pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ET 141 OPERATIONS LLC**
LEGAL ENTITY

To operate **ELIZABETHTOWN PERSONAL CARE**
NAME OF FACILITY OR AGENCY

Located at **141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022**
(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 **August 21, 2026** until **February 21, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338811**

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: AUGUST 21, 2026

ET 141 Operations LLC
[redacted]

RE: Elizabethtown Personal Care Home
141 Heisey Avenue
Elizabethtown, PA 17022
License #: 338811

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on February 18, 2026, February 19, 2026, and April 22, 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 REVOKES your certificate of compliance, License #338810 dated March 3, 2026 until March 3, 2027, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST 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, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from AUGUST 21, 2026 to FEBRUARY 21, 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.

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:

Lestia Fetzer, 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]

Enclosure
License

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

Facility Information

Name: *ELIZABETHTOWN PERSONAL CARE* **License #:** *33881* **License Expiration:** *03/03/2026*

Address: *141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022*

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

Administrator

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

Legal Entity

Name: *ET 141 OPERATIONS LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *25* **Waking Staff:** *19*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date:** *02/19/2026*

Inspection Dates and Department Representative

02/18/2026 On Site: [redacted]

02/19/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* **Residents Served:** *25*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* **Are 60 Years of Age or Older:** *25*

Diagnosed with Mental Illness: *22* **Diagnosed with Intellectual Disability:** *0*

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

Inspections / Reviews

02/18/2026 - Full

Lead Inspector: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *03/15/2026*

03/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/07/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *03/27/2026*

04/02/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/16/2026*

07/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/07/2026*

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

17 Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 9:15 AM, the office off of the dining room was unlocked and accessible. There were lists of residents thumbtacked to the wall that included the do-not-resuscitate status for all residents including Resident [redacted] and Resident [redacted] a list of residents with diabetic needs including Resident [redacted] and Resident [redacted] and a list with the names of all of the residents and their dates of birth.

Plan of Correction ***Accept [redacted] - 04/01/2026)***

Office was locked in the moment. All PC staff were educated on the necessity of keeping office locked at all times to keep resident records confidential. Spot checks are performed daily by administrator or weekend manager during environmental walking rounds.

Licensee's Proposed Overall Completion Date: *03/23/2026*

Not Implemented ([redacted] - 07/28/2026)

60a Staff/Support Plan

2. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Staff members A and B are routinely scheduled during the overnight shift. Neither staff has successfully completed requirements for the Department-approved medication administration requirements. On the following dates from 10:00 PM - 6:00 AM one of these staff were the only ones scheduled in the home from [redacted]. Residents in the home have standing orders for as-needed medications including the following:

- *Resident [redacted] prescribed [redacted], and [redacted]*
- *Resident [redacted] prescribed [redacted],*
- *Resident [redacted] prescribed [redacted].*
- *Resident [redacted] prescribed [redacted]*

Plan of Correction ***Directed [redacted] - 04/01/2026)***

A new position has been created, "PC Educator", and has been filled by 2 new staff members. Both are Med-Tech Trainers and come with 19 and 20 years' experience. They will work on getting all staff in need the Department-approved medication administration requirements. PC Educators will be on-boarded on 3/24. Education will begin 3/31. Compliance will be audited monthly by PC Educators and administrator. Expected compliance is 4/15/26.

Proposed Overall Completion Date: 04/15/2026

(Directed)
-Beginning 4/15/26 the Administrator will review the schedule on a weekly basis to ensure that at least one staff

60a Staff/Support Plan (continued)

member who is currently certified and trained to administer medication is working on each shift

Directed Completion Date: *04/15/2026*

Not Implemented [redacted] 07/28/2026)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
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

Direct care Staff Member D does not have training in medication self administration, instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan, personal care service needs of the resident, care for residents with mental illness or mental retardation in calendar training year for 2025.

Direct care Staff Member E did not receive training in care for residents with mental illness or mental retardation in calendar training year 2025.

Plan of Correction ***Directed [redacted] - 04/01/2026)***

A new position has been created, "PC Educator", and has been filled by 2 new staff members. Both are Med Tech Trainers and come with 19 and 20 years' experience. They will work on getting all staff in need the Department approved medication administration requirements. PC Educators will be on boarded on 3/24. Education will begin 3/31. Compliance will be audited monthly by PC Educators and administrator. Expected compliance is 4/15/26.

Proposed Overall Completion Date: 04/15/2026

(Directed)
Staff Members D and E will receive the required trainings by 4/15/26.

Directed Completion Date: *04/15/2026*

Not Implemented [redacted] - 07/28/2026)

65g - Annual Training Content

4. 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:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

65g Annual Training Content *(continued)*

Description of Violation

Direct care Staff Member D did not receive training in emergency preparedness procedures and recognition and response to crisis and emergency situations, the Older Adults Protective Services Act, and falls and accident prevention in calendar training year 2025.

Direct care Staff Member E did not receive training in emergency preparedness procedures and recognition and response to crisis and emergency situations and falls and accident prevention in calendar training year 2025.

Plan of Correction ***Directed [redacted] - 04/01/2026)***

A new position has been created, "PC Educator", and has been filled by 2 new staff members. Both are Med Tech Trainers and come with 19 and 20 years' experience. They will work on getting all staff in need the Department approved medication administration requirements. PC Educators will be on boarded on 3/24. Education will begin 3/31. Compliance will be audited monthly by PC Educators and administrator. Expected compliance is 4/15/26.

