

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

April 22, 2026

[REDACTED], VICE PRESIDENT OF OPERATIONS / COO  
UNITED CHURCH OF CHRIST HOMES INC  
[REDACTED]

RE: EPHRATA MANOR  
99 BETHANY ROAD  
EPHRATA, PA, 17522  
LICENSE/COC#: 32188

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2026, 03/12/2026 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:** EPHRATA MANOR **License #:** 32188 **License Expiration:** 06/24/2026  
**Address:** 99 BETHANY ROAD, EPHRATA, PA 17522  
**County:** LANCASTER **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** UNITED CHURCH OF CHRIST HOMES INC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 08/31/2022 **Issued By:** Dept. Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 40 **Waking Staff:** 30

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint **Exit Conference Date:** 03/12/2026

**Inspection Dates and Department Representative**

03/11/2026 - On [REDACTED]  
03/12/2026 - On [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 48		<b>Residents Served:</b> 39	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 39	
<b>Diagnosed with Mental Illness:</b> 0		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 1		<b>Have Physical Disability:</b> 2	

**Inspections / Reviews**

03/11/2026 Full  
**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/04/2026

Inspections / Reviews (*continued*)

## 04/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/17/2026

## 04/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2026

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

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 9/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home has gas powered dryers in the basement laundry room. Carbon monoxide detectors were not located in or near the laundry room.

Plan of Correction

Accept ( ) - 04/07/2026

Upon further review and audits documentation was found of proof of operable CO2 detectors in the laundry room above the dryers per vendor Johnson Controls. The CO2 detector was last tested on an annual basis as of 11/14/2025 and had a passing result of operability.

PCHA or designee will continue to monitor and review annual testing results to ensure operability and compliance with The Care Facility Carbon Monoxide Alarms Standards Act enacted 9/23/16.

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

Implemented ( ) - 04/22/2026

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] for Resident #1 was not signed by the resident.

Plan of Correction

Accept ( ) - 04/07/2026

? PCHA reviewed contract with Resident #1 and obtained a signature.

? Upon completion of all resident contracts, the form will be double checked by the day shift Licensed Practical Nurse or designee to ensure completion within 24 hours.

? PCHA completed an audit of all resident charts on 3/13/2026 to ensure all contracts were signed. There were no additional contracts that needed to be signed by residents.

? PCHA or designee will audit all new admission contracts x2 months to ensure each contract has been signed and reviewed in its entirety.

? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented ( ) - 04/22/2026

25b - Contract Signatures (*continued*)

## 41e - Signed Statement

**3. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

*Resident #1's record did not contain a statement signed by the resident and power of attorney acknowledging receipt of a copy of the resident rights and complaint procedures.*

*Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.*

*Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights 2600.42(l)-(y).*

**Plan of Correction**

Accept (█) - 04/07/2026

? PCHA reviewed the resident rights and complaint procedures with Resident #1, #2, and #3. Acknowledgement of this review was placed in the resident's chart.

? Upon completion of resident admission paperwork, review of resident rights and complaint procedures will be double checked by the day shift Licensed Practical Nurse of designee to ensure completion within 24 hours.

? PCHA completed an audit of all resident charts on 3/13/2026 to ensure up to date resident rights and complaint procedures have been reviewed. All other residents had appropriate acknowledgment of review.

? PCHA or designee will audit all new admission paperwork x2 months to ensure each resident acknowledges review of information specified in subsection 2600.41.d.

? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented (█) - 04/22/2026

## 85a - Sanitary Conditions

**4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 3/11/26 at 1:00 PM, an industrial-sized trash bag, completely full of trash, discarded food, and food and drink containers was lying on the floor in the serving area outside the home's kitchen entryway. The bag wasn't sealed and left the trash exposed.*

*On 3/11/26, at 1:50 PM, the toilet seat in Resident #3's bathroom had what appeared to be dried brown and black*

**85a - Sanitary Conditions (continued)**

fecal matter on various locations of the toilet seat. There was urine in the toilet and appeared that the resident sat on the dried fecal matter to use the bathroom.

**Plan of Correction**

Accept (█) - 04/07/2026)

? PCHA immediately disposed of the trash found in the servery beside the dining room. Upon finding out about the fecal matter on Resident #3's toilet seat, PCHA spoke with housekeeping who immediately addressed the need and cleaned the toilet and surrounding area to be in compliance with 2600.85.a.

