

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

May 15, 2026

[REDACTED], EXECUTIVE DIRECTOR
MERCY HOUSE OF CHAMBERSBURG
730 NORLAND AVENUE
CHAMBERSBURG, PA, 17201

RE: MERCY HOUSE OF CHAMBERSBURG
730 NORLAND AVENUE
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 33930

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: *MERCY HOUSE OF CHAMBERSBURG* License #: 33930 License Expiration: 12/26/2026
 Address: 730 NORLAND AVENUE, CHAMBERSBURG, PA 17201
 County: FRANKLIN Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *MERCY HOUSE OF CHAMBERSBURG*
 Address: 730 NORLAND AVENUE, CHAMBERSBURG, PA, 17201
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: R-4 Date: 06/26/2023 Issued By: Chambersburg Borough
 Type: R-4 Date: 06/26/2023 Issued By: Franklin County

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal Exit Conference Date: 04/02/2026

Inspection Dates and Department Representative

04/02/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 11 Residents Served: 7
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 7 Have Physical Disability: 0

Inspections / Reviews

04/02/2026 Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 04/17/2026

04/13/2026 - POC Submission
 Submitted By: [Redacted] Date Submitted: 05/14/2026
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 04/20/2026

Inspections / Reviews *(continued)*

04/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/15/2026

05/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. 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.

The resident-home contract, dated [REDACTED], for Resident #2 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 04/20/2026)

On April 9, 2026, the Administrator reviewed and corrected the resident-home contracts for Resident #1 and Resident #2 to ensure all required signatures were obtained or appropriately documented as "resident unable to sign" when applicable.

On April 9, 2026, the Administrator completed an audit of all current resident contracts and those completed within the previous 30 days to ensure compliance with signature requirements.

On April 11, 2026, the Administrator provided education to staff responsible for admission documentation on proper completion of resident contracts, including obtaining all required signatures at the time of admission and appropriate documentation when a resident is unable to sign.

The admission process has been reinforced to ensure all required signatures are obtained at the time of admission.

Beginning April 11, 2026, the Executive Director will review all new admission contracts within 24 hours of resident move-in to ensure all required signatures are present. In addition, the Executive Director will conduct monthly audits of resident contracts to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented [REDACTED] - 05/15/2026)

65f - Training Topics

2. 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

Staff Member A, hired on [REDACTED] did not receive training in the following topics during the 2025 training year:

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.

65f - Training Topics (continued)

Plan of Correction

Accept (█ - 04/20/2026)

On April 8, 2026, the Administrator updated the Relias training plan to include all required annual training topics under 55 Pa. Code 2600.65(f), including medication self-administration training, instruction on meeting the needs of residents per assessment and support plans, and safe management techniques.

On April 30, 2026, the Executive Director will conduct a facility-wide in-service for all direct care staff on required annual training topics, including Meeting Guest Needs per Assessment & Support Plan and Safe Management Techniques.

On April 30, 2026, the Executive Director will complete an audit of all direct care staff training records for 2026 to ensure all required annual training topics have been assigned and are in progress or completed.

On April 30, 2026, the Administrator, who is responsible for training compliance, will be educated by the Executive Director on oversight of Relias training requirements and ensuring ongoing compliance with 55 Pa. Code 2600.65(f).

Beginning April 30, 2026, the Administrator will conduct quarterly audits of all staff training records to ensure compliance with annual training requirements.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (█ - 05/15/2026)

65g - Annual Training Content

3. 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:

- 3. Resident rights.

Description of Violation

Staff Member A, hired on █ did not receive training in resident rights during the 2025 training year.

Plan of Correction

Accept (█ - 04/20/2026)

On April 8, 2026, the Executive Director reviewed the annual resident rights training requirement under 55 Pa. Code 2600.65(g)(3) and added resident rights training to the facility's annual training plan for all applicable direct care staff.

On April 30, 2026, the Executive Director will complete an initial audit of all 2026 staff training records to ensure resident rights training has been assigned to all applicable staff.

On May 15, 2026, resident rights training will be completed for all applicable direct care staff.

Beginning April 30, 2026, the Executive Director will conduct quarterly audits of staff training records to ensure

65g Annual Training Content (continued)

continued compliance with annual resident rights training requirements.

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

Implemented () - 05/15/2026

131c - Kitchen Fire Extinguisher

4. Requirements

2600.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

Description of Violation

The kitchen fire extinguisher had a 5 BC rating.

Plan of Correction

Accept () - 04/20/2026

See attOn April 9, 2026, the Executive Director obtained and placed a fire extinguisher with a minimum 2A 10BC rating in the kitchen.

On April 11, 2026, the Executive Director educated staff responsible for environmental and safety compliance on the requirement that the kitchen maintain a fire extinguisher with a minimum 2A 10BC rating.

