

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

April 8, 2026

[REDACTED], ADMINISTRATOR, CFO/COO  
STONERIDGE RETIREMENT LIVING  
[REDACTED]

RE: STONERIDGE POPLAR RUN  
450 EAST LINCOLN AVENUE  
MYERSTOWN,, PA, 17067  
LICENSE/COC#: 30899

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2026 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: *STONERIDGE POPLAR RUN* License #: 30899 License Expiration: 09/11/2026  
 Address: 450 EAST LINCOLN AVENUE, MYERSTOWN,, PA 17067  
 County: *LEBANON* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *STONERIDGE RETIREMENT LIVING*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/08/1990* Issued By: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *02/24/2026*

**Inspection Dates and Department Representative**

02/24/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 36 Residents Served: 28  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 2  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

02/24/2026 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2026*

03/19/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *04/06/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/25/2026*

Inspections / Reviews *(continued)*

03/26/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/06/2026

04/08/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2026

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65g - Annual Training Content

3. Requirements

2600.

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

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff Member B, hired [REDACTED] did not receive training in the following topics during training year 2025:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102)
5. Falls and accident prevention.

Repeated Violation - 2/4/25, et al.

Plan of Correction

Accept ( [REDACTED] - 03/25/2026)

Transportation drivers had not historically been included in annual in-service training as direct care or ancillary care workers as they do not work on the actual unit and act as agency personnel who just transport.

Staff Member B will have annual inservice and required education assigned to [REDACTED] and completed by 03/31/2026.

All other transportation drivers not already assigned will have annual inservice required education assigned and completed by 03/31/2026.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( [REDACTED] - 04/08/2026)

132b - Safety Inspection/Fire Drill

4. 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 most recent fire safety inspection and drill completed by a fire safety expert was conducted on 11/25/25. The previous fire safety inspection and drill was completed on 10/29/24.

132b - Safety Inspection/Fire Drill (continued)

**Plan of Correction**

Accept (█) - 03/25/2026

The Administrator will review with the maintenance staff the regulatory requirement for 2600.132(b) by 03/31/2026.

Facility to obtain maximum safe evacuation time from fire company from supervised fire drill that was conducted on 11/25/2025 by 03/31/2026.

The Administrator will make work with the maintenance staff to ensure to have the next fire safety inspection and drill is scheduled by 09/30/2026 and performed prior to 11/25/2026.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 04/08/2026

132d - Evacuation

5. 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:

1/30/26 – 5 mins 32 secs evacuation time

12/23/25 – 8 mins 56 secs evacuation time

11/25/25 – 7 mins 30 secs evacuation time

**Plan of Correction**

Accept (█) - 03/26/2026

Facility to obtain maximum safe evacuation time from fire company from supervised fire drill that was conducted on 11/25/2025 by 03/31/2026. Once the new time is obtained, Administrator will educate staff on the evacuation time for future drills. This education will happen by 03/31/2026.

Until the updated evacuation time is obtained we will continue to use the evacuation time from the October 2024 inspection of 7 minutes and 30 seconds as the required timeline.

We will ensure residents are evacuating within the safe maximum time by monthly fire drills and documentation of time needed to fully evacuate all residents.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 04/08/2026

132h - Designated Meeting Place

6. Requirements

2600.

132h - Designated Meeting Place (continued)

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the following fire drills, not all residents participated in the monthly fire evacuation drills:

- 6/23/225 at 1:37PM - 20 residents were in home at time of drill and only 19 residents evacuated.
- 7/29/25 at 5:38AM - 27 residents were in the home at time of drill and only 25 residents evacuated.

Plan of Correction

Accept (█) - 03/26/2026

We feel that the total census was used and not the actual number in building but we can not verify and this was more a documentation error.

The Administrator will provide education to all staff responsible for documenting the correct census (residents in the home at the time of the fire drill) by 03/31/2026.

The Administrator will provide all staff and residents education on the requirement for all residents to participate in monthly fire drills by 03/31/2026.

