas of the property. Staff were instructed to ensure that outdoor spaces, including common areas and the designated smoking area, remain free of litter and debris. This expectation was reinforced during a staff meeting held on 2/27/26.

Staff were reminded to actively monitor the outdoor areas throughout their shifts and to promptly address any cleanliness concerns. Staff will also remind residents to utilize the provided receptacles for the proper disposal of trash and smoking materials.

The PRS will be responsible for monitoring compliance through routine property checks and ongoing staff supervision. Staff will regularly check the smoking area and surrounding outdoor spaces to ensure that the area remains clean and that trash is properly disposed of.

Full compliance with this corrective action was achieved on 2/27/26. Ongoing monitoring will occur to ensure that the exterior of the property remains clean and well maintained.

Licensee's Proposed Overall Completion Date: 03/11/2026

Implemented () - 04/01/2026

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED]. However, Resident #1's Medication Administration Record documents this medication being administered [REDACTED] on 2/1/26-2/5/26.

Plan of Correction

Accept () - 03/16/2026

Staff members were reminded that part of proper medication administration includes verifying that medication labels match the Medication Administration Record (MAR) prior to administering medications. Staff were re-educated on the importance of this verification process to ensure medications are administered accurately and according to the prescriber's order.

On 3/5/26, the LPN, PsychRehab Supervisor (PRS), and Program Director (PD) attended a medication remediation class with a medication administration trainer to review proper medication administration practices, including accurate MAR verification and documentation procedures.

The LPN also contacted the prescribing provider to clarify the medication administration time, as the dosing schedule had been adjusted. The prescriber confirmed that the medication should be administered in the evening. An updated order reflecting the correct administration time has been obtained and is attached.

The LPN and PRS will be responsible for monitoring medication administration practices to ensure that medication labels and MARs are reviewed for accuracy prior to administration. Ongoing supervision and periodic MAR audits will be conducted to ensure continued compliance.

187d - Follow Prescriber's Orders (continued)

Full compliance with this corrective action was achieved on 3/5/26. Ongoing monitoring will occur to ensure continued adherence to proper medication administration procedures.

Licensee's Proposed Overall Completion Date: 03/11/2026

Implemented () - 04/01/2026)

190a - Completion Medication Course

7. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A, who lacked verification of successfully completing the Department-approved medications administration course, administered medications to resident #1 to include the following:

- On 2/1/26 at 8:00 AM, administered [REDACTED]
- On 2/1/26 at 12:00 PM, administered [REDACTED]
- On 2/7/26 at 8:00 AM, administered [REDACTED]

Plan of Correction

Accept () - 03/16/2026)

Documentation was obtained from the Training Coordinator on 2/12/26, verifying completion of the required training. On 2/12/26, [REDACTED], PRS, emailed a copy of the training certificate to [REDACTED] and placed a copy of the certificate in the staff training binder located in the home to ensure proper documentation and accessibility for review.

The PRS is responsible for maintaining all staff training records and ensuring that required documentation is obtained and properly filed in the home's training binder. Moving forward, training records will continue to be reviewed to ensure that all required documentation is maintained and readily available.

Full compliance with this corrective action was achieved on 2/12/26. Ongoing monitoring will occur through routine review of staff training records to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 03/11/2026

Implemented () - 04/01/2026)