Beginning April 11, 2026, the Executive Director will conduct monthly checks of the kitchen fire extinguisher to ensure the required rating is in place and remains compliant. In addition, the licensed fire extinguisher company will continue to complete routine service inspections in accordance with its service schedule.ached.

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented () - 05/15/2026

132a - Monthly Fire Drill

5. 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 October 2025.

Plan of Correction

Accept () - 04/20/2026

On November 10, 2025, the Executive Director conducted an unannounced fire drill after identifying that a fire drill had not been completed in October 2025.

On April 9, 2026, the Executive Director created and implemented a fire drill schedule to ensure an unannounced fire drill is conducted at least once each month in accordance with 55 Pa. Code 2600.132(a).

On April 11, 2026, the Executive Director educated staff at the clinical meeting regarding monthly fire drill requirements and proper fire drill compliance.

Beginning April 9, 2026, the Executive Director will be responsible for conducting an unannounced fire drill each month and for reviewing the fire drill schedule and logs monthly to ensure ongoing compliance.

132a - Monthly Fire Drill (*continued*)

Licensee's Proposed Overall Completion Date: 04/20/2026

Implemented (█) - 05/15/2026

132c - Fire Drill Records

6. Requirements

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 fire drill record for the drills conducted on 1/28/26, 2/26/26 and 3/31/26 did not include exit routes, the number of residents in the home and the number of residents evacuated.

Plan of Correction

Accept (█) - 04/20/2026

On April 10, 2026, the Executive Director reviewed and corrected the fire drill records for drills conducted on January 28, 2026, February 26, 2026, and March 31, 2026, to ensure all required elements were documented, including exit routes, number of residents in the home, and number of residents evacuated.

On April 11, 2026, the Executive Director educated staff at the clinical meeting on proper completion of fire drill documentation, including all required components under 55 Pa. Code 2600.132(c).

Beginning April 10, 2026, the Executive Director will conduct monthly audits of all fire drill records to ensure documentation is complete and compliant with regulatory requirements.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented (█) - 05/15/2026

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 9/30/25 at 2:10 AM.

Plan of Correction

Accept (█) - 04/20/2026

On April 9, 2026, the Executive Director implemented a fire drill tracking form to ensure that a fire drill during sleeping hours is conducted at least once every six months in accordance with 55 Pa. Code 2600.132(e).

On April 9, 2026, the Executive Director conducted a sleeping-hours fire drill in the home.

On April 11, 2026, the Executive Director educated staff at the clinical meeting regarding the requirement for fire drills to be conducted during sleeping hours and properly tracked.

On April 09, 2026, the Executive Director reviews the fire drill tracking form and fire drill records on an ongoing basis to ensure that sleeping-hours fire drills are completed at least every six months and documented appropriately.

132e - Fire Drill Sleeping Hours (continued)

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented (█) - 05/15/2026

141a 1-10 Medical Evaluation Information

8. 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 initial medical evaluation did not include the date of the medical evaluation, the medical professional's name, signature, license number and if the resident's needs can be met by the home.

Plan of Correction

Accept (█) - 04/20/2026

On April 3, 2026, Dr. █ corrected Resident #2's medical evaluation to include all required elements, including the date of the medical evaluation, medical professional's name, signature, license number, and documentation that the resident's needs can be met by the home.

On April 3, 2026, the Executive Director completed an audit of all current initial medical evaluations to ensure required documentation was present and complete.

On April 11, 2026, the Executive Director educated staff responsible for admission and clinical documentation on the requirement that all initial medical evaluations be complete, signed, dated, and include all elements required under 55 Pa. Code 2600.141(a).

Beginning April 11, 2026, the Executive Director will audit all new admission medical evaluations within 72 hours of admission and will continue ongoing review to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented (█) - 05/15/2026

183d - Prescription Current

9. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (continued)

Description of Violation

On 4/2/26, [REDACTED] prescribed for Resident #3, were in the home's medication cupboard; however, these medications were discontinued on 3/30/26.

Plan of Correction

Accept ([REDACTED] - 04/20/2026)

On April 2, 2026, the nurse on duty removed and properly disposed of the discontinued [REDACTED] that remained in the medication cupboard for Resident #3.

On April 3, 2026, the Executive Director completed an audit of all medication storage areas to ensure no discontinued medications remained in the home.

On April 11, 2026, the Executive Director educated staff at the clinical meeting on the requirement that discontinued medications be removed and properly disposed of promptly and that only current prescription, OTC, sample, and CAM medications for individuals living in the home may be kept in the home.

Beginning May 11, 2026, the Executive Director will conduct monthly audits of medication storage areas to ensure discontinued medications are removed promptly and that medication storage remains compliant.

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented ([REDACTED] - 05/15/2026)