

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

April 30, 2026

[REDACTED], CEO
ZERBE SISTERS NURSING CENTER INC
2499 ZERBE ROAD
NARVON, PA, 17555

RE: ZERBE SISTERS NURSING CENTER
2499 ZERBE ROAD
NARVON, PA, 17555
LICENSE/COC#: 32237

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/01/2026, 04/02/2026 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: ZERBE SISTERS NURSING CENTER **License #:** 32237 **License Expiration:** 06/17/2026
Address: 2499 ZERBE ROAD, NARVON, PA 17555
County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: ZERBE SISTERS NURSING CENTER INC
Address: 2499 ZERBE ROAD, NARVON, PA, 17555
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/19/1996 **Issued By:** Department of Labor & Industry

Staffing Hours

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

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/02/2026

Inspection Dates and Department Representative

04/01/2026 - On-Site: [REDACTED]
04/02/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28 **Residents Served:** 27

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 2 **Are 60 Years of Age or Older:** 27
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 3 **Have Physical Disability:** 0

Inspections / Reviews

04/01/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/30/2026

Inspections / Reviews (*continued*)

04/22/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/29/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 04/28/2026

04/23/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/29/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/08/2026

04/30/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/29/2026
Reviewer: [REDACTED] Follow Up Type: Not Required

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not have a maximum safe evacuation time specified in writing by a fire safety expert between 7/1/2025 – 11/1/2025. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

7/10/2025 at 13:45 - 3 mins 45 secs

8/13/2025 at 6:30 – 5 mins 37 secs

9/6/2025 at 17:50 – 4 mins 15 secs

10/30/2025 at 11:38 – 2 mins 38 secs

Plan of Correction

Accept (█) - 04/23/2026)

Immediate Action: Contacted current Fire Safety Expert from 11/2025 drill to have standing appointment for witnessed drill and fire report on the first Thursday of November. Since 11/2025 drills have been completed within the evacuation time given during the 11/2025 witnessed drill and fire inspection.

Continued Action: Standing appointment will remain on the first Thursday of November until agreement is terminated by either party. Currently scheduled for 11/05/2026 & 11/04/2027. Debriefing is completed after witnessed drill with fire safety expert and participating staff. Upon receipt of letter debriefing of evacuation time and exit plan is reviewed with residents and staff who did not participate in witnessed drill. Letter is also hung in nursing office for staff to review x2 weeks post receipt. Letter placed in Emergency Preparedness book in hallway for review periodically if needed.

Licensee's Proposed Overall Completion Date: 04/22/2026

Implemented (█) - 04/30/2026)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #1 was prescribed Lyrica Oral Caps 75MG, give 1 capsule by mouth at bedtime. The resident was not administered this medication on 3/20/2026 at 8:00 PM because the medication was not available in the home.

Resident #1 was prescribed Systane Ophthalmic gel 0.4-0.3%, instill 1 drop in both eyes in the evening. The resident was not administered this medication on 3/12/2026 at 5:00 PM because the medication was not available in the home.

Resident #1 was prescribed Cholecalciferol oral tablet 25MCG give 1 tablet by mouth two times a day. The resident was not administered this medication on 3/12/2026 at 8:00 PM because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Resident #1 was prescribed Senna-Plus Oral Tablet give 2 tablets by mouth two times a day. The resident was not administered this medication on 3/15/2026 at 8:00 PM.

Resident #2 was prescribed Novolog 100unit/ML Flexpen inject as per sliding scale if 150-200 = 3 units; 201-250 = 6 units; 251-300 = 9 units; 301-350 = 12 units; 351-400 = 15 units; 401-450 = 18 units; subcutaneously before meals. On 3/21/2026 at 11:30AM, the resident's blood sugar reading was 195; the resident was not administered units per the sliding scale. On 3/28/2026 at 4:30 PM, the resident's blood sugar reading was 195; the resident was not administered units per the sliding scale. On 3/29/2026 at 7:30 AM, the resident's blood sugar reading was 165; the resident was not administered units per the sliding scale.

Plan of Correction

Accept (█ - 04/23/2026)

Immediate Action: Education given to staff on 4/2/2026 regarding administering medications per MD order and what to do if medication is not delivered from pharmacy or resident is having a side effect of medication. Contacted MD to have ability to notify q week of refused medication. Agreement made on 4/2/2026 to contact MD and obtain hold order if medication is not available.

Continued Action: eMAR adjusted on 4/10/2026 and Option 5 "Hold See Nurse's Note" was removed and changed to "Outside of Parameter". Education given 4/15/2026 on when to use "Outside of Parameter". Education given to all staff on 4/15/2026 regarding documentation and importance of documenting and notifying MD if meds are not given per order. MAR audit done by PCHA on Resident 1 and Resident 2 for accuracy in MAR, no further issues noted. Total census MAR audited on 4/20/2026 by PCHA to ensure all medications/treatments are done per MD order. Audits will be done by PC Admin qwk x4 weeks then qmo x6 months **(Directed) Audits will begin no later than 5/1/26 weekly for 4 weeks then monthly for 6 months-**█

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

Implemented (█ - 04/30/2026)

190c - Record of Training**3. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff Member A's medication administration annual practicum summary and certification did not indicate if Staff Member A was recertified and did not include the trainer's signature or provider's name and date.

The home's medication administration training record for Staff Member B did not include the staff member's user report for initial medication administration training completed on 6/14/2024. Staff Member B's medication administration annual practicum summary and certification for 2025 did not indicate if Staff Member B was

190c - Record of Training (continued)

recertified and did not indicate if the annual medication record review or medication administration observations were passed or failed.

Plan of Correction**Accept (█ - 04/23/2026)**

Immediate Action: On 4/2/2026 reviewed staff member A and B's trainings and signed to notate recertification, and trainer signature. Med Admin Help Desk contacted regarding user report.

Continued Action: Unable to upload previous grade. Staff B to redo online MT test on 4/21/2026. Staff member A recertified 4/4/2026. Audit completed on 4/20/2026 by PCHA of all other staff members to ensure recertification and signatures are present. PC Admin to complete audits quarterly to ensure ongoing recerts/new certs are properly signed and user reports are in file. PCHA reviewed TTT course material on MT training records on 4/20/2026

Licensee's Proposed Overall Completion Date: 04/22/2026

Implemented (█ - 04/30/2026)