

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

September 25, 2026

[REDACTED], ADMINISTRATOR
ARDEN COURTS SUSQUEHANNA OF HARRISBURG PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (SUSQUEHANNA)
2625 AILANTHUS LANE
HARRISBURG, PA, 17110
LICENSE/COC#: 32431

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2026, 03/04/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ARDEN COURTS (SUSQUEHANNA)

License #: 32431

License Expiration: 04/23/2026

Address: 2625 AILANTHUS LANE, HARRISBURG, PA 17110

County: DAUPHIN

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: ARDEN COURTS SUSQUEHANNA OF HARRISBURG PA LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 01/28/2000

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 122

Waking Staff: 92

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 03/04/2026

Inspection Dates and Department Representative

03/03/2026 - On-Site: [REDACTED]

03/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64

Residents Served: 61

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 64

Residents Served: 61

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 61

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 61

Have Physical Disability: 0

Inspections / Reviews

03/03/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/28/2026

04/02/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/10/2026

Inspections / Reviews *(continued)*

09/25/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Care Facility Carbon Monoxide Alarm Standards Act, if the Carbon Monoxide (CO) alarm operates by a battery, the battery must be labelled with the date of installation and be replaced at least once annually. On 3/3/26, the CO alarm in the home's main kitchen did not have a label indicating the date the battery had been installed.

Plan of Correction

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Building Services Coordinator to Immediate action was taken to replace the battery with a dated battery in the CO alarm in the main kitchen.

To enhance the currently compliant operations, beginning on 04/01/2026 the Building Services Coordinator will maintain records of all dated and changed batteries in CO alarms, with a completion date of 04/01/2027.

Effective 04/01/2026 the Executive Director will perform monthly audits of the battery replacement records, through documentation review to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/01/2027

Implemented () - 09/25/2026)

19 - Review Waiver

2. Requirements

2600.

- 19.e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.

Description of Violation

The home received a waiver for the Safely You Fall Detection system. On 3/3/26, the home failed to post the waiver request and the Department's written decision was not conspicuously and publicly posted in the home.

On 12/13/24, the home received a waiver for education. On 3/3/26, the home failed to post the waiver request and the Department's written decision in a conspicuous and public place within the home.

19 Review Waiver (continued)

Plan of Correction

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Executive Director to to post the active and approved waivers in the home's lobby, which were on the book shelf in the Director's office.

To enhance the currently compliant operations, the Executive Director will keep the Waiver binder in a conspicuous and public place and add any new waivers as they are approved by the Department of Human Services.

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

Implemented () - 09/25/2026)

60a - Staff/Support Plan

3. 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

On 2/25/26, 2/27/26, and 2/28/26 during 11:00pm to 7:00am shift, there were 61 residents in the home; however, there were no staff working in the home who were trained and certified to administer medications.

Plan of Correction

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 3/03/2026 by the Resident Services Coordinator to ensure overnight Medication Technician's certification was valid. This medication technician missed observation in October 2025 by two weeks. It was completed in October 2025, but not within the six month time frame. Survey represantive advised Resident Services Coordinator that Medication Technician must go through the entire course again to be in compliance. Medication technician completed entire course and obersvation again by 3/13/2026.

To enhance the currently compliant operations, on 03/06/2026 the Resident Services Coordinator audited all medication technician certifications and nursing licenses.

Effective 04/06/2026 the Resident Services Coordinator will perform monthly audits of licenses, certificates and masters schedules through 7/31/2026 to maintain ongoing compliance with 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/25/2026)

63a - First Aid/CPR Training

4. Requirements

2600.

63a First Aid/CPR Training (continued)

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 2/25/26, 2/27/26, and 2/28/26 during the 11:00pm to 7:00am shift, there were 61 residents in the home; however, there were no staff working in the home who were certified in CPR and First Aid.

Plan of Correction

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 3/03/2026 by the Resident Services Coordinator to ensure overnight Medication Technician's first aide certification was valid.

To enhance the currently compliant operations, on 03/06/2026 the Administrative Services Coordinator audited all CPR and First Aid certifications.

