

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

May 28, 2026

[REDACTED] CEO
QUALITY LIFE SERVICES-SARVER, LLC
[REDACTED]
[REDACTED]

RE: QUALITY LIFE SERVICES-SARVER
126 IRON BRIDGE ROAD
SARVER, PA, 16055
LICENSE/COC#: 45534

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: *QUALITY LIFE SERVICES-SARVER* License #: *45534* License Expiration: *11/01/2026*
 Address: *126 IRON BRIDGE ROAD, SARVER, PA 16055*
 County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *QUALITY LIFE SERVICES-SARVER, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/09/2002* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/25/2026*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *30* Residents Served: *14*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

02/24/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/26/2026*

04/07/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/21/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/01/2026*

Inspections / Reviews *(continued)*

05/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 10:15 a.m., the licensing inspection summary, dated 10/27/25, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 04/07/2026

In response to regulation 2600. 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home. On 2-25-26 PCHA did an audit on the binders posted in a conspicuous and public place placing any inspections that were not in the binders inside the binder. PCHA will continue to make sure that after a new inspection is taken to review the binders so remain compliant with regulation 2600. 3.c. A Plan of correction meeting was held on 2-25-26 for violations stated during the exit conference and then again on 3-20-26 for violations on the final POC submissions.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented (█) - 05/28/2026

85d - Trash Receptacles

2. Requirements

2600.

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

Description of Violation

At 10:45 a.m., there was a 3/4 full 55-gallon trash can with an approximate 6" x 12" hole cut in the center of the lid in the main kitchen.

Plan of Correction

Accept (█) - 04/07/2026

In response to 2600.85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents, the dietary manager obtained a lid on 2-25-26 to cover the trash can. PCHA has been doing audits 2 times a week since 2-25-26 and will continue to do them until 4-1-25 to maintain compliance. A Plan of correction meeting was held on 2-25-26 for violations stated during the exit conference and then again on 3-20-26 for violations on the final POC submissions.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented (█) - 05/28/2026

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

91 - Telephone Numbers (continued)

Description of Violation

There were no emergency telephone numbers, to include the nearest hospital and fire department, on or by the telephone in the dining room.

Plan of Correction

Accept () - 04/07/2026

In response to 2600.91 Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line, PCHA immediately copied the emergency numbers and posted them at the telephone on 2-24-26, and did a walk through to make sure all other phones had emergency numbers posted. PCHA is doing walk throughs that include checking the emergency phone numbers postage about all phones 1 time a week until 4-1-26 to maintain compliance. A Plan of correction meeting was held on 2-25-26 for violations stated during the exit conference and then again on 3-20-26 for violations on the final POC submissions.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented () - 05/28/2026

96a - First Aid Kit

4. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid does not include tweezers or eye coverings.

Plan of Correction

Accept () - 04/07/2026

In response to 2600. 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. PCHA obtained goggles and placed them inside the first aid kit on 2-25-26. PCHA obtained tweezers and placed them into the first aid kit on 2-26-26. PCHA did an audit on the first aid kit on 2-27-26. PCHA will do a monthly audit until April 1st to maintain compliance. Staff were trained and educated on regulation 2600. 96a on 2-25-26 and again on 3-20-26.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented () - 05/28/2026

97 - Elevators/Lifting Devices

5. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The Personal Care elevator does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority.

97 Elevators/Lifting Devices (continued)

The Liberty elevator does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority.

Plan of Correction

Accept () - 04/07/2026

In response to 2600.97. Elevators and Stair Glides Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices). Maintenance posted and provided PCHA a copy of the current license on 2 27 26. PCHA will keep elevator certificates in DHS binder and audit monthly to ensure all regulations are maintained continuously. All PC staff were trained on this citation on 2 25 26, and 3 20 26 again.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented () - 05/28/2026

101j7 - Lighting/Operable Lamp

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 10:30 a.m., resident #1 did not have access to a source of light that can be turned on/off at bedside. Both lights on bedside tables were inoperable.

Plan of Correction

Accept () - 04/07/2026

In response to regulation 2600. 101j Each resident shall have the following in the bedroom: 7. An operable lamp or other source of lighting that can be turned on at bedside. PCHA before leaving on 2 24 26 checked resident's lamp, and noticed the plug fell out of the outlet. PCHA plugged it back in and checked the lamp. Lamp functioned as it should. PCHA started auditing rooms on 2 26 26 to ensure each resident has an operable lamp at bedside or other source of lighting that can be operated at bedside. PCHA will continue to this audit 2 times a week until all lamps that are at bedside are checked and properly functioning. PCHA plans to have a completion date of 4/24/26. PCHA will also audit rooms as necessary to maintain compliance after all room audits are completed. Staff have been educated on this regulation on 2 25 26, and again on 3 20 26.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented () - 05/28/2026

103d - Storing Food Off Floor

7. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At 1:00 a.m., four 5 gallon jugs of water was stored on the floor in the staff break room.

Plan of Correction

Accept () - 04/07/2026

In regards to regulation 2600.103.d Food shall be stored off the floor. PCHA placed a sign on the wall in the breakroom on 2 25 26 to remind staff to keep the water off of the floor. PCHA retrained staff on 2 25 26, and again on 3 20 26 on regulation 2600.103.d. PCHA did random checks 2 times a week starting on 2 24 26 and ending on

103d - Storing Food Off Floor (continued)

3-23-26 to conclude that staff would follow the regulation, and to maintain compliance.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented (█) - 05/28/2026

132a - Monthly Fire Drill

8. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of January 2026.