Proposed Overall Completion Date: 04/15/2026

(Directed)
Staff Members D and E will receive the required trainings by 4/15/26.

Directed Completion Date: *04/15/2026*

Not Implemented [redacted] - 07/28/2026)

85a - Sanitary Conditions

5. Requirements

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

Description of Violation

On [redacted] at 9:13 AM, there was a stained bath mat hanging on the grab bar on the back side of the tub in the first floor bathroom by exit b. On [redacted] at 9:15 AM, the bathtub on the second floor had a dirty floor.

Plan of Correction ***Accept [redacted] - 04/01/2026)***

Bath mat was replaced. Tub was cleaned on 3/11. Staff were educated to ensure throughout cleaning is taking place daily. Administrator and weekend manager will check daily during environmental walking rounds beginning 3/26/26.

Proposed Overall Completion Date: 03/23/2026

Licensee's Proposed Overall Completion Date: *03/23/2026*

Not Implemented [redacted] - 07/28/2026)

85e - Trash Outside Home

6. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home *(continued)*

Description of Violation

On [redacted] at 3:13 PM, the side door on the dumpster was open and the dumpster was full of trash.

Plan of Correction ***Directed[redacted] - 04/01/2026)***

Staff were educated, spot checking is completed daily by maintenance director, environmental services director and administrator.

Proposed Overall Completion Date: 03/23/2026

(Directed)
- Staff were educated on the need to keep the dumpster lid closed on 3/23/26
-Beginning 3/23/26 daily spot checks will be completed by the maintenance director, the environmental services director and administrator.

Directed Completion Date: *03/23/2026*

Not Implemented[redacted] - 07/28/2026)

100a - Exterior - Free of Hazards

7. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The concrete ramp from the lounge area of the home to the sidewalk at the front of the building has a large patch that sticks up from the surface; there are other areas of damaged concrete that include loose rocks and gravel. The damaged and uneven surface of the ramp poses a tripping / falling hazard to anyone entering or leaving the home but especially people with mobility devices like walkers, rollators or canes.

Plan of Correction ***Accept[redacted] - 04/01/2026)***

Concrete companies were contact to come out and make repairs the week of 3/1 & 3/16. We are working on getting estimates from them and will coordinate repairs ASAP, expected completion by end of May.

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented[redacted] - 07/28/2026)

107d - Procedure Emergency Management Agency Submission

8. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated, and submitted to the Lancaster County Emergency Management Agency since [redacted].

Repeated Violation- [redacted], et al.

107d - Procedure Emergency Management Agency Submission *(continued)*

Plan of Correction ***Directed (- 04/01/2026)***

Fire expert came on 3/12 as planned. Plan was submitted to Lancaster County and approval was received on 3/17.

Proposed Overall Completion Date: 03/23/2026

(Directed)
-The Administrator will set up an annual reminder to ensure that this requirement is met and all documentation is reviewed and submitted to the appropriate agencies.

Directed Completion Date: *03/23/2026*

Implemented 07/28/2026)

124 - Notice to Fire Department

9. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction ***Directed - 04/01/2026)***

Notification was sent the day it was brought to administrators' attention, DHS was copied on notification. Administrator will work with Maintenance Director to ensure compliance is maintained.

Proposed Overall Completion Date: 03/23/2026

(Directed)
-The Administrator will set up an annual reminder to ensure that this requirement is met and all documentation is reviewed and submitted to the appropriate agencies.

Directed Completion Date: *03/23/2026*

Implemented - 07/28/2026)

127a - Portable Space Heaters

10. Requirements

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

Description of Violation

On at 1:40 PM, there was a black electric space heater on the desk at the first floor staff / reception area.

Plan of Correction ***Accept 04/01/2026)***

Space heater was removed in the moment, staff were formally educated on 2/23, beginning 3/23/26 spot checks will be performed daily during environmental walking rounds by administrator and weekend manager.

Proposed Overall Completion Date: 03/23/2026

127a - Portable Space Heaters *(continued)*

Licensee's Proposed Overall Completion Date: *03/23/2026*

Not Implemented [redacted] - 07/28/2026)

132b - Safety Inspection/Fire Drill

11. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and supervised fire drill conducted by a fire safety expert was on [redacted].

Plan of Correction ***Directed [redacted] - 04/01/2026)***

Fire expert scheduled for 3/12/26 to conduct drill and establish a safe evacuation time. Administrator will work with Maintenance Director to ensure continued compliance.

Proposed Overall Completion Date: 03/23/2026

(Director)
- The Administrator will be responsible for setting up an annual reminder and coordinating with a fire safety expert to ensure that the annual inspection and supervised drill are completed timely.

Directed Completion Date: *03/23/2026*

Implemented [redacted] - 07/28/2026)

132d - Evacuation

12. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

1/24/26 at 7:30 PM, 4 min and 58 sec
12/3/25 at 1:00 AM, 5 min and 27 sec
11/1/25 at 9:00 AM, 4 min and 35 sec
10/2/25 at 7:00 PM, 3 min and 55 sec
9/29/25 at 1:30 AM, 5 min and 14 sec
8/29/25 at 10:40 AM, 4 min and 57 sec
7/24/25 at 7:45 PM, 4 min and 39 sec
6/23/25 at 3:45 AM, 5 min and 8 sec
5/30/25 at 8:22 AM, 4 min and 42 sec
4/22/25 at 5:15 PM, 5 min and 5 sec

132d - Evacuation (continued)

3/30/25 at 3:30 AM, 4 min and 47 sec
2/27/25 at 1:15 PM, 5 min and 8 sec
1/17/25 at 10:30 PM, 5 min 12 sec

Plan of Correction ***Accept [redacted] - 04/01/2026)***

Fire expert scheduled for 3/12/26 to conduct drill and establish a safe evacuation time. An evacuation time of 10 minutes was established during visit. Administrator will work with Maintenance Director to ensure continued compliance.

