

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

September 9, 2026

[REDACTED], CEO
GDL FARMS CORPORATION
3455 DAVISVILLE ROAD
ATTN: PCH ADMINISTRATOR
HATBORO, PA, 19040

RE: PERSONAL CARE/MEMORY CARE @
THE PARK
3455 DAVISVILLE ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12790

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/06/2026, 04/07/2026 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: PERSONAL CARE/MEMORY CARE @ THE PARK

License #: 12790

License Expiration: 07/26/2026

Address: 3455 DAVISVILLE ROAD, HATBORO, PA 19040

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: GDL FARMS CORPORATION

Address: 3455 DAVISVILLE ROAD, ATTN: PCH ADMINISTRATOR, HATBORO, PA, 19040

Phone:

Email:

Certificate(s) of Occupancy

Type: I-2

Date: 06/06/2009

Issued By: Upper Moreland Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 97

Waking Staff: 73

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 04/07/2026

Inspection Dates and Department Representative

04/06/2026 - On-Site:

04/07/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 113

Residents Served: 59

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 48

Residents Served: 28

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 59

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 38

Have Physical Disability: 0

Inspections / Reviews

04/06/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 05/07/2026

05/14/2026 - POC Submission

Submitted By:

Date Submitted: 06/09/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 05/19/2026

Inspections / Reviews (*continued*)

05/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/11/2026

09/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], Resident 1 was sleeping in their own bed when Resident 2 entered Resident 1's room and approached the bed. Resident 2 attempted to get into the bed, and upon realizing someone else was in the bed, Resident 2 instructed Resident 1, several times, to get out of the bed and room.

When Resident 1 did not comply, Resident 2 grabbed Resident 1 by the upper arms, physically shaking the resident, and then proceeded to grab Resident 1's forearms and forcibly dragged Resident 1 out of the bed and onto the floor, pulled Resident 1's hair, and "beat" Resident 1's forearms.

Resident 1 sustained visible, extensive bruising to both forearms, and was emotionally distressed immediately following the incident, and tearful throughout the next day.

Plan of Correction**Directed ([REDACTED] - 05/20/2026)**

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on [REDACTED] by the staff to immediately separate the residents. A staff member was placed outside of the rooms of both residents for the remainder of the night at the direction of the administrator. The incident was reported to administrator, physician and family contacts. Both residents were assessed by the nurse.
2. Immediate action was taken on [REDACTED] to have physician assess both residents.

To enhance the currently compliant operations, on [REDACTED] the Administrator had the psychologist assess Resident 2 who was then transported to [REDACTED] hospital for evaluation and treatment. Resident 1 remained in the home with a 1:1 staff member for a period of 72 hours to provide comfort post-incident. Resident 2 was admitted to the facility's second floor unit upon return from the hospital, with a completion date of [REDACTED]

Effective [REDACTED] the Administrator and staff performed daily checks of rounding on all residents (ongoing process) through 05/14/2026 to maintain ongoing compliance. The administrator and DON also held staff meetings on 04/23/26 and included this as an agenda item. Effective 05/14/2026 the Administrator will continue to perform daily rounds on each unit through 6/15/2026 to ensure compliance that residents are not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/15/2026

Directed Completion Date: 06/09/2026

Implemented ([REDACTED] - 09/09/2026)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct Care Staff Person A does not have a United States high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat violation: 3/10/25 et al

Plan of Correction

Directed () - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the DON to immediately remove direct care staff person A from the staffing schedule.

To enhance the currently compliant operations, on 04/08/2026 the DON educated staff person A of the need for a U.S. high school diploma and was educated on the waiver process that needed to take place for (). The staff person stated () wanted to resign instead of waiting as () was already enrolled in a Pennsylvania certified nurse assistant program, with a completion date of 04/08/2026 of permanent removal from the schedule. Effective 05/11/2026 the administrator and HR revised the job description to reflect the need for a U.S. high school diploma, and the pre-employment hire checklist was amended to reflect a U.S. high school diploma verification.

Effective 05/18/2026 the DON and Administrator will perform daily audits of Employee file audits, through 06/18/2026 to maintain ongoing compliance with 54a ensuring direct care staff are 18 years of age or older, except as permitted in subsection (b), and have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry and are free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety. Any deficiencies or non-compliance will be addressed immediately. Compliance monitoring activities will be implemented under the supervision of the Administrator and any of those deficiencies will be corrected immediately, and findings will be documented and submitted to the Quality Monthly Meeting/Administrator for further review and continuous improvement.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

65a - FS Orientation 1st Day

3. Requirements

2600.