? Dietary Staff training on PA Regulation 2600.85.a by PCHA was initiated immediately and will remain ongoing until all staff have been educated. Staff were educated to always dispose of trash properly and the importance of ensuring sanitary conditions in the home.

? PC Department training on PA Regulation 2600.85.a by PCHA was initiated immediately and will remain ongoing until all staff have been educated. All staff will be educated by 4/10/2026 at monthly staff meetings.

? PCHA or designee will conduct random daily room audits x1 week beginning 3/13/2026. Then random weekly audits across shifts x2 months or until a pattern of compliance is established.

? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented (█) - 04/22/2026)

**103e - Left Overs****5. 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 3/11/26, at 1pm, the following food items stored in the home's main kitchen refrigerators and freezers were not labeled and/or dated:

- A pre-made bowl of salad covered with Saran wrap was not labeled or dated.
- A take-out container of grilled onions and potatoes covered with Sarah wrap was not labeled or dated.
- An item labeled as "pureed canned" did not include the canned food item it was, or dated with date prepared.
- Two large sheet pans of what appeared to be cake, were not labeled or dated.
- One large sheet pan with 3 loaves of what appeared to be uncooked dough, were not labeled or dated.

**Plan of Correction**

Accept (█) - 04/07/2026)

? The Interim Director of Dietary immediately disposed of pre-made items and take-out containers that did not have dates or labels on them.

? Dietary Department wide training on Pa Regulation 2600.103.e by PCHA/Dietary Director was initiated immediately and will be ongoing until all staff have been educated.

? PCHA/Dir. of Dietary or designee will audit the main kitchen refrigerator and freezers daily x1 week, then weekly x2 months to ensure compliance with 2600.103.e.

? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly

103e - Left Overs (continued)

Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented ( ) - 04/22/2026)

107d - Procedure Emergency Management Agency Submission

6. 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 1/10/24.

Plan of Correction

Accept ( ) - 04/07/2026)

? PCHA and the Director of Environmental Services reached out to the local emergency management agency to submit a plan for 2026.

? The plan was received, and a letter of approval was issued on 3/17/2026.

? PCHA and the Director of EVS will continue to ensure that the Emergency Management Plan is submitted to the local emergency management agency for review and approval on an annual basis.

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

Implemented ( ) - 04/22/2026)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

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

Description of Violation

Resident #3's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept ( ) - 04/07/2026)

? PCHA reviewed all DME dates to ensure compliance would be maintained. An updated tracking system was put into place by PCHA that allows for easier monitoring of when residents are coming up on their evaluation window.

? Licensed Staff training on PA Regulation 2600.141.b.1 was initiated immediately and will remain on going until all staff have been educated. All Licensed Staff will be educated by 4/10/2026 at monthly staff meetings.

? PCHA will audit annual DME completion x2 months to ensure medical evaluations are being completed on time and the appropriate documents are being utilized.

? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

141b1 - Annual Medical Evaluation (*continued*)

Implemented ( ) - 04/22/2026

## 182c - Medication Administration

**8. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

7. Complete documentation in accordance with § 2600.187 (relating to medication records).

**Description of Violation**

*On 3/11/26 at 10am, the home did not complete documentation in accordance with § 2600.187 (relating to medication records) for Resident #4, who requires this assistance to take all medications. Staff member A prepared the resident's polyethylene glycol powder in an 8 ounce cup of water, provided the medication to the resident, left the resident's room prior to observing the resident ingest the medication, but documented the medication was administered at 10am.*

**Plan of Correction**

Accept ( ) - 04/07/2026

- ? Staff Member A was reeducated on ensuring resident has taken all medications in entirety before leaving the room.
- ? Licensed Staff training on PA Regulation 2600.182.c by PCHA was initiated immediately and will remain ongoing until all staff have been educated. All licensed staff will be trained by 4/10/2026 at monthly staff meetings.
- ? PCHA will conduct daily random audits across various shifts x1 week, then random weekly audits across various shifts x2 months to ensure compliance with 2660.182.c.
- ? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented ( ) - 04/22/2026