Effective 04/06/2026 the Administrative Services Coordinator will perform monthly audits of first aid and CPR training records through 7/31/2026 to maintain ongoing compliance with 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/25/2026)

65f - Training Topics**5. 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.
6. Safe management techniques.

Description of Violation

Direct Care Staff Member A and B did not receive annual training in training year 2025 in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation.

Direct Care Staff Member A, C and D did not receive annual training in training year 2025 in the following topics:

- (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.
- (6) Safe management techniques.

Plan of Correction

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2026 and 03/06/2026 by the Executive Director and the Administrative Services Coordinator to train staff members A, C, and D on (1) Medication self administration training, (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical

65f - Training Topics (continued)

evaluation and support plan. and (6) Safe management techniques.

To enhance the currently compliant operations, on 03/25/2026 the Executive Director updated the Annual training plan to include the topics of medication self administration, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and safe management techniques.

Effective 04/06/2025 the Executive director or designee will perform monthly audits through 07/31/2026 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include medication self administration, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and safe management techniques.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/25/2026)

65g - Annual Training Content**6. 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.
5. Falls and accident prevention.

Description of Violation

Direct Care Staff Member A,B and C did not receive annual training in training year 2025 in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Direct Care Staff Member A did not receive annual training in training Year 2025 in falls and accident prevention.

Plan of Correction

Accept () - 04/02/2026)

On 3/5/2026, Resident Services Coordinator re-trained staff member A on falls and accident prevention.

On 3/25/2026, the Executive Director audited the 2026 staff training plan to ensure all staff were on track and had all required trainings on the training matrix to correct regulation 65g moving forward.

Effective 04/06/2025 the Executive director or designee will perform monthly audits through 07/31/2026 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons are being followed and monitored.

65g Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/25/2026

82a - Poisonous Materials

8. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 3/3/26, at 2:45pm, a small amount of Odoban air freshener spray, eucalyptus, was stored in a generic plastic spray bottle in the Garden Path kitchenette. The name of the liquid was written on the spray bottle in black marker.

Plan of Correction

Accept () - 04/02/2026

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Building Services Coordinator to remove the Odoban air freshener from the Garden Path kitchenette.

Nursing and housekeeping staff were educated on regulation 82a.

Executive Director/designee will audit resident areas 1x/week for 4 weeks to ensure poisonous materials are not accessible to residents starting on the week of 3/30/2026.

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

Implemented () - 09/25/2026

82c - Locking Poisonous Materials

9. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The home has a total of 61 residents, all of which are not assessed and capable of recognizing and using poisons safely.

On 3/3/26, at 9:14am, a container of Sani cloth germicidal disposable super large wipes with a manufacturer's label indicating, "warning, causes substantial but temporary eye damage, do not get in eyes or on clothing. Avoid contact with skin. Call a poison control center or doctor for treatment advice", were unlocked, unattended and accessible in a cabinet of the Country Lane kitchenette.

On 3/3/26, at 9:14am, Medline spectrum antibacterial liquid hand soap, with a manufacturer's label indicating if swallowed get medical help or contact poison control center right away, was unlocked, unattended, and accessible by the sink of the Country Lane kitchenette.

On 3/3/26, at 9:27am, and again at 2:50pm, a 4 ounce bottle of Purell hand sanitizer, with a manufacturer's label

82c - Locking Poisonous Materials (continued)

indicating, if swallowed, get medical help or contact a poison control center right away, was unlocked, unattended and accessible in a cabinet of the Cottage Place kitchenette area.

On 3/3/26, at 1:31pm, Resident #2 clothes closet, under sink cabinet, and drawer in [REDACTED] bedside nightstand contained the following items with a manufacturer's label indicating to contact poison control center if ingested, or contact a physician, and were unlocked, unattended, and accessible:

- Remedy spray cleanser
- Remedy no-rinse foam cleanser
- Moisturizing lotion
- Colgate max fresh toothpaste
- Zinc oxide ointment

On 3/3/26, at 1:45pm, barrier cream and Phytoplex cream with manufacturer's label indicating to contact poison control center if ingested were unlocked, unattended, and accessible on Resident #3's nightstand.