Licensee's Proposed Overall Completion Date: *03/23/2026*

Implemented [redacted] - 07/28/2026)

132f - Alternate Exit Routes

13. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home is not alternating evacuation routes as the last four drills, conducted on [redacted] and [redacted] used the same exit routes including doors B, C, and J. The drills conducted [redacted], and used the same exit routes including doors B, C, and J to the rear.

Plan of Correction ***Directed ([redacted] - 04/01/2026)***

Staff educated on 2/23, will Maintenance Director and administrator will ensure compliance during fire drills each month.

Proposed Overall Completion Date: 03/23/2026

(Directed)
- Beginning 3/23/26, the Administrator and/or Maintenance Director will review monthly fire drill records to ensure that alternate exits are used and residents are familiar with different exit routes.

Directed Completion Date: *03/23/2026*

Not Implemented ([redacted] - 07/28/2026)

141a 1-10 Medical Evaluation Information

14. 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] medical evaluation, signed [redacted], is missing height, weight, pulse, blood pressure, temperature; the diagnosis addendum, section 6 needs addendum, section 8 medication addendum, and a determination whether the resident's needs can be met in the Personal Care Home. In addition, the medical professional's name and license number are illegible.

Resident [redacted] medical evaluation, signed [redacted] is missing the date of evaluation, the resident's height, weight, pulse, temperature, immunization history, allergies, and medications.

Resident [redacted]s medical evaluation, signed [redacted], does not include the date of the evaluation, the date the form was completed, the resident's height and weight and section 6 relating to immunization history.

Plan of Correction ***Directed[redacted] - 04/01/2026)***

Communication with physician on needs of evaluations and staff education on 2/23 on double checking evaluation for full completion and to communicate with physician if needed. A full audit of resident records was completed and will be spot checked monthly by administrator and PC Educators to ensure continued compliance.

Proposed Overall Completion Date: 03/23/2026

(Directed)

By 4/15/26, the Administrator or designee will contact the physician's office who completed the DME's for resident [redacted] to have the information that was missing or incorrect completed and signed off on.

Directed Completion Date: *04/15/2026*

Implemented [redacted] - 07/28/2026)

144c1 - Smoking Area Guidelines

15. 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:

144c1 Smoking Area Guidelines *(continued)*

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 is in the courtyard in the back of the home. There are cigarette butts discarded on the steps, sidewalks, ramp and in the garden area next to the steps leading to the smoking area.

Repeated Violation [redacted]

Plan of Correction ***Accept*** [redacted] ***- 04/01/2026)***

Resident and staff written education provided on 2/20. Beginning 3/23 spot checks will be completed daily during environmental walking rounds by administrator and weekend manager.

Proposed Overall Completion Date: 03/23/2026

Licensee's Proposed Overall Completion Date: *03/23/2026*

Not Implemented [redacted] ***- 07/28/2026)***

182c - Medication Administration

16. 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 approximately 10:20 AM, a pill was observed in room* [redacted] *on the nightstand. Resident* [redacted] *reported it was* [redacted] *pill that* [redacted] *takes 3 times a day for fidgeting. The Medication Administration Record (MAR) for Resident* [redacted] *indicates* [redacted] *is prescribed* [redacted] *capsule by mouth 3 times a day. Staff failed to observe Resident* [redacted] *ingest this medication.*

Plan of Correction ***Directed*** [redacted] ***- 04/01/2026)***

Staff educated on 2/23. Spot checks completed daily on environmental walking rounds by administrator and weekend manager.

Proposed Overall Completion Date: 03/23/2026

(Directed)
The pill was discarded in accordance with the home's policies by staff on the day it was discovered.
Beginning 3/23/26 spot checks will be completed daily on environmental walking rounds by administrator and weekend manager.

Directed Completion Date: *03/23/2026*

Not Implemented [redacted] ***- 07/28/2026)***

183b - Meds and Syringes Locked

17. 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 12:10 PM, an oval orange tablet was unlocked, unattended, and accessible on the second-story floor near the intersection of the hallways by the steps. It was marked with "1010" on one side and "20" on the other.

On [redacted] at about 11:00 AM, a bottle of eye drops and a bottle of stool softener were unlocked, unattended, and accessible in Resident [redacted] bedroom. Resident [redacted] is not assessed as being able to self-administer [redacted] medications.

Plan of Correction ***Directed [redacted] - 04/01/2026)***

Staff educated on 2/23. Spot checks completed daily on environmental walking rounds by administrator and weekend manager.

Proposed Overall Completion Date: 03/23/2026

(Directed)

-On 2/18/26, the oval orange tablet was disposed of by staff according to the home's policy.
-On 2/18/26 Resident [redacted]s eye drops and stool softener were secured in the medication cart by staff.
- The Administrator provided all staff with education on 2/23/26 regarding the importance of locking all medications so they are inaccessible to residents.
- Beginning 3/23/26 spot checks completed daily on environmental walking rounds by administrator and weekend manager.