## 183b - Meds and Syringes Locked

**9. 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 3/11/26 at 11:10am, Nyst/Zin20%/Hydr1 combination cream and petroleum jelly were unlocked, unattended, and accessible in Resident #2's bedroom. Resident #2 is unable to self-administer medications via their ( ) medical evaluation.*

**Plan of Correction**

Accept ( ) - 04/07/2026

- ? PCHA immediately removed medications that were unlocked from Resident #2's room and placed them in the locked medication room in the nurse's station.
- ? Department wide training of Pa regulation 2600.183.b by PCHA was initiated immediately and will remain ongoing until all staff have been educated. All staff will be educated by 4/10/2026 at monthly staff meetings.
- ? Resident's that have orders to self-administer were re-educated on the proper procedures with medication storage in their rooms.

183b - Meds and Syringes Locked (continued)

? PCHA or designee will conduct random daily audits of 5 resident rooms x1 week. Then random weekly audits of 5 resident rooms x2 months to ensure compliance with 2600.183.b.  
? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented ( ) - 04/22/2026

183d - Prescription Current

10. 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 3/11/26, Nyst/Zin20%/Hydr1 combination cream prescribed for Resident #2, was in the resident's bedroom; however, the medication was discontinued on 3/2/26.

Repeated Violation - 3/12/25.

Plan of Correction

Accept ( ) - 04/07/2026

? Licensed Staff removed the medication from the resident room immediately upon review from the licensing inspector.  
? PC department wide training on PA Regulation 2600.183.d was initiated immediately and will remain on going until all staff are educated. All staff will be educated by 4/10/2026 at monthly staff meetings.  
? PCHA or designee will audit 5 resident rooms and both the first and second floor medication carts weekly x2 months. Monthly audits of medication carts will be permanently added to the home's auditing processes to ensure compliance is obtained and maintained with 2600.183.d.  
? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented ( ) - 04/22/2026

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:  
3. The date the prescription was issued.  
4. The prescribed dosage and instructions for administration.  
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for Resident #2's lantus solostar insulin injection does not include the current prescribed dosage and instructions for administration which is, administer 33 units at bedtime. The label reads, administer 30 units at bedtime and a change of order sticker was not present on the medication label.

**184a Resident's Meds Labeled (continued)**

The pharmacy label for Resident #5's benefiber chewable tablets does not include the current prescribed dosage and instructions for administration which is, take 2 tablets by mouth once daily. The label did not include a change of order sticker and reads, take 1 by mouth once daily.

The pharmacy label for resident #5's chest congestion has faded and the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber is no longer distinguishable.

The pharmacy label for Resident #6's lantus (glargine) insulin does not include the current prescribed dosage and instructions for administration which is, administer 12 units at bedtime. The label reads, administer 10 units at bedtime and a change of order sticker was not present on the medication label.

Repeated Violation 3/12/25.

**Plan of Correction**

Accept ( ) - 04/07/2026

? Orders for the medications associated with Residents #2, 5, and 6 were reviewed and change of order stickers were added to the provided medication labels. Resident #5's chest congestion that had a faded label was discarded, reordered, and delivered by the pharmacy on 3/12/2026.

? Licensed staff training on PA Regulation 2600.184.a by PCHA was initiated immediately and will remain ongoing until all staff have been educated. All Licensed Nursing Staff will be educated by 4/10/2026 at monthly staff meetings.

? PCHA or designee will audit medication labels weekly x2 months to ensure accuracy with order and legibility of the labels.

? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented ( ) - 04/22/2026

**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**

On 3/11/26, Resident #2 was wearing Tubi grip stocking on their feet and lower legs and reports requiring staff assistance to apply and remove the stockings daily; however, the home did not have the current order for application and removal of the stockings for the resident.

On 3/5/26, Resident #5 was prescribed [REDACTED], administer as needed; however, on 3/11/26, this medication was not available in the home.

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

On 3/11/26, the narcotic record for Resident #7's alprazolam .25mg tablets, did not include the name of the controlled medication or the dosage of the pills the staff were counting and recording as being present in the medication cart.

**Plan of Correction****Accept ( ) - 04/07/2026)**

? Licensed staff obtained clarification and a correct order for Resident #2's Tubi grip stockings on 3/13/2026.