On 3/3/26, at 2:33pm, antifungal powder with manufacturer's label indicating to contact poison control center if ingested were unlocked, unattended, and accessible in Resident #4's bathroom.

On 3/3/26, at 2:45pm, disinfectant spray, Purell hand sanitizer, and Ecolabel rapid multi surface disinfectant cleaner with manufacturer's labels indicating call a poison control center or doctor for treatment advice and if swallowed, get medical help or contact a poison control center right away, were unlocked, unattended, and accessible under the sink in the Garden Path kitchenette.

On 3/3/26, at 2:53pm, Medline spectrum antibacterial liquid hand soap, with a manufacturer's label indicating if swallowed get medical help or contact poison control center right away, was unlocked, unattended, and accessible by the sink of Resident #1's bathroom.

Plan of Correction**Accept ([REDACTED]) - 04/02/2026)**

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Building Services Coordinator, Executive Director, Resident Services Coordinator (DON) to remove items throughout walkthrough.

Environmental rounds were started the next day 03/04/2026, by the Building Services Coordinator, checking the rooms daily for poisonous materials.

For a period of 2 months, starting 04/01/2026, environmental rounds will be completed daily for poisonous materials to ensure nothing poisonous is in the resident rooms or kitchenettes by the Building Services Coordinator or designee.

All staff education occurred 3/26/2026, conducted by the Executive Director, to alert team members that poisonous materials may not be in a resident's room at any time.

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented ([REDACTED]) - 09/25/2026)**95 - Furniture and Equipment**

11. Requirements

2600.

95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident #3's bedroom door does not properly lock, and was able to be opened even when the locking mechanism on the door was engaged.

Plan of Correction**Accept ([REDACTED] - 04/02/2026)**

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2026 by the Building Services Coordinator to adjust the "strike plate" to ensure the door latched properly.

To enhance the currently compliant operations, on 3/30/2026, the Building Services Coordinator will inspect all doors to ensure they engage properly with a completion date of 3/31/2026.

Effective 4/6/2026, the Building Services Coordinator will perform weekly inspections of all resident room doors, through 6/5/2026 to maintain ongoing compliance with regulation 95. furniture and equipment must be in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ([REDACTED] - 09/25/2026)**103e Left Overs****12. 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

On 3/3/26, at 9:30am, there was an unlabeled, undated Styrofoam cup and a clear squeezable container containing maple syrup, observed in a cupboard of the Cottage Place wing kitchenette.

On 3/3/26, at 2:40pm, there was an unlabeled, undated plate of food in the Garden Path kitchenette.

On 3/3/26, at 1:20pm, there were two beverage containers in the refrigerator and two packages of frozen waffles in the freezer that were unlabeled, and undated in Boathouse kitchenette.

Plan of Correction**Accept ([REDACTED] - 04/02/2026)**

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Food Service Coordinator to discard the unlabeled and undated food item.

To enhance the currently compliant operations, on 03/30/2026 the Food Service Coordinator will in-service the

103e - Left Overs (continued)

Resident Caregivers and Food Service staff about labeling and dating food items in the refrigerator, with a completion date of 04/01/2026.

Effective 04/06/2026 the Food Service Coordinator will perform weekly audits through 05/15/2026 to maintain ongoing compliance with ensuring food served and returned from an individual's plate is not be served again or used in the preparation of other dishes, and ensure leftover food is labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented () - 09/25/2026)

105g - Lint Removal and Duct Cleaning**13. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 3/3/26, at 9:19am there was an approximate 1 foot by 1 foot accumulation of lint on the lint trap of the dryer in Garden Path. There were no clothes in the dryer at the time.

On 3/3/26, at 2:50pm, there was an approximate 2-inch accumulation of lint in the lint trap of the dryer in Garden Path. There were no clothes in the dryer at the time.

Plan of Correction

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Building Service Coordinator to clean the lint in the dryer.