Directed Completion Date: *03/23/2026*

Not Implemented [redacted] 07/28/2026)

183e Storing Medications

18. 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] at 11:45 AM, two round white pills were loose in the locked controlled substance box on the second floor medication cart. The pills were identified as [redacted] and [redacted] A [redacted] tablet was also found loose in the bottom of the cart.

A bottle of PRO Source protein liquid prescribed for Resident [redacted] was streaked with leaking medication and there was a sticky residue in the bottom of the lower level medication cart where it was stored.

On [redacted] at 11:08 AM, half of a blue tablet was lying loose in the lower level medication cart.

An [redacted] prescribed for Resident [redacted] has 39 of 60 inhalations remaining, however, it is not labeled as to when it was opened. This medication has instructions to discard 1 month after removed from the foil wrapper.

183e Storing Medications (continued)

On [redacted], an [redacted] prescribed for Resident [redacted] was stored in the second floor medication cart and was labeled as opened on [redacted] The instructions state to discard the medication 6 weeks after opening.

On [redacted], a [redacted] prescribed for Resident [redacted] was stored in the second floor medication cart and was labeled as opened on [redacted] The instructions state to discard the medication 6 weeks after opening.

Plan of Correction ***Directed ([redacted] - 04/01/2026)***

Staff educated on 2/23. Spot checks completed weekly by administrator, PC Educators or weekend manager.

Proposed Overall Completion Date: 03/23/2026

(Directed)

Staff discarded all medications on the date of the inspection consistent with the home's policies.
All staff who administer medications were educated by the Administrator on 3/23/26 regarding storage practices and the need to follow the manufacturers instructions on all medications as it relates to storage and discarding.
Beginning 3/23/26 spot checks will be completed weekly by administrator, PC Educators or weekend manager.

Directed Completion Date: *03/23/2026*

Not Implemented ([redacted] - 07/28/2026)

185a - Implement Storage Procedures

19. 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 [redacted]s glucometer is incorrectly labeled with Resident [redacted] name.

Resident [redacted] is prescribed blood sugar checks twice daily. There are several readings stored in [redacted] meter that do not appear on [redacted] medication administration record (MAR) or differ from those recorded including:
On [redacted] at 7:54 PM a reading of [redacted] is stored in the meter but doesn't appear on the MAR
On [redacted] at at 7:17 AM, a reading of [redacted] is stored in the meter, however, [redacted] appears on the MAR
On [redacted] at 8:07 AM, a reading of [redacted] is stored in the meter, however, isn't recorded for this day and time on the resident's MAR

Resident [redacted] receives blood sugar testing twice daily. There were several readings recorded on the resident's MAR that were not stored in the resident's meter including:
[redacted] at 4:00 PM, a reading of [redacted]
[redacted] at 8:00 AM, a reading of [redacted]
[redacted] at 4:00 PM, a reading of [redacted]
[redacted] at 4:00 PM, a reading of [redacted]

185a - Implement Storage Procedures (continued)

- [redacted] at 4:00 PM, a reading of [redacted]

In addition, on [redacted] at 4:00 PM a reading of [redacted] was recorded on the MAR, however, [redacted] was stored in the meter.

Resident [redacted] receives blood glucose checks four times daily. The resident's meter is incorrectly dated and timed and is programmed with the date [redacted] when it's actually [redacted] In addition, numerous blood sugar readings are recorded on the resident's MAR for the wrong times including a reading of [redacted] on [redacted] at 12 PM when this reading is stored in the meter for [redacted] at 10:03 PM. A reading of [redacted] is recorded on the MAR for 8:00 AM on [redacted] and is stored in the meter for [redacted] at 4:59 PM. There are multiple blood sugar readings recorded on the resident's MAR that are not stored in [redacted] meter including on [redacted] at 12:00 PM, a reading of [redacted]; on [redacted] at 4:00 PM, a reading of [redacted]; on [redacted] at 8:00 PM a reading of [redacted]; on [redacted] at 8:00 AM, a reading of [redacted]; on [redacted] at 12:00 PM, a reading of [redacted] on [redacted] at 4:00 PM, a reading of [redacted]

Plan of Correction ***Directed [redacted] - 04/01/2026)***

Staff educated on 2/23. Spot checks completed weekly by administrator, PC Educators or weekend manager.

Proposed Overall Completion Date: 03/23/2026

(Directed)

- By 4/15/26 all resident glucometers will be checked/calibrated and labeled.
- All staff who administer blood sugar checks or diabetic medication were educated by the Administrator on the importance of ensuring that the glucometers are calibrated correctly and that the numbers recorded on the MAR are accurate.
- MAR audits of all diabetic residents will be completed on a weekly basis beginning 3/23/26 by the Administrator, PC Educators or weekend manager. Any errors noted will be corrected and appropriate follow-up action will be taken by the Administrator.

Directed Completion Date: 04/15/2026

Not Implemented [redacted] - 07/28/2026)

187a - Medication Record

20. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [redacted] is prescribed [redacted] capsule, take one tablet by mouth once daily. This medication has no diagnosis or purpose listed.

187a - Medication Record (continued)

Repeated Violation - [redacted] et al.