The Administrator and designated maintenance staff responsible for fire drill to ensure all residents in-house participate in monthly fire drill evacuation drills and evacuate outside the building or in a designated fire safe area by correctly completing a fire drill log and verifying accurate census beginning with the April 2026 fire drill.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█) - 04/08/2026

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on █

Repeated Violation - 9/11/25

Plan of Correction

Accept (█) - 03/26/2026

On 2/26/26 a new DME was requested for Resident #2 from the physician. We have not yet received it. Resident #2 will have a new DME completed by 03/31/2026.

Staff will be educated to the fact that we must document a DME based on the exam date and NOT the date the doctor signed the DME for annual renewal purposes by 03/31/2026.

The Administrator will direct the LPN's to conduct an initial audit of all current DME's to ensure a medical evaluation has been completed timely will be completed by 03/31/2026.

**141b1 - Annual Medical Evaluation (continued)**

Administrator will perform or assign an LPN to perform quarterly audits of DME's to ensure medical evaluations are completed timely beginning with the second quarter 2026.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 04/08/2026)

**183d - Prescription Current****8. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On 2/24/26, Benzonatate 200MG capsules, prescribed for Resident #2 was in the home's medication cart; however, the medication was discontinued on 11/23/25.

Repeated Violation - 2/4/25, et al.

**Plan of Correction**

Accept (█) - 03/26/2026)

Staff will be educated to the fact that resident medication must be returned to the pharmacy or destroyed once an order has been discontinued by 03/31/2026.

LPN removed and destroyed Resident #2 medication identified while surveyor was on-site on 02/24/2026.

The Administrator will direct the LPN's to conduct an initial audit of all current medications in Med Carts to ensure they have a current order. This audit will be completed by 03/31/2026.

Outside pharmacy consultant will be notified to look for this on their continued quarterly med cart audits. Next outside pharmacy med cart audit is scheduled for May 2026.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 04/08/2026)

**184a - Resident's Meds Labeled****9. Requirements**

2600.

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

4. The prescribed dosage and instructions for administration.

**Description of Violation**

The pharmacy label for Resident #2's Insulin Aspart 10unit/M indicated inject SQ per SS 3 times a day prior to meals: under 100=4; 101-150=8; 151-200=10; 201-250=12; 251-300=14; over 301 = 16 and call CRNP. The prescriber's order indicated 15 units +see slid/scale; subcutaneous, 15 units prior to meals with moderate correction: < 150 units give 15 units ONLY, 150-200 add 2 units, 201-250 add 4 units, 251-300 add 6 units, 301-350 add 8 units, 350 add 10 units before meals.

## 184a - Resident's Meds Labeled (continued)

Repeated Violation - 9/11/25

**Plan of Correction**

Accept (█) - 03/26/2026)

Staff will be educated to the fact that resident medication label must match doctor's orders and if not it should be clarified and new label obtained by 03/31/2026.

LPN implemented a sticker with proper orders on Resident #2's medication identified while surveyor was on-site on 02/24/2026.

The Administrator will direct the LPN's to conduct an initial audit of all current medications in Med Carts to ensure they have pharmacy labels that match the order. This audit will be completed by 03/31/2026.

Outside pharmacy consultant will be notified to look for this on their continued quarterly med cart audits. Next outside pharmacy med cart audit is scheduled for May 2026.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 04/08/2026)

## 185a - Implement Storage Procedures

**10. 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 #2 was prescribed blood sugar readings prior to meals for sliding scale insulin.

On 2/23/26 at 8:00 AM, a blood glucose reading of 146 was documented on the resident's February 2026 Medication Administration Record (MAR). The reading in the Freestyle Libre monitor on 2/23/26 at 9:55 AM was 144.

On 2/22/26 at 12:00 PM, a blood glucose reading of 136 was documented on the resident's February 2026 MAR. The reading in the Freestyle Libre monitor on 2/22/26 at 12:30 PM was 130.

