

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

May 1, 2026

[REDACTED]
PRESBYTERIAN HOMES INC
[REDACTED]
[REDACTED]

RE: STEWARD PLACE
7 EAST LOCUST STREET
OXFORD, PA, 19363
LICENSE/COC#: 10063

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/06/2026 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: STEWARD PLACE License #: 10063 License Expiration: 05/25/2026
 Address: 7 EAST LOCUST STREET, OXFORD, PA 19363
 County: CHESTER Region: SOUTHEAST

Administrator

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

Legal Entity

Name: PRESBYTERIAN HOMES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 04/06/2026

Inspection Dates and Department Representative

04/06/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 148 Residents Served: 47

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 7 Have Physical Disability: 0

Inspections / Reviews

04/06/2026 Partial

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

04/20/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/30/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/30/2026

Inspections / Reviews *(continued)*

05/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

224a - Preadmission Screen Form

4. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept [redacted] - 04/20/2026)

On behalf of Steward Place Personal Care at Ware Presbyterian Village, I respectfully submit this request for reconsideration of the violations cited during the revisit survey conducted on April 6, 2026. After a thorough internal review, we believe the documentation sent to the surveyor on 3/7/26 supports compliance. The specific rationale for the removal request is outlined by citation below.

Violation 4: The preadmission screening form for Resident [redacted] was not completed.

Reconsideration Request: Resident [redacted] preadmission screening was completed on 1/5/26, within the required 30 day window prior to admission on 1/16/26. This form is present in the resident's record. Per your guidance please see the attached preadmission screening form for resident [redacted] dated 1/5/26. As recommended, please see plan of correction that is implemented to ensure continued compliance.

1. Resident [redacted] was admitted to the facility on 1/16/26. Resident [redacted] preadmission screening form was completed 1/5/26 to include the home can meet the needs of the resident. The prescreen was completed within 30 days prior to admission as the prescreen was completed 1/5/26 and admission to the home was on 1/16/26.
2. Current resident preadmission screening will be audited to ensure completion within 30 days prior to admission. This will be completed by 4/27/26.
3. The facility created and implemented a new resident documentation system that includes new admissions being admitted to the facility have a preadmission screening completed to its entirety.
4. The PCHA or designee will audit new admissions preadmission forms weekly times 4 for a month and monthly x 2 to make sure the form was completed within 30 days of admission.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [redacted] - 05/01/2026)

225a - Assessment 15 Days

5. 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 [redacted] was admitted on [redacted]; however, the resident's assessment was not completed until [redacted]

Resident [redacted] was admitted on [redacted] however, the resident's assessment was not completed until [redacted]

225a Assessment 15 Days (continued)

Plan of Correction

Accept () - 04/20/2026

Resident [] was admitted on 1/16/26. Resident [] was part of an initial audit related to the annual survey with supervisor approved date of compliance for 3/21/26. Resident one assessment was completed on 3/20/26 prior to the date of compliance. Supervisor approved date of compliance 3/21/26. Resident [] was admitted on 2/23/26 and initial assessment was completed 3/24/26.

- 2. Current residents written initial assessment forms will be audited to ensure timely completion by 4/27/26.
- 3. The facility created and implemented a new documentation system that includes current and new admissions being admitted to the facility to include written initial assessments to be completed timely.
- 4. The PCHA or designee will audit new admissions initial assessment forms weekly times 4 for a month and monthly x 2 to ensure timely completion of initial assessments.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented () - 05/01/2026

227a - Support Plan 30 Days

6. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [] was admitted on []; however, the resident's initial support plan was not completed until [].

Plan of Correction

Accept () - 04/20/2026

On behalf of Steward Place Personal Care at Ware Presbyterian Village, I respectfully submit this request for reconsideration of the violations cited during the revisit survey conducted on April 6, 2026. After a thorough internal review, we believe the documentation sent to the surveyor on 3/7/26 supports compliance. The specific rationale for the removal request is outlined by citation below. (For items 4,6,7)

Violation 6: Description of Violation Resident [] was admitted on 1/16/2026; however, the resident's initial support plan was not completed until 3/20/26.

Reconsideration Request: Resident [] support plan was completed 3/20/26 before the date of compliance date of 3/21/26 which confirms date of compliance at the time of the 4/6/26 survey. As recommended, please see plan of correction that is implemented to ensure continued compliance.

- 1. Resident [] was admitted on 1/16/26. Resident [] was part of an initial audit related to the annual survey with supervisor approved date of compliance for 3/21/26. Resident [] initial support plan was completed on 3/20/26 in the time frame the Supervisor approved date of compliance 3/21/26.
- 2. Current resident written support plans will be audited to ensure timely completion by 4/27/26.
- 3. The facility created and implemented a new documentation system that includes new admissions being admitted to the facility to include timely completion of resident support plans within 30 days.
- 4. The PCHA or designee will audit new admissions support plans weekly times 4 for a month and monthly x 2 to ensure timely completion.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented () 05/01/2026

252 - Record Content

7. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident [REDACTED] record does not include a preadmission screening form.

Plan of Correction

Accepted [REDACTED] - 04/20/2026)

On behalf of Steward Place Personal Care at Ware Presbyterian Village, I respectfully submit this request for reconsideration of the violations cited during the revisit survey conducted on April 6, 2026. After a thorough internal review, we believe the documentation sent to the surveyor on 3/7/26 support compliance. The specific rationale for the removal request is outlined by citation below. (For items 4,6,7)

Violation 7: Resident [REDACTED] record did not include a preadmission screening form.

Reconsideration Request: Resident [REDACTED] preadmission screening was completed on 1/5/26 and is included in the resident's record. Per your guidance, please see preadmission screening form. As recommended, please see plan of correction that is implemented to ensure continued compliance.

- 1. Resident 1 was admitted to the facility on 1/16/26. Resident [REDACTED] preadmission screening form was completed on 1/5/26.
- 2. Current resident preadmission screening will be audited to ensure it is included in resident records by 4/27/26
- 3. The facility created and implemented a new resident documentation system that includes new admissions being admitted to the facility have a preadmission screening form.
- 4. The PCHA or designee will audit new admissions preadmission forms weekly times 4 for a month and monthly x 2 to make sure the form is in the resident records.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [REDACTED] - 05/01/2026)