

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

May 19, 2026

[REDACTED], CFO
PASSAVANT RETIREMENT AND HEALTH CENTER
[REDACTED]

RE: BENBROOK PLACE
115 TECHNOLOGY DRIVE
BUTLER, PA, 16001
LICENSE/COC#: 45705

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2025 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: *BENBROOK PLACE* License #: *45705* License Expiration: *09/12/2026*
 Address: *115 TECHNOLOGY DRIVE, BUTLER, PA 16001*
 County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PASSAVANT RETIREMENT AND HEALTH CENTER*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *04/14/2025* Issued By: *Butler TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *2* Waking Staff: *2*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal* Exit Conference Date: *12/19/2025*

Inspection Dates and Department Representative

12/19/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *29* Residents Served: *2*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/19/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/26/2026*

01/29/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/19/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/02/2026*

Inspections / Reviews *(continued)*

05/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

At 11:04 a.m., there was a partially unsealed stainless-steel tray of French Onion Soup on the right-side middle level shelf of the walk-in freezer located in the home's main kitchen.

Plan of Correction

Accept ([redacted] - 01/29/2026)

The kitchen manager is responsible for addressing and correcting the issue.

The partially opened container of soup was immediately discarded on 12-19-25 by the kitchen manager.

The kitchen manager reviewed with all kitchen personnel the Food Safety Manual / policies and procedures regarding food storage compliance on 12/19/25 & 12/20/25.

A copy of each kitchen employee's acknowledgement of reviewing and understanding of the policy and procedures related to food protection will be provided to the department as evidence of education completion. Please see attached.

The kitchen Manager started a quality assurance for compliance of food storage compliance on 1/1/26.

From 1/1/26-1/31/26 the kitchen manger or [redacted] designee will complete daily checks to ensure food is protected per policy and regulation.

From 2/1/26-2/28/26 the kitchen manager or [redacted] designee will conduct weekly checks to ensure food is protected per policy and regulation.

From 3/1/26 and beyond, the kitchen manger or [redacted] designee will conduct at least 2 random monthly checks to ensure food is in storage compliance per policy and regulation as an ongoing QAPI process to maintain compliance in this area. This POC will be reviewed on quarterly basis as part of an on going QAPI process by the QAPI team.

Identified issues will be addressed immediately with remediation and policy review. January and February 2026 Quality checks will be submitted to the department upon completion.

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

Implemented ([redacted] - 05/19/2026)

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 11:04 a.m., there was an unlabeled / undated brown bag of tater tots on the right-side mid-level shelf of the walk-in freezer located in the home's main kitchen.

Plan of Correction

Accept ([redacted] - 01/29/2026)

-19The kitchen manager is responsible for addressing and correcting this issue.

103e Left Overs (continued)

The unlabeled bag of tater tots was discarded immediately upon discovery 12 19 25 by the kitchen manager.

The kitchen manager reviewed with all kitchen personnel the Food Safety Manual / policies and procedures regarding food storage compliance on 12/19/25 & 12/20/25.

A copy of each kitchen employee's acknowledgement of reviewing and understanding of the policy and procedures related to food protection will be provided to the department as evidence of education completion.

The kitchen Manager started a quality assurance for compliance of food storage compliance on 1/1/26. From 1/1/26 1/31/26 the kitchen manger or [redacted] designee will complete daily checks to ensure food is protected per policy and regulation.

From 2/1/26 2/28/26 the kitchen manager or [redacted] designee will conduct weekly checks to ensure food is protected per policy and regulation.

From 3/1/26 and beyond, the kitchen manager or [redacted] designee will conduct at least 2 random monthly checks to ensure food is in storage compliance per policy and regulation as an ongoing QAPI process to maintain compliance in this area. This POC will be reviewed on a quarterly basis as part of an on going QAPI process by the QAPI team.

Identified issues will be addressed immediately with remediation and policy review. January and February 2026 Quality checks will be submitted to the department upon completion.

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

Implemented ([redacted] - 05/19/2026)

141a - Medical Evaluation

3. 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 #1 initial medical evaluation completed on [redacted] However the evaluation did not include an advanced directives assessment.

Plan of Correction

Accept ([redacted] - 01/29/2026)

The Resident Services Coordinator (RSC) is responsible for addressing and correcting this issue.

The RSC reviewed the chart, confirmed with resident, family , and medical provider that advanced directives and POLST were on file , and corrected the DME to accurately reflect the resident's advance directives on 12/19/25.

The RSC reviewed all DMEs for Benbrook Place residents for completion on 12/19/25.