On 2/20/26 at 8:00 AM, a blood reading of 194 was documented on the resident's February 2026 MAR. There was no reading in the Freestyle Libre monitor around this date and time.

On 2/18/26 at 5:00 PM, a blood glucose reading of 195 was documented on the resident's February 2026 MAR. The reading in the Freestyle Libre monitor on 2/18/26 at 4:54 PM was 186.

On 2/17/26 at 5:00 PM, a blood glucose reading of 276 was documented on the resident's February 2026 MAR. The reading in the Freestyle Libre monitor on 2/17/26 at 6:14 PM was 273.

Repeated Violation - 9/11/25, 2/4/25, et al.

**Plan of Correction**

Accept (█) - 03/26/2026)

Staff will be re-educated on ensuring to enter exact readings from glucometer checks by 03/31/2026.

The Administrator will direct the LPN's to conduct an initial audit of Glucometer readings to ensure accuracy in the MAR. This will be completed by 03/31/2026.

**185a - Implement Storage Procedures (continued)**

*Administrator will perform or assign an LPN to perform quarterly audits of Glucometer readings to ensure accuracy in the MAR beginning with the second quarter 2026*

**Licensee's Proposed Overall Completion Date: 03/31/2026**

**Implemented (█) - 04/08/2026)**

**187a - Medication Record****11. 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 #2 is prescribed Alphagan P Brimonidine drops, Calcium Carbonate, Magnesium Oxide, Preservision, and Vitamin B12. The resident's February 2026 Medication Administration Record (MAR) did not indicate the diagnoses or purposes for these medications.*

*Resident #5 is prescribed Oxygen 2L NC, alpha lipoic acid capsules, Anora Ellipta blister with device (inhalation), Brimonidine Tartrate 0.2% eye drops, Citracal D3 Max Plus, and Clotrimazole/Betametadine cream. The resident's February 2026 (MAR) did not indicate the diagnoses or purposes for these medications.*

*Resident #6 is prescribed Aspirin OTC 325mg, Fluticasone propionate spray, and Pantoprazole. The resident's February 2026 MAR did not indicate the diagnoses or purposes for these medications.*

*Repeated Violation - 2/4/25, et al.*

**Plan of Correction**

**Accept (█) - 03/26/2026)**

*Residents #2, 5 and 6 will have diagnoses or purposes for medications included in the MAR by 03/31/2026.*

*Staff will be re-educated on making sure to include the diagnosis/purpose for medications listed for all new orders by 03/31/2026.*

*Administrator will ensure that quarterly audits are completed on diagnosis codes in the MAR beginning with the first quarter 2026.*

*The Administrator will direct the LPN's to conduct an initial audit of all current MAR's to ensure the residents' diagnosis codes are entered for each order. This audit will be completed by 03/31/2026.*

*Administrator will perform or assign an LPN to perform quarterly audits of MAR's to ensure the residents' diagnosis codes are entered for each order beginning with the second quarter 2026*

187a - Medication Record (continued)

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( ) - 04/08/2026

187c - Refusal of Medication

12. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 2/14/26 at 8:00 AM, Resident #2 refused to take a scheduled dose of Bumetanide. The home did not report the refusal to the prescriber.

On 2/7/26 and 2/8/26 at bedtime, Resident #5 refused to take a scheduled dose of Melatonin. The home did not report the refusal to the prescriber.

On 2/21/26 at 8:00 PM, Resident #5 refused to take a scheduled dose of Brimonidine Tartrate 0.2% eye drops and Dorzolamide eye drops. The home did not report the refusals to the prescriber.

Plan of Correction

Accept ( ) - 03/26/2026

The administrator will direct LPN to inform physician of Resident #2 medication refusal on 02/14/2026 and Resident #5's refusal to take medications on 02/07/2026, 02/08/2026 and 02/21/2026 by 03/31/2026.

Staff will be re-educated on the fact that medication refusals must be reported to the prescriber within 24 hours and the report will be documented in the resident record by 03/31/2026.