To enhance the currently compliant operations, beginning on 04/06/2026 the Building Service Coordinator will conduct a weekly inspection of all the vents in the laundry rooms, for any residue of lint, with a completion date of 05/15/2026.

Effective 04/06/2026 the Building Service Coordinator will perform weekly inspections through 05/15/2026 to maintain ongoing compliance with reducing the risks of fire hazards, by removing lint from lint traps and drums of clothes dryers after each use, and to ensure lint is cleaned from vent ducts and internal and external ductwork of clothes dryers according to the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented () - 09/25/2026)

127a - Portable Space Heaters**14. Requirements**

2600.

127a - Portable Space Heaters (continued)

127.a. Portable space heaters are prohibited.

Description of Violation

On 3/3/26, at 9:40am, a De'Longhi Safe Heat portable space heater was observed under the staff desk area in Boathouse Cove.

Plan of Correction

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Building Services Coordinator to to remove the portable, unplugged space heater from underneath the desk.

Staff will be educated in the monthly staff meeting on 3/30/2026 to ensure understanding of not being able to have portable space heaters in the community.

Executive Director/designee will audit common areas 1x/week for 4 weeks to ensure no portable space heaters are in the community starting the week of 3/30/2026.

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

Implemented () - 09/25/2026)

132a - Monthly Fire Drill**15. 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 () - 04/02/2026)

In January 2026, we had () from Fire Life Safety Solutions out to conduct our annual supervised drill with a Fire Safety Expert. At that time, the community did not fill out the documentation for the drill. However, the drill was held on January 22, 2026 at 1:30 PM.

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 3/4/2026 by the Executive Director to confirm this drill did in fact happen. Findings were that the drill was completed but not documented on anything other than Fire Life Safety Solutions Fire Drill Report. Building Services Coordinator did backdate the drill, the time to evacuate, and the amount of staff and residents involved.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented () - 09/25/2026)

132c - Fire Drill Records**16. Requirements**

132c - Fire Drill Records (*continued*)

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The following fire drill records for the drill conducted on the following dates do not include the evacuation time, the number of residents in home at the time of the drill, the number of residents participating in the drill, or the evacuation route used:

- 3/15/25
- 4/29/25
- 5/30/25 – *This record also does not include if the fire alarm or smoke detector was operative.*
- 6/25/25 – *This record also does not include if the fire alarm or smoke detector was operative.*
- 7/23/25
- 8/16/25
- 9/7/25
- 10/3/25
- 11/15/25
- 12/15/25
- 2/15/26

Plan of Correction

Accept () - 04/02/2026)

Fire Drills were completed, however, they were not on the correct form (Fire Drill Record) notating time to evacuate.

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 3/5/2026 by the Building Services Coordinator to implement the correct form moving forward to ensure all documentation is on the same form.

To enhance the currently compliant operations, on 04/06/2026 the Building Service Coordinator will audit fire drill logs for date, time, the amount of time it takes for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative monthly with a completion date of 07/31/2026.

Effective 04/06/2026 the Building Service Coordinator will perform monthly audits through 07/31/2026 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/25/2026)

141a 1-10 Medical Evaluation Information

17. 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. 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 #2's medical evaluation dated [REDACTED] which documents a status change, does not include the Medical Professional's Information.

Plan of Correction

Accept [REDACTED] - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2026 by the Resident Services Coordinator to obtain proper signature and documentation.

To enhance the currently compliant operations, on 03/04/2026 the Resident Services Coordinator received signed documentation from Hospice Physician, who is also acting as attending physician for resident #2.

Effective 04/06/2026 the Resident Services Coordinator will perform medical evaluation audits monthly through July 2026 to maintain ongoing compliance with 141a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented [REDACTED] - 09/25/2026)

162c - Menus Posted

18. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menus stating the specific food being served at each meal for the current week, 3/1/26-3/7/26, and 1 week in advance, 3/8/26-3/14/26, were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2026 by the Executive Director to order new menu boards to ensure visibility of the

162c - Menus Posted (continued)

menus for staff, residents, and families. On 3/5/2026 the ED educated the Food Services Coordinator and cook on regulation 162c and discussed the menus being posted in a more visible, available space until the menu boards are delivered (2-3 week turnaround time).