Plan of Correction ***Directed [redacted] - 04/01/2026)***

Staff educated on 2/23. Spot checks completed weekly by administrator, PC Educators or weekend manager.

Proposed Overall Completion Date: 03/23/2026

(Directed)

- By 4/15/26, the Administrator or designee will audit all MARS to ensure the diagnosis or purpose is listed, any errors will be corrected immediately.
- All staff who administer medications were educated on 3/23/26 regarding the correct procedures in documenting medication passes.
-Beginning 3/23/26, MAR's will be spot checked weekly by the Administrator, PC Educators or weekend manager for accuracy.

Directed Completion Date: *04/15/2026*

Implemented [redacted] - 07/28/2026)

187d - Follow Prescriber's Orders

21. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] capsule, take one tablet by mouth once daily. However, this medication was not administered to Resident [redacted] on [redacted] at 7:17 PM because it was not available in the home.

Plan of Correction *Repeated Violation-[redacted], et al.* ***Directed [redacted] 04/01/2026)***

Staff educated on 2/23. Spot checks completed weekly by administrator, PC Educators or weekend manager.

Proposed Overall Completion Date: 03/23/2026

- On 3/23/26 the Administrator educated all staff who administer medications on the importance of taking inventory of medications and re-ordering in a timely manner. The home's policy regarding the re-ordering of medications was reviewed during this training.
- Beginning 3/23/26 spot checks of resident MARS will be completed weekly by the Administrator, PC Educators or weekend manager.

Directed Completion Date: *03/23/2026*

Implemented [redacted] - 07/28/2026)

190a - Completion Medication Course

22. 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 has not successfully completed the Department-approved medications administration course as evidenced by a medication administration certificate dated [redacted], no user report print out with trainer attestation, medication record reviews completed [redacted] (with no day listed) and [redacted], and only one medication pass observation dated [redacted] (no day indicated). The annual practicum was signed by the trainer on [redacted] however, there is no indication of requalification or not, student signature or date on the form. Staff Member A stated during an interview on [redacted] at 2:00 PM that [redacted] only has had training with the trainer but has not had observations or MAR reviewed conducted since [redacted] initial training. Staff Member A has administered medications to residents including the following:

On [redacted], and [redacted] 8:00 AM medications for Resident [redacted]
On [redacted] cap at 8:00 PM to Resident [redacted]

Plan of Correction ***Accept[redacted] - 04/01/2026)***

A new position has been created, "PC Educator", and has been filled by 2 new staff members. Both are Med-Tech Trainers and come with 19 and 20 years' experience. They will work on getting all staff in need the Department-approved medication administration requirements. PC Educators will be on-boarded on 3/24. Education will begin 3/31. Compliance will be audited monthly by PC Educators and administrator. Expected compliance is 4/15/26.

Licensee's Proposed Overall Completion Date: *04/15/2026*

Not Implemented[redacted] 07/28/2026)

190b Insulin Injections

23. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department approved medications administration course that includes the passing of a written performance based competency test within the past 2 years, as well as successful completion of a Department approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Member A has not successfully completed the Department-approved medications administration course or completed the Department-approved diabetes patient education program within the past 12 months. Staff Member A checked blood sugar readings and/or provided injected diabetes medications to residents including the following:

• On [redacted], and [redacted] blood sugar checks for Resident [redacted]
• On [redacted], and [redacted] blood sugar checks for Resident [redacted]
• On [redacted], and [redacted] for Resident [redacted]
• On [redacted], and [redacted]: injection per sliding scale >0 call MD and follow hypoglycemia standing order, [redacted] call MD for Resident [redacted]

Plan of Correction ***Accept [redacted] - 04/01/2026)***

A new position has been created, "PC Educator", and has been filled by 2 new staff members. Both are Med-Tech

190b - Insulin Injections (continued)

Trainers and come with 19 and 20 years' experience. They will work on getting all staff in need the Department approved medication administration requirements. PC Educators will be on boarded on 3/24. Education will begin 3/31. Compliance will be audited monthly by PC Educators and administrator. Expected compliance is 4/15/26.

Licensee's Proposed Overall Completion Date: *04/15/2026*

Not Implemented (- 07/28/2026)

224a - Preadmission Screen Form

24. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident was admitted to the home on , however, no preadmission screening has been completed.

Plan of Correction ***Directed - 04/01/2026)***

This is standard practice with current administration. Since current administrator cannot speak to previous events, a page has been inserted in the place of previously missed preadmission screenings acknowledging the citation and plan of corrections.

Proposed Overall Completion Date: 03/23/2026

(Directed)

Beginning 4/15/26, the Administrator will be responsible for auditing all new resident admission files to ensure that the pre admission screening is being completed.

Directed Completion Date: *04/15/2026*

Not Implemented (- 07/28/2026)

225c - Additional Assessment

25. Requirements

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

Description of Violation

Resident s most recent assessment was completed on , however, the previous assessment was completed on

Repeated Violation -

Plan of Correction ***Directed - 04/01/2026)***

A full audit was completed and schedule has been developed with monthly spot checks to ensure compliance.

Proposed Overall Completion Date: 03/23/2026

225c Additional Assessment (continued)

(Directed)

The Administrator completed a full audit of all resident's most recent assessments on 3/23/26.

Beginning 4/15/26, the Administrator will complete monthly spot checks to ensure that assessments are being completed timely.