65a - FS Orientation 1st Day (continued)

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff Person B, whose first day of work was [REDACTED] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and/or telephone use and notification of emergency services.

Plan of Correction**Directed ([REDACTED] - 05/20/2026)**

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Administrator and director of maintenance/facilities to ensure Staff Person B, was given immediate education/orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and/or telephone use and notification of emergency services.

To enhance the currently compliant operations, on 04/08/2026 the Administrator developed an audit tool for employee files to assure all staff receive annual training on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and/or telephone use and notification of emergency services, with a completion date of 04/10/2026.

65a FS Orientation 1st Day (continued)

Effective 05/18/2026 the Administrator will perform weekly audits of orientation files, through 06/18/2026 to maintain ongoing compliance with to ensure that prior to or during the first workday, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers will have an orientation in evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and/or telephone use and notification of emergency services. Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Quality Monthly Meeting for further review and continuous improvement.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

65b - Rights/Abuse 40 Hours**4. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person B completed 40th scheduled work hour on prior to . However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and/or reporting of reportable incidents and conditions.

Plan of Correction

Directed () - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/08/2026 by the Administrator to ensure staff person B received training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and/or reporting of reportable incidents and conditions.

To enhance the currently compliant operations, on 04/08/2026 the Administrator developed an audit tool for employee files with a completion date of 04/10/2026.

65b - Rights/Abuse 40 Hours (continued)

Effective 5/18/2026 the DON will perform weekly audits of employee education files, through 6/18/2026 to maintain ongoing compliance with staff training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and/or reporting of reportable incidents and conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/22/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

65f - Training Topics**5. 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.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct Care Staff Person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, and/or care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 1/1/2025 through 12/31/2025.

Plan of Correction

Directed () - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/8/2026 by the DON and administrator to ensure staff person C received annual training on:

Medication self-administration training.

Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Care for residents with dementia and cognitive impairments.

Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Personal care service needs of the resident.

65f - Training Topics (continued)

Safe management techniques.

Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

To enhance the currently compliant operations, on 04/08/2026 the Administrator developed an audit tool with a completion date of 04/10/2026 that ensures each employee has and will receive their annual mandatory training.

Effective 05/18/2026 the administrator and DON will perform weekly audits of employee files, through 06/18/2026 to maintain ongoing compliance with all annual mandatory training (listed above). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

65g - Annual Training Content**6. 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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff Person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, and/or new population groups that are being served at the home that were not previously served, if applicable during training year 1/1/2025 through 12/31/2025.

Staff Person D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, and/or new population groups that are being served at the home that were not previously served, if applicable during training year 1/1/2025 through 12/31/2025.

65g Annual Training Content (continued)

Plan of Correction**Directed () - 05/20/2026)**

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 to thoroughly review the employee files of both staff person C & D by the administrator and DON to 04/07/2026.

The missing 2025 education was completed on 4/8/26 for staff person C with 1:1 education from the administrator & DON.

It was determined on 04/10/2026 that Staff person D's department head (dietary director) produced verification that () actually did participate in 2025 education. The department leader had the education files secured in () office during the survey process.

To enhance the currently compliant operations, on 04/08/2026 the administrator developed an audit tool with a completion date of 04/10/2026 to ensure that all employee's had their annual mandatory training completed. The audit tool will be used to review the employee files annually.

Effective 05/18/2026 the administrator and DON will perform weekly audits of employee files, through 06/18/2026 to maintain ongoing compliance with annual mandatory training. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/6/2026:

- there was an unlabeled washcloth in the Memory Care 1 shared restroom.*
- there was an unlabeled loofah in the Memory Care 2 shared shower room.*
- there was an unlabeled loofa and an unlabeled toothbrush in the Memory Care 2 shared tub room.*

Plan of Correction**Directed () - 05/20/2026)**

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the director of facilities and DON to remove all unlabeled personal care hygiene items from the common restroom/shower/tub room by staff & disposed of properly.

85a - Sanitary Conditions (continued)

To enhance the currently compliant operations, on 04/06/2026 the DON performed daily rounding to the common areas and educated staff on sanitary conditions being maintained with a completion date of 04/09/2026. The administrator and DON also held staff meetings on 04/23/26 and included this as an agenda item.

Effective 05/18/2026 the DON and administrator will perform weekly inspections of these common areas on each unit through 06/18/2026 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026

101j7 - Lighting/Operable Lamp**8. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 3 does not have access to a source of light that can be turned on/off at bedside.

Repeat violation: 3/10/25 et al

Plan of Correction

Directed () - 05/20/2026

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the director of maintenance to replace the lightbulb in the resident's bedside lamp to make it fully functional.