Licensed staff obtained Resident #5's [REDACTED] and resumed administration as needed. Resident #7's narcotic medication record was updated to have the name of the controlled medication and the dosage; the order was D/C on 3/17/2026.

? Licensed staff training on PA Regulation 2600.185.a by PCHA was initiated immediately and will remain ongoing until all staff have been educated. Staff will also receive training on proper documentation and logging of narcotic medications. All Licensed Nursing Staff will be educated by 4/10/2026 at monthly staff meetings.

? PCHA and or designee will audit all narcotic medication logs to ensure they include the resident name, medication name, and dosage. PCHA or designee will run a 24-hour report for new orders x 1 month to ensure orders that have medications are fulfilled and accurate for administration.

? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 05/03/2026

**Implemented ( ) - 04/22/2026)****187d - Follow Prescriber's Orders****13. Requirements**

2600.

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

**Description of Violation**

On 3/2/26, Resident #2 was prescribed wound treatment to include: cleanse [REDACTED] with normal saline, apply calcium alginate with silver to base of wound, secure with bordered foam, change daily and as needed. However, Resident #2 was not administered the treatment as ordered until 3/6/26.

On 2/18/26, Resident #2 was ordered vaseline jelly, apply to area on top of head daily and cover with band aid until site is fully healed. On 3/11/26, at 11am, the wound on Resident #2's head was not covered and the home confirmed they do not cover the wound. The wound was approximately 1.5" in diameter, and substances that appeared to have oozed from the site were dried as running down [REDACTED] head.

From 2/12/26-3/5/26, Resident #5 was prescribed [REDACTED], administer 2 times weekly; however, the medication was not administered on 3/3/26 as it was not available in the home.

**Plan of Correction****Accept ( ) - 04/07/2026)**

? Resident #2 received new order from Wound CRNP to cleanse [REDACTED] with normal saline, apply calcium alginate with silver to base of wound, secure with bordered foam on 3/5/2026. Licensed staff made note of treatment order on 3/5/2026. CRNP signed off on order to begin treatment 3/6/2026. As of 3/26/2026 wound is healed, and resident will be discharged from wound specialty at this time.

? Resident #5's [REDACTED] has been obtained by the facility and will continue to be administered as ordered and/or as needed.

? Licensed Staff training on PA Regulation 2600.187.d by PCHA was initiated immediately and will remain ongoing

187d - Follow Prescriber's Orders (continued)

until all staff have been educated. All staff will be educated by 4/10/2026 at monthly staff meetings.
? PCHA or designee will audit 5 resident's physician orders weekly x2 months to ensure that prescribed orders are being followed and compliance is achieved in 2600.187.d.
? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented ( ) - 04/22/2026)

191 - Resident Right to Refuse

14. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Documentation that Resident #1, admitted ( ), was educated to the resident's right to refuse medication if the resident believes that there may be a medication error, was not kept or produced by the home.

Plan of Correction

Accept ( ) - 04/07/2026)

? PCHA reviewed and educated Resident #1 on the right to refuse medication on 3/11/2026.
? PCHA conducted an audit of all resident charts to ensure proper education had been provided. All residents had documentation supporting education to their right to refuse medication if the resident believes there may be a medication error. PCHA or designee will continue to review all resident rights during every other month resident councils.
? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

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

Implemented ( ) - 04/22/2026)

225a - Assessment 15 Days

15. 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 #1's initial assessment, dated ( ), does not include any dietary needs or their diagnosis of ( ). Resident ( ) would like their food prepared following a mechanical soft diet with chopped meat's due to only having two teeth and waiting on dentures.

## 225a - Assessment 15 Days (continued)

**Plan of Correction**

Accept ( ) - 04/07/2026)

? Care Plan addendums were added to Resident #1's chart to reflect the missing diagnoses not captured in the initial assessment. Clarification was obtained per CRNP that as of 2/2/26 it was resident preference that they received a mechanical soft diet due awaiting dentures.

? Licensed Staff training on PA Regulation 2600.225.a by PCHA was initiated immediately and will remain ongoing until all staff have been educated. All staff will be educated by 4/10/2026 at monthly staff meetings.