Plan of Correction

Accept (█) - 04/07/2026

In response to 2600. 132.a. An unannounced fire drill shall be held at least once a month. PCHA followed up with maintenance and concluded that the maintenance director had walked out during that month and that was who did the fire drills monthly. Moving forward, PCHA will keep record of the fire drills in the DHS binder, and do DHS binder audits monthly. Audits started in February 2024, and will continue to maintain compliance. PCHA held two staff meetings, one on 2-25-26 after the exit interview starting to plan the POC, and one on 3-20-26 re-educating on the citations, and plan of correction actions.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented (█) - 05/28/2026

132b - Safety Inspection/Fire Drill

9. 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

From 1/1/25 to 2/24/26 the home did not have a fire safety inspection conducted by a fire safety expert.

Plan of Correction

Accept (█) - 04/07/2026

The facility would like to dispute citation 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.

The facility conducted a fire safety inspection on 8-26-26 by a local fire department. The fire department also conducted a supervised fire drill at this time.

At the time of the inspection the Maintenance Director had walked out of █ position shortly before the inspection, making it difficult to locate certain forms, or papers for DHS.

PCHA's plan to maintain compliance and not letting that happen again is keeping the yearly fire safety inspection in the DHS binder and doing audits on this binder monthly, to ensure the facility is adhering regulation 2600.132.b.

Audits have been started in February of 2026 and will be ongoing. Documentation will be kept at facility for these audits in the DHS binder.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented (█) - 05/28/2026

132d Evacuation

10. 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

During the following fire drills, the home did 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:

- 2/27/25 9:00 am 7 min 43 sec*
- 3/22/25 2:00 p.m. 7 min 22 sec*
- 4/24/25 10:30 am 7 min*
- 5/29/25 12:50 pm 7 min 20 sec*
- 6/10/25 10:30 pm 6 min*
- 7/30/25 9:00 am 7 min*
- 8/25/25 7:00 p.m. 8 min*
- 9/12/25 6:20 am 7 min 10 sec*
- 10/29/25 3:00 pm 7 min 20 sec*
- 11/26/25 9:00 a.m. 9 min 15 sec*
- 12/15/25 10:00 p.m. 10 min 8 sec*

Plan of Correction

Accept (█) - 04/07/2026

The facility would like to dispute citation 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.

The facility is disputing citation 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.

The facility conducted a fire safety inspection on 8-26-26 by a local fire department. The fire department also conducted a supervised fire drill at this time.

If the citation for 2600. 132.b. is disputed then the time on the annual fire safety inspection from the fire department indicates 15 minutes and 45 seconds to evacuate and none of the fire drill times conclude a time exceeding 15 minutes 45 seconds.

At the time of the inspection the Maintenance Director had walked out of █ position shortly before the inspection, making it difficult to locate certain forms, or papers for DHS.

If the citation does not get disputed than the annual fire safety inspection for this year was done on 3-24-26, and moving forward PCHA will monitor fire drill times to that inspection and do monthly audits to the DHS binder to indicate any corrections needed. These audits will be ongoing.

PCHA educated staff on 2-25-26 of exit interview cited regulations plan of action listed with DHS, and re-educated staff on 3-20-26 on plan of correction/actions being taken for citations again.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented (█) - 05/28/2026

184a - Resident's Meds Labeled

11. 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

Resident #2 was prescribed Senna-Lax Oral Tablet 8.6mg, give 2 tablets by mouth as needed for constipation. However, the pharmacy label indicated Senna-Lax Oral Tablet 8.6mg, give 2 tablets by mouth at bedtime.

Plan of Correction

Accept (█) - 04/07/2026)

In regards to citation 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.*

PCHA immediately put a direction change sticker on the medication while DHS was there during the investigation on 2-24-26. PCHA conducted 2 staff meetings re-educating staff on doing medication audits 2 times per week on night shift. The education of this regulation was provided on 2-25-26, and again on 3-20-26. After all resident medications are audited, medication audits for all residents will be done monthly. Documentation will be kept at facility.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented (█) - 05/28/2026)

185a - Implement Storage Procedures

12. 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 #3 was prescribed HumaLOG 100u/ml Kwikpen Subcutaneous Solution, inject as per sliding scale:

- 70-140= 0 units*
- 141-180 = 2 units*
- 181-240 = 4 units*
- 241-300 = 6 units*
- 301-350= 8 units*
- 351-400 = 10 units*
- 401-999= 12 units notify MD.*

However, the most recent blood glucose reading on the resident's Freestyle Libre 3 glucose meter was 1/1/26.

Plan of Correction

Accept (█) - 04/07/2026)

For regulation 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.

185a Implement Storage Procedures (continued)

PCHA discussed issue with resident's Physician assistant, at which agreed to go back to Prodigy glucometers. Resident recently switched to the libre glucometer due to not having to have their finger stuck multiple times a day. However, DHS brought it to facilities attention that the Libre was not recording the blood sugar levels. To ensure facility is in compliance with regulation 2600.185a an order was put in to switch the glucometer back to the prodigy meter. PCHA checked the meter on 3/23/26 to conclude it was working effectively. Night shift med techs will audit glucometers when they do the resident's medication audit to indicate that it continues to work. PCHA conducted 2 staff meetings re educating staff on doing medication audits 2 times per week on night shift. The education of this regulation was provided on 2 25 26, and again on 3 20 26. After all resident medications are audited, medication audits for all residents will be done monthly. Documentation will be kept at facility.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented (█ - 05/28/2026)