Directed Completion Date: *04/15/2026*

Not Implemented [redacted] 07/28/2026)

227h - Support Plan Refuse Sign

26. Requirements

2600.
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted] The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

Plan of Correction ***Directed [redacted] - 04/01/2026)***

A full audit was completed, staff educated, and monthly spot checks have been established to ensure compliance.

Proposed Overall Completion Date: 03/23/2026

(Directed)

The Administrator completed a full audit of all resident's most recent support plans on 3/23/26.

Beginning 4/15/26, the Administrator will complete monthly spot checks to ensure that support are being completed timely.

Directed Completion Date: *04/15/2026*

Implemented [redacted] 07/28/2026)

252 - Record Content

27. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.

Description of Violation

Resident [redacted] record does not contain a preadmission screening.

Plan of Correction ***Directed [redacted] - 04/01/2026)***

This is standard practice with current administration. Since current administrator cannot speak to previous events, a page has been inserted in the place of previously missed preadmission screenings acknowledging the citation and plan of corrections.

252 Record Content (continued)

Proposed Overall Completion Date: 03/23/2026

(Directed)

Beginning 4/15/26, the Administrator will be responsible for auditing all new resident admission files to ensure that the pre admission screening is being completed.

Directed Completion Date: *04/15/2026*

Not Implemented [redacted] - 07/28/2026)

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

Facility Information

Name: *ELIZABETHTOWN PERSONAL CARE* **License #**: *33881* **License Expiration**: *03/03/2027*

Address: *141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022*

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

Administrator

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

Legal Entity

Name: *ET 141 OPERATIONS LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *12/07/1992* **Issued By**: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *28* **Waking Staff**: *21*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *04/22/2026*

Inspection Dates and Department Representative

04/22/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* **Residents Served**: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* **Are 60 Years of Age or Older**: *28*

Diagnosed with Mental Illness: *23* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *2*

Inspections / Reviews

04/22/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/29/2026*

05/27/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/03/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *06/03/2026*

06/03/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Bypass Document Submission*

06/03/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *06/03/2026*

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

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at an unknown time, Staff Member A observed Resident [redacted] groping Resident [redacted] in the dining room. This incident was reported to Staff Member B, the Administrator at the time, on [redacted] However, incident was not reported to the local Area Agency on Aging.

On [redacted] at an unknown time, Resident [redacted] groped Resident [redacted]. Resident [redacted] reported this to Staff Member A. Staff Member A stated this was reported to Staff Member B. However, this incident was not reported to the local Area Agency on Aging.

Plan of Correction ***Directed [redacted] 06/03/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/27/2026 by the Administrator to Immediate action was taken at first staff meeting where reportable incidents were reviewed.

To enhance the currently compliant operations, on 01/27/2026 the Administrator & RCC will review incident reports daily to ensure it is reported to the appropriate entity within the appropriate timeline, with a completion date of 06/01/2026.

Effective 01/27/2026 the Administrator will perform daily checks of incident reports, through 06/01/2026 to maintain ongoing compliance with immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. Compliance monitoring activities will be implemented under the supervision of the Resident Care Coordinator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

[Directed]

- *In addition to above steps, the Administrator or designee, will report the incidents that occurred on 10/7/25 and 1/15/26 to the local Area Agency on Aging. The Administrator or designee will also complete an Act 13 for both incidents and send to the local Area Agency on Aging. The Act 13 forms and documentation confirming the Act 13 forms were sent to the local Area Agency on Aging will be kept and available for review by the Department. This will be completed by 9/4/26.*
- *All staff will be educated on the requirements of the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and regulation 2600.15(a). This will be completed by 9/4/26. Documentation of this education will be kept and available for review by the Department.*
- *Beginning no later than 9/4/26, the Administrator or designee will completed daily reviews of incidents that have occurred in the home to ensure all required incidents are reported to the local Area Agency on Aging*

15a - Resident Abuse Report (continued)

as well as ensuring an Act 13 form is completed and sent to the local Area Agency on Aging. Documentation of these reviews will be kept and available for review by the Department.

Directed Completion Date: *09/04/2026*

16c - Written Incident Report

2. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at an unknown time, Staff Member A observed Resident [redacted] groping Resident [redacted] [redacted] in the dining room. This incident was reported to Staff Member B, the Administrator at the time, on [redacted] However, this incident was not reported to the Department.

On [redacted] at an unknown time, Resident [redacted] groped Resident [redacted]s [redacted]. Resident [redacted] reported this to Staff Member A. Staff Member A stated this was reported to Staff Member B. However, this incident was not reported to the Department.

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

Plan of Correction ***Directed [redacted] - 06/03/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/27/2026 by the Administrator to Immediate action was taken at first staff meeting where reportable incidents were reviewed.
To enhance the currently compliant operations, on 01/27/2026 the Administrator & RCC will review incident reports daily to ensure it is reported to the appropriate entity within the appropriate timeline, with a completion date of 06/01/2026.
Effective 01/27/2026 the Administrator will perform daily checks of incident reports, through 06/01/2026 to maintain ongoing compliance with immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. Compliance monitoring activities will be implemented under the supervision of the Resident Care Coordinator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

[Directed]

- *In addition to above steps, all staff will be educated on the reporting requirements of regulation 2600.16(c). This will be completed by 9/4/26. Documentation of this education will be kept and available for review by the Department.*
- *Beginning no later than 9/4/26, the Administrator or designee will completed daily reviews of incidents that have occurred in the home to ensure all required incidents are reported to the Department within the*

16c - Written Incident Report (continued)

required timeframe. Documentation of these reviews will be kept and available for review by the Department.