? PCHA or designee will audit 5 resident charts weekly x2 months to ensure all assessments capture the necessary information to outline the residents care needs. PCHA or designee will audit new admission assessments x2 months to ensure compliance with 2600.225.a.

? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented ( ) - 04/22/2026)

## 225c - Additional Assessment

**16. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

Resident #1 was evaluated on [REDACTED] at [REDACTED] Hospital and assessed with [REDACTED] has a history of [REDACTED] however, their 2/8/26 assessment was not updated to include these diagnoses.

Resident #2's assessment, dated [REDACTED] does not include their need for daily and weekly wound care services and treatments to include: daily use of seat cushion, daily medications and treatments to wound on their head and [REDACTED], the need for staff to remind the resident to sleep in their bed instead of their recliner, the need for staff to remind the resident to take breaks from sitting in their chair throughout the day, or their occasional incontinence of bowel and bladder. Their assessment reads the resident is independent with toileting, bladder and bowel management, and turning and positioning in bed/chair. On 3/11/26, Resident #2 was wearing Tubi grip stocking on their feet and lower legs and reports requiring staff assistance to apply and remove the stockings daily; however, the need for this treatment is not included in their [REDACTED] assessment.

Resident #5's assessment, dated [REDACTED] does not include their current diagnoses: [REDACTED] Resident #5's assessment reads they are independent with understanding instructions, short term memory, and long term memory and had moderate problems with communications to include a speech impediments; however, per onsite interviews, Resident #5 was unable to recall short and long term memory, did not understand instructions, and was unable to recognize and communicate their needs when found with an adult brief on over their clothing.

Repeated Violation - 1/15/26.

**Plan of Correction**

Accept ( ) - 04/07/2026)

? The medical conditions, diagnoses, behaviors and behavioral needs of Residents #1, #2, and #5 that were deemed

**225c - Additional Assessment (continued)**

missing by the Licensing Inspector were reviewed by PCHA and Licensed Nurses. Clarification and any necessary addendums were made to the Resident's RASP to reflect the missing assessments noted by the Licensing Inspector.  
 ? Licensed Staff training on PA Regulation 2600.225.c by PCHA was initiated immediately and will remain ongoing until all staff have been educated. All staff will be educated by 4/10/2026 at monthly staff meetings.  
 ? The PCHA and or designee will conduct weekly audits of five residents for 2 months to ensure that the RASP accurately reflects the needs of the residents.  
 ? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented (█) - 04/22/2026)

**227d - Support Plan Medical/Dental****17. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The assessment for Resident #6, dated █, indicates the resident can self-administer medications. The home needs to assist the resident with reordering their medications; however, the resident's support plan, dated █ does not document how this need will be met.

Repeated Violation - 3/12/25.

**Plan of Correction**

Accept (█) - 04/07/2026)

? Resident #6's support plan was changed to reflect the need for assistance when reordering medications and how that need will be met.  
 ? Licensed Staff training on PA Regulation 2600.227.d by PCHA was initiated immediately and will remain ongoing until all staff have been educated. All staff will be educated by 4/10/2026 at monthly staff meetings.  
 ? PCHA or designee will audit 5 resident charts weekly x2 months to ensure all resident support plans outline the appropriate resident needs and how the home/staff plan to meet their needs.  
 ? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented (█) - 04/22/2026)

**251c - Standardized Forms****18. Requirements**

251c - Standardized Forms (continued)

2600.

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

**Description of Violation**

Resident #1's medical evaluation, dated [REDACTED], was not completed on the Department's current standardized form for Personal Care Homes.

Resident #2's status update medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form that includes the option for the physician to indicate if the resident's needs can or cannot be met safely at the Personal Care Home.

**Plan of Correction**

Accept [REDACTED] - 04/07/2026)

? Resident #1 and #2's medical evaluations were both transcribed and signed off on the correct and updated Department required form.

? PCHA conducted an audit of all resident DMEs to ensure all were compliant with the Department standardized forms.

? PCHA or designee will audit annual or initial DME form utilization x2 months to ensure compliance is achieved in 2600.251.c.

? The PCHA will review the results of the audits to identify trends or patterns and report the results at the monthly Quality Assurance and Performance Improvement Committee for further review and/or recommendations.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented [REDACTED] - 04/22/2026)