Administrator will perform or assign an LPN to perform quarterly MAR audits looking for any medication refusals to ensure prescribers are being contacted. This will begin with the first quarter 2026 by 03/31/2026.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( ) - 04/08/2026

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Novolog FlexPen U-100 Insulin Aspart 15 units +see slid/scale; subcutaneous, 15 units prior to meals with moderate correction: < 150 units give 15 units ONLY, 150-200 add 2 units, 201-250 add 4 units, 251-300

187d - Follow Prescriber's Orders (continued)

add 6 units, 301-350 add 8 units, 350 add 10 units before meals.

On 2/4/26 at 8:00A M, Resident #2 had a blood sugar reading of 112; 0 units of insulin were administered.

On 2/4/26 at 5:00 PM, Resident #2 had a blood sugar reading of 135; 0 units of insulin were administered.

On 2/6/26 at 8:00 AM, Resident #2 had a blood sugar reading of 177; 2 units of insulin were administered.

On 2/6/26 at 12:00 PM, Resident #2 had a blood sugar reading of 307; 8 units of insulin were administered.

On 2/6/26 at 5:00 PM, Resident #2 had a blood sugar reading of 244; 4 units of insulin were administered.

Resident #5 is prescribed Lidocaine ointment 5% bilaterally to feet twice a day. However, this medication was not administered to the resident on 2/16/26, 2/17/26, 2/20/26, 2/22/26, and 2/24/26 because the medication was not available in the home.

Resident #6 is prescribed Levothyroxine tablet once a day. However, this medication was not administered to the resident 2/10/26 and 2/11/26 because the medication was not available in the home.

Repeated Violation - 11/5/25, 9/11/25

Plan of Correction

Accept ( [redacted] ) - 03/26/2026

LPN's and Med-Techs will be re-educated by the Administrator by 3/31/2026 on the fact that they need to monitor when prescription drugs are running low to make sure they are re-ordered timely to not miss any medication passes and that we must follow prescribers orders.

LPN implemented a sticker with proper orders on Resident #2's medication identified while surveyor was on-site on 02/24/2026. Subsequent medication deliveries from pharmacy have contained the proper sliding scale orders.

Resident 5's medication was available in the home on 03/03/2026. this order has since been discharged and switched to a PRN medication by Doctor.

Resident 6's medication was available in the home on 02/12/2026.

The Administrator will ensure that we continue to monitor missed med passes through quarterly EMAR audits beginning with first quarter 2026 which will be completed by March 31, 2026.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( [redacted] ) - 04/08/2026

225a - Assessment 15 Days

14. 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 #5 was admitted on [redacted] however, the resident's assessment was not completed until [redacted]

225a - Assessment 15 Days (continued)

**Plan of Correction**

Accept (█ - 03/26/2026)

Staff will be re-educated that RASP's must be completed within 15 days of admission by 03/31/2026.

Administrator will audit each new admission prior to the 15th day after admission to ensure a RASP has been completed. The audits will start with each new admission starting 03/25/2026. A log of admissions and RASP dates will be maintained.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█ - 04/08/2026)

227g -Support Plan Signatures

**15. 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 #5 participated in the development of █ support plan on █. However, the resident did not sign the support plan.

**Plan of Correction**

Accept (█ - 03/26/2026)

Resident #5 refused to sign the RASP. The refusal was documented in the RASP by the Administrator on 03/25/2026.

Staff will be re-educated that the resident must sign their RASP and if they refuse, then a refusal must be documented on the RASP by 03/31/2026.

The Administrator will direct the LPN's to conduct an initial audit of all current RASP's to ensure the residents' signature has been obtained or documentation is provided that the resident refused or was unable to sign/date will be completed by 03/31/2026.

Administrator will perform or assign an LPN to perform quarterly audits of RASP's to ensure the residents' signature has been obtained or documentation is provided that the resident refused or was unable to sign/date beginning with the second quarter 2026

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█ - 04/08/2026)