Effective 3/30/2026, 1x weekly for 4 weeks, the ED or designee will perform audits of the kitchenette areas of each house to ensure menus are posted in a conspicuous and public place in the home.

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

Implemented () - 09/25/2026)

162e - Menu Changes**19. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 3/4/26, at lunch residents were served BBQ ribs, green beans and au gratin potatoes with a choice of vanilla or chocolate ice cream; however, the menu for lunch on 3/4/26 indicates apple butter pork loin, gravy, au gratin potatoes, cauliflower with red peppers, Texas toast, and funnel cake are to be served. Residents were not provided advanced notice of the menu change.

Plan of Correction

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 3/5/2026 by the Executive Director to educate Food Services Coordinator and dietary staff on regulation 162e.

Effective 4/3/2026 the Executive Director will perform weekly menu reviews with the Food Service Coordinator every Friday for 4 weeks for the upcoming week to ensure we have proper items to follow the posted menu, through meetings to maintain ongoing compliance with regulation 162e.

Licensee's Proposed Overall Completion Date: 05/01/2026

Implemented () - 09/25/2026)

183b - Meds and Syringes Locked**21. 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 3/3/26, at 1:30pm, zinc oxide ointment was unlocked, unattended, and accessible in the top drawer of Resident #2's nightstand. The resident is not assessed to self-administer medications.

183b Meds and Syringes Locked (continued)**Plan of Correction**

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Resident Services Coordinator to remove the zinc oxide and placed in a locked treatment cart.

To enhance the currently compliant operations, by 04/01/2026 the Resident Services Coordinator will in service all nurses and medication technicians on 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.

Effective 04/06/2026 the Resident Services Coordinator or designee will perform daily room audits for any unlocked medications or syringes through two weeks and then weekly for three months to maintain ongoing compliance with 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/25/2026)

187d - Follow Prescriber's Orders**23. Requirements**

2600.

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

Description of Violation

Resident #3 is prescribed Stimulant LX Tab 8.6 50mg take 2 tablets by mouth daily for constipation. However, the medication was last administered on 3/3/26 at 7:19am and was not administered on 3/4/26.

Plan of Correction

Accept () - 04/02/2026)

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2026 by the Resident Services Coordinator to the LPN on the importance of accuracy and timely documentation regarding all prescribed and administered medications.

To enhance the currently compliant operations, on 04/01/2026 the Resident Services will inservice all medication technicians and nursing supervisors on 187.d. The home shall follow the directions of the prescriber with a completion date of 04/06/2026.

Effective 04/06/2026 the Resident Services Coordinator will perform MAR audits daily for two weeks and then weekly for one month to maintain ongoing compliance with 187.d. The home shall follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented () - 09/25/2026)

190a - Completion Medication Course**24. Requirements**

2600.

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

Description of Violation

Staff Member A, who has not successfully completed the Department-approved medications administration course, administered medications to Resident #3 to include the following:

On 3/1/26 at 11:56pm, Doxepin HCL Cap 50mg

On 3/2/26 at 7:07am, Lorazepam tab 0.5mg

On 3/3/26 at 7:19am, Sertraline 100mg

Staff Member E, who has not successfully completed the annual Department-approved medications administration course, administered medications to Resident #5 to include the following:

On 3/2/26 at 2:14pm, ABH 1MG-12.5MG-2MG, Finasteride Tab 5mg, and Hydralazine tab 25mg

Plan of Correction**Accept () - 04/02/2026)**

In response to the violation on 03/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2026 by the Resident Services Coordinator to enroll medication technician in a department approved medication administration course. She was removed from the schedule until successful completion. This was completed by 03/07/2026.

To enhance the currently compliant operations, on 03/06/2026 the Resident Services Coordinator audited all medication technician certifications and nursing licenses.

Effective 04/06/2026 the Resident Services Coordinator will perform monthly audits of licenses, certificates and masters schedules through 7/31/2026 to maintain ongoing compliance with 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.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 09/25/2026)