Effective 12/19/25 the RSC and Administrator will complete a review of all new DME's ensuring that the DME is complete and accurate ensuring regulatory compliance with in 72 hours of receiving them. Incomplete DMEs will be sent back to providers with a detail explanation of corrections or updates needed by the RSC or [redacted] designee.

141a - Medical Evaluation (continued)

On or before 03/02/2026 education on proper DME completion and plan of correction education will be completed by the RSC and Administrator for LPN and RN team members .

Effective 02/01/2026 an audit will be completed by the RCS or [redacted] designee on a monthly basis that reviews 20% of all DMES for completion . Identified issues will be addressed immediately with remediation and policy review. An audit tool is attached to this document, and a completed audit tool will be submitted upon completion. This POC will be reviewed as part of an on going QAPI process on a quarterly basis by the QAPI Team. Identified issues will be addressed immediately with remediation and policy review

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

Implemented ([redacted] - 05/19/2026)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is prescribed [redacted]. However, the pharmacy Label indicated [redacted]

Resident #1 is prescribed [redacted]. The medication's pharmacy label stated "see attached for detailed instruction's"; however, no pharmacy label was attached.

Resident #2 is prescribed [redacted]. However, the pharmacy label indicated [redacted].

Plan of Correction

Accept ([redacted] - 01/29/2026)

The RSC is responsible for addressing and correcting this issue.

On 12/19/2025 the RSC obtained physician clarification for the listed medication order and MAR discrepancies, and applied change of direction stickers to the medication containers as appropriate.

On 12/30/2025 the LPN on duty completed a building wide medication audit to ensure that all orders and pharmacy labels match.

On 1/13/2026 the LPN on duty completed another building wide medication audit to ensure that orders and pharmacy labels match.

Education will be provided to the licensed nursing team and med techs prior to 3/2/25 by the administrator and RSC.

Effective 1/29/26 a weekly medication audit will be completed by the LPN or RN on duty will audit all medication on site ensuring that the pharmacy label and order match x 4 weeks.

184a - Resident's Meds Labeled (continued)

On 3/5/26 the LPN on duty will an audit of 25% of medications will be completed by the LPN or RN on duty every 2 weeks ensuring that the pharmacy label and order match x 8 weeks .

On 5/7/2026 , the LPN will conduct a monthly audit of 25% of resident's medications ensuring that the pharmacy label and order match.

This will be continued as part of an ongoing QAPI process, and will be reviewed on a quarterly basis by the QAPI Team. Identified issues will be addressed immediately with remediation and policy review.

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

Implemented ([redacted]) - 05/19/2026

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 support plan was completed [redacted] however, the resident's signature is not dated at the time the resident signed the support plan.

Plan of Correction

Accept ([redacted]) - 01/29/2026

The RSC or [redacted] designee is responsible for addressing and correcting this issue.

The RASP was reviewed again with the resident on 12/19/25, and the resident added the date to the support plan indicating that it was reviewed on 10/6/25 and then reviewed again on 12/19/25.

On 12/19/2025 all RASPS were reviewed for signatures and dates by the administrator . The remaining RASPS were in compliance.

Education will be provided to the licensed nursing team before 3/2/25 by the administrator and RSC.

A monthly audit of RASPS will be completed by the RSC or designee that reviews 25% of the residents RASPS to ensure we remain compliant with this regulation as an ongoing part of QAPI .

This POC will be reviewed by the QAPI team on a quarterly basis as part of the ongoing QAPI process. Identified issues will be addressed immediately with remediation and policy review.

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

Implemented ([redacted]) - 05/19/2026

251c - Standardized Forms

6. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

251c - Standardized Forms (continued)

Description of Violation

Resident #2 initial medical evaluation was completed on [REDACTED]; however, the medical evaluation was not completed on the Department's standardized form.

Plan of Correction

Accept ([REDACTED] - 01/29/2026)

The administrator has sent a request for a waiver for this regulation on 1/23/26 to the PA DHS ARL headquarter's office, and requested for permission be granted for Lutheran SeniorLife /Passavant Community / Benbrook Place to utilize the DME form that has been developed in MyUnity that mirrors the departments required DME form.

An audit was conducted by the administrator on 12/20/26 of all resident's DMEs. All other DMEs are in compliance.

A Monthly audit will be conducted by the administrator reviewing 25% of all resident DME's ensuring that the appropriate form has been utilized.

This POC will be reviewed by the QAPI team on a quarterly basis as part of the ongoing QAPI process.

Education will be provided to the licensed nursing team on 1/27/25 by the administrator and DRC. Identified issues will be addressed immediately with remediation and policy review.

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

Implemented ([REDACTED] - 05/19/2026)