Directed Completion Date: *09/04/2026*

23a - Activities of Daily Living Assistance

3. 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

The assessment and support plan, dated [redacted] for Resident [redacted] indicates the resident requires 24-hour direct supervision. However, on [redacted], the resident did not receive this assistance as required. On [redacted], Resident [redacted] groped Resident [redacted]s [redacted]. Resident [redacted] reported this to Staff Member A, who noted the interaction in the nursing notes. Staff Member A stated this incident was reported to Staff Member B. Resident [redacted] stated Resident [redacted] was inappropriately touching [redacted]

Plan of Correction ***Directed ([redacted] - 06/03/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/27/2026 by the Administrator to Staff were educated on policies and procedures which included assisting residents with the level of care they are assessed to need.

To enhance the currently compliant operations, on 01/27/2026 the RCC & Administrator will Will review incident reports daily, ensure care is met, and update RASPs as needed, with a completion date of 06/01/2026.

Effective 01/27/2026 the RCC & Administrator will perform daily reviews of interviews with residents and staff to ensure care needs are being met., through 06/01/2026 to maintain ongoing compliance with providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan. Compliance monitoring activities will be implemented under the supervision of the Resident Care Coordinator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

[Directed]

- *By no later than 9/4/26, the Administrator or designee will re-assess Resident [redacted] to see if 24-hour supervision is required for Resident [redacted] If so, the home will evaluate if they can meet that resident's needs.*
- *In addition to above steps, all staff will be educated on regulation 2600.23(a) and Resident [redacted]s current assessment and support plan, including the need for 24-hour supervision and how the home is planning to manage that need. This will be completed by 9/4/26. Documentation of this education will be kept and available for review by the Department.*
- *Beginning no later than 9/4/26, the Administrator or designee will complete at least 5 observations weekly, ensuring Resident [redacted] is receiving 24-hour supervision. The Administrator or designee will also complete*

23a - Activities of Daily Living Assistance (continued)

reviews of the work schedule prior to the work schedule being posted to ensure there is enough staffing in the home to meet Resident [redacted] supervision needs. Documentation of these observations and schedule reviews will be kept and available for review by the Department.

Directed Completion Date: *09/04/2026*

42b - Abuse

4. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], at an unknown time, Staff Member A observed Resident [redacted] groping Resident [redacted] in the dining room. This incident was observed and documented by Staff Member A as well as reported to Staff Member B, the Administrator at the time. Staff Member A stated the behaviors of Resident [redacted] were reported to Staff Member B, but these behaviors were never addressed.

On [redacted], Resident [redacted] groped Resident [redacted]. Resident [redacted] reported this to Staff Member A, who noted the interaction in the nursing notes. Staff Member A stated this incident was reported to Staff Member B. Resident [redacted] stated Resident [redacted] was inappropriately touching [redacted] breasts.

On [redacted] at 10:45 AM, Resident [redacted] reported to Staff Member D [redacted] had witnessed Resident [redacted] groping the breasts of Resident [redacted] on [redacted] at approximately 6:45 PM. Resident [redacted] reported Resident [redacted] responded to Resident [redacted] by saying only [redacted] spouse touches [redacted] like that and then walked away. Resident [redacted] admitted to groping Resident [redacted] to Staff Member C, the current Administrator. As a result of this incident, Resident [redacted] was charged with "Indecent Assault Person With Mental Disability" and "Indec Asslt-W/O Cons Of Other". Also, Resident [redacted] was given a discharge notice by the home on [redacted] and Resident [redacted] was moved out of the home by [redacted] family within 24 hours of receiving the discharge notice.

Between [redacted] and [redacted], there were no updates made to Resident [redacted] assessment and support plan to include Resident [redacted]s groping behaviors and the home's plan to meet these needs.

Repeated Violation - [redacted], et al.

Plan of Correction ***Directed [redacted] - 06/03/2026)***

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

42b - Abuse (continued)

action was taken on 01/27/2026 by the Administrator to Immediate action was taken at first staff meeting where reportable incidents were reviewed.
To enhance the currently compliant operations, on 01/27/2026 the Administrator & RCC will review incident reports daily to ensure it is reported to the appropriate entity within the appropriate timeline, with a completion date of 06/01/2026.
Effective 01/27/2026 the Administrator will perform daily checks of incident reports, through 06/01/2026 to maintain ongoing compliance with immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. Compliance monitoring activities will be implemented under the supervision of the Resident Care Coordinator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

[Directed]

- *By no later than 9/4/26, the Administrator or designee will meet with Resident [redacted] and [redacted] to ensure they feel safe in the home and if they need any additional support or services.*
- *In addition to above steps, all staff will be educated on identifying concerning resident behaviors, reporting/documenting those behaviors, reviewing support plans and following the interventions identified in the support plans. Staff will also be educated in identifying abuse and reporting abuse. This will be completed by 9/4/26. Documentation of this education will be kept and available for review by the Department.*
- *Beginning no later than 9/4/26, the Administrator or designee will review incidents daily to ensure any behaviors identified are updated to the residents' assessment and support plans as well as any other interventions needed. Documentation of these reviews will be kept and available for review by the Department.*

Directed Completion Date: *09/04/2026*

141a - Medical Evaluation

5. Requirements

2600.
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.

