

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

April 21, 2026

[REDACTED]
Choices Healthcare
[REDACTED]

RE: Choices Healthcare Carolyn's House
1701 Linglestown Road
Harrisburg, PA, 17110
LICENSE/COC#: 34092

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2026 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: Choices Healthcare Carolyn's House **License #:** 34092 **License Expiration:** 03/10/2026
Address: 1701 Linglestown Road, Harrisburg, PA 17110
County: DAUPHIN **Region:** CENTRAL

Administrator

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

Legal Entity

Name: Choices Healthcare
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP **Date:** 04/03/2011 **Issued By:** Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 7 **Waking Staff:** 5

Inspection Information

Type: Partial **Notice:** Announced **BHA Docket #:**
Reason: Change Legal Entity **Exit Conference Date:** 03/10/2026

Inspection Dates and Department Representative

03/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served:** 4

Secured Dementia Care Unit

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

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 3
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 3 **Have Physical Disability:** 1

Inspections / Reviews

03/10/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/30/2026

04/01/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/02/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/10/2026

Inspections / Reviews *(continued)*

04/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

29a SOPb5ii - Hospice Care: Fire Drill Simulation

1. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 5. If the provisions of paragraph (4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following:
 - ii. Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

Description of Violation

Four residents were present in the home during fire drills on [REDACTED], during these drills staff did not simulate the level of effort required to move all 4 residents and proceed to practice evacuation to the nearest unblocked exit. The home only simulates moving one large box from the home to the nearest exit.

Plan of Correction

Accept [REDACTED] 04/01/2026)

PCHA met with the Susquehanna Township Fire Marshal to discuss options for having an adequate supply of simulators on hand to simulate the level of effort it would take to move patients in monthly fire drills. The Fire Marshal is proposing the use of "fire hose mannequins" that can be kept in each room's closet to use during drills. [REDACTED] has reached out to fire chiefs to make and donate these to Carolyn's House. In the interim time, the PCHA plans to use bags of ice melt that are present in the facility and begun with the March 2026 fire drill.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [REDACTED] 04/21/2026)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [REDACTED], the hot water temperature measured more than 120 degrees Fahrenheit in the following locations:

- At 9:55am, the water in the blue bathroom sink measured 123.2 degrees Fahrenheit.
- At 10:16am, the water in main kitchen sink measured 122.7 degrees Fahrenheit.
- At 10:24am, the water in the Rose bathtub/shower measured 122.8 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] 04/01/2026)

On the day of the inspection, the PCHA adjusted the water temperature on the hot water heater. The PCHA initiated daily water temperature checks for a 2-week time period using 2 different sites and different times of the day. After that time period, the PCHA will test the temperatures weekly for 2 weeks, and, if the temperatures remain in an acceptable range, will return to monthly testing that is completed as a part of the monthly facility inspection. If the temperatures are out of the acceptable range, the PCHA will continue daily and weekly testing for a longer period of time. If the temperatures are compliant, weekly testing will be completed by 4/2/26. I have attached the water temperature log.

89b Hot Water Temperature (continued)

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented [REDACTED] - 04/21/2026)

107d - Procedure Emergency Management Agency Submission

3. Requirements

2600.

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

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since before [REDACTED]. The home has been making ongoing changes to their infection control section and updated their Wandering and Elopement Risk Policy.

Plan of Correction

Accept [REDACTED] - 04/01/2026)

On 3/11/2026, the PCHA submitted the facility's Emergency Preparedness Plan to the Susquehanna Township Emergency Management Director. Moving forward, [REDACTED] knows that this will need to be done annually to remain in compliance. A copy of the email with the attachment is included.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] 04/21/2026)

121a - Unobstructed Egress

4. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 10:00 AM, two folding chairs, a wheelchair, and an air purifier blocked egress from the home's side exit door.

Plan of Correction

Accept [REDACTED] - 04/01/2026)

On the day of the inspection, the PCHA removed all of the items from the foyer. The PCHA also posted a sign as a reminder to staff that the area should not be used for storage. The PCHA also included that specific site to the monthly facility inspection form to ensure ongoing compliance. A photo of the cleaned area and sign, plus the monthly inspection form have been attached.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] - 04/21/2026)

144c2 - Smoking Area Distance

6. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c2 - Smoking Area Distance (continued)

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's smoking policy outlined in the home rules indicates the home is a smoke free campus, but also indicates residents may be permitted to smoke outside the home in designated areas if supervision is available and safety is ensured. The smoking areas are the front and rear patios; however, these areas are located directly off exits of the home and do not include signage designating the areas as smoking areas.

Plan of Correction

Accept (████ - 04/01/2026)

The organization made the decision to be a smoke-free and vape-free environment. The PCHA rewrote the House Rules to reflect this change for residents. Since the occurrence of a resident wishing to smoke is rare, and none of the current residents do smoke, the change was implemented immediately. The staff have been educated regarding the change in policy. A copy of the new House Rules has been attached.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented (████ 04/21/2026)