Description of Violation

Resident [redacted] who was admitted to the home on [redacted] has not had an initial medical evaluation completed.

Plan of Correction ***Directed [redacted] - 06/03/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/27/2026 by the Admin to Staff were educated on policies and procedures which includes when a new DME needs to be completed.

To enhance the currently compliant operations, on 02/11/2026 the Admin will Random audits were completed of DMEs and RASPs and showed compliance, with a completion date of 05/12/2026.

141a - Medical Evaluation (continued)

Effective 02/02/2026 the Admin will perform weekly audits of Random Audits of charts, through 05/12/2026 to maintain ongoing compliance with ensuring each resident has 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. Compliance monitoring activities will be implemented under the supervision of the Resident Care Coordinator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

[Directed]

- *In addition to the steps above, the Administrator or designee will schedule a physician's appointment for Resident [redacted] in order to have an initial medical evaluation completed. This will be done by 9/4/26.*
- *All staff will be educated on the requirements of regulation 2600.141(a). This will be completed by 9/4/26. Documentation of this education will be kept and available for review by the Department.*
- *The Administrator or designee will complete an initial audit of all current residents' initial medical evaluations to ensure all current residents have an initial medical evaluation completed. This will be completed by 9/4/26. Documentation of this audit will be kept and available for review by the Department.*
- *Beginning no later than 9/4/26, the Administrator or designee will review initial medical evaluations for all new admissions within 30 days of admission. Documentation of these reviews will be kept and available for review by the Department.*

Directed Completion Date: *09/04/2026*

225a - Assessment 15 Days

6. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] who was admitted to the home on [redacted], has not had an initial assessment completed.

Plan of Correction ***Directed [redacted] - 06/03/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/27/2026 by the Admin to Staff were educated on policies and procedures which includes when a new DME needs to be completed.
To enhance the currently compliant operations, on 02/11/2026 the Admin will Random audits were completed of DMEs and RASPs and showed compliance, with a completion date of 05/12/2026.
Effective 02/02/2026 the Admin will perform weekly audits of Random Audits of charts, through 05/12/2026 to maintain ongoing compliance with ensuring each resident has 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. Compliance monitoring activities will be implemented under the supervision of the Resident Care Coordinator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

[Directed]

- *In addition to the steps above, the Administrator or designee will complete an initial assessment for Resident [redacted] This will be done by 9/4/26.*

225a - Assessment 15 Days (continued)

- *All staff will be educated on the requirements of regulation 2600.225(a). This will be completed by 9/4/26. Documentation of this education will be kept and available for review by the Department.*
- *The Administrator or designee will complete an initial audit of all current residents' initial assessments to ensure all current residents have an initial assessment completed. This will be completed by 9/4/26. Documentation of this audit will be kept and available for review by the Department.*
- *Beginning no later than 9/4/26, the Administrator or designee will review initial assessments for all new admissions within 15 days of admission. Documentation of these reviews will be kept and available for review by the Department.*

Directed Completion Date: *09/04/2026*

225c - Additional Assessment

7. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] has a history of groping female residents' breasts including incidents on [redacted] and [redacted] However, Resident [redacted] current assessment and support plan, dated [redacted] does not include this behavior and the home's plan to meet the resident's needs.

Repeated Violation - [redacted]

Plan of Correction ***Directed [redacted] - 06/03/2026)***

Staff have been educated on the requirements for a new assessment based on changed in condition. In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/27/2026 by the Admin to Staff were educated on policies and procedures which includes when a new DME needs to be completed.
To enhance the currently compliant operations, on 02/11/2026 the Admin will Random audits were completed of DMEs and RASPs and showed compliance, with a completion date of 05/12/2026.
Effective 02/02/2026 the Admin will perform weekly audits of Random Audits of charts, through 05/12/2026 to maintain ongoing compliance with ensuring each resident has 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. Compliance monitoring activities will be implemented under the supervision of the Resident Care Coordinator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

[Directed]

- *In addition to the steps above, Resident [redacted] was given a discharge notice by the home on 4/7/26, and Resident [redacted] was moved out of the home by [redacted] family within 24 hours of receiving the discharge notice.*
- *All staff will be educated on the requirements of regulation 2600.225(c). This will be completed by 9/4/26. Documentation of this education will be kept and available for review by the Department.*
- *The Administrator or designee will complete an initial audit of all current residents' current assessments to ensure current assessments are up-to-date. This will be completed by 9/4/26. Documentation of this audit*

225c - Additional Assessment (continued)

will be kept and available for review by the Department.

- *Beginning no later than 9/4/26, the Administrator or designee will complete quarterly audits of current assessments to ensure the assessments are up-to-date. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *09/04/2026*

251b - Record Entries Legible

9. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on Resident [redacted] assessment and support plan, dated [redacted] on the date of admission, date of last assessment and date of last support plan.

Plan of Correction ***Directed ([redacted] - 06/03/2026)***

Resident charts have been audited to ensure no correction fluid is used. This has also been audited during the chart audits for compliance with DMEs & RASPs

[Directed]

- *In addition to above steps, all staff will be educated on the requirements of regulation 2600.251(b). This will be completed by 9/4/26. Documentation of this education will be kept and available for review by the Department.*
- *Beginning no later than 9/4/26, the Administrator or designee will complete quarterly audits of current resident records to ensure compliance. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *09/04/2026*