To enhance the currently compliant operations, on 04/06/2026 the administrator developed a rounding tool for environment of care to include these areas. Lighting for residents was placed on the rounding checklist. The facilities department was educated on this tool as well as the nursing staff which was completed as of 04/24/2026.

Effective 05/18/2026 the administrator and facilities/maintenance director will perform monthly inspections of residents' bedside lighting through 06/18/2026 to maintain ongoing compliance with the 101j7 regulation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026

103e - Left Overs

9. 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

There was a bag of opened and undated cream puffs in the Memory Care 2 Dining Room.

Plan of Correction**Directed () - 05/20/2026)**

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the director of facilities to immediately remove the leftover food and discard it properly.

To enhance the currently compliant operations, on 04/06/2026 the administrator re-educated the director of dietary of () and () staffs' responsibility with a completion date of 04/07/2026.

Effective 04/13/2026 the director of dietary will perform weekly inspections of all resident areas with refrigerators, through 06/18/2026 to maintain ongoing compliance with regulation 103e. Each of these refrigerators has a checklist placed on all refrigerators to validate the inspection (daily) by dietary staff. The director of dietary also re-educated all of () staff with a completion date of 04/12/2026. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)**103f Refrigerator/Freezer Temps****10. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the Memory Care 1 Activities Room.

Plan of Correction**Directed () - 05/20/2026)**

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by director of facilities to place a thermometer in the freezer of Memory Care 1 Activity Room.

To enhance the currently compliant operations, on 04/06/2026 the administrator hung a daily thermometer check tool on the refrigerator/freezer with a completion date of 04/06/2026.

Effective 05/18/2026 the administrator will perform weekly checks of the activity room freezer checklist, through 06/18/2026 to maintain ongoing compliance with thermometers being required in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

103f - Refrigerator/Freezer Temps (continued)

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

183b - Meds and Syringes Locked**11. 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 4/7/2026 at approximately 2:34 PM, [REDACTED] Cream 0.625 MG/GM, Diclofenac Sodium Topical Gel 1%, and Cortizone -10 Massaging Rollerball was unlocked, unattended, and accessible in room [REDACTED]

Plan of Correction

Directed () - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the DON to secure and lock resident in [REDACTED] Cream 0.625 MG/GM, Diclofenac Sodium Topical Gel 1%, and Cortizone -10 Massaging Rollerball.

To enhance the currently compliant operations, on 04/23/2026 the DON held staff meetings for all staff to re-educate them on the importance of not leaving any medications unsecured or unlocked in the resident rooms with a completion date of 04/23/2026. A new medication administration policy was created and the DON educated the staff on this policy at those staff meetings.

Effective 05/18/2026 the DON will perform weekly inspections of resident rooms, through 06/18/2026 to maintain ongoing compliance with regulation 183.b Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

183d - Prescription Current**12. 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 4/7/2026, Acetaminophen 325 mg tablets, prescribed to Resident 4, were found on the 1st Floor Personal Care medication cart, however, this medication is not listed on Resident 4's current medication orders.

183d - Prescription Current (continued)

Plan of Correction**Directed () - 05/20/2026)**

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2026 by the DON to properly discard Acetaminophen 325 mg from PC medication cart for resident 4.

To enhance the currently compliant operations, on 04/07/2026 the DON re-educated all staff regarding medication safety and administration with a completion date of 04/23/2026.

Effective 05/18/2026 the DON will perform weekly audits of all medication carts, through 06/18/2026 to maintain ongoing compliance with regulation 183.d. Additionally, the DON implemented a new process where the pharmacist will review all MARs, carts, and orders with the DON on a monthly basis which began 05/04/2026 and will continue as a new process monthly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

186c - Change in Medications

13. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

Resident 5's medication orders for Ativan Oral tablet 5 mg PRN by mouth every 8 hours as needed were updated on 3/31/2026 to Ativan Oral tablet 5 mg PRN by mouth every 6 hours as needed. On 4/7/2026, the resident's April medication administration record indicated that the order for Ativan Oral tablet 5 mg PRN by mouth every 8 hours as needed had not yet been discontinued by the home.

Plan of Correction**Directed () - 05/20/2026)**

In response to the violation on 04/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the DON to obtain a physician order for discontinuation of Ativan Oral tablet 5 mg PRN by mouth every 8 hours.

To enhance the currently compliant operations, on 04/07/2026 the DON re-educated all staff about updating resident medication records accordingly per the MD order with a completion date of 04/23/2026 at all staff meetings.

186c - Change in Medications (continued)

Effective 05/18/2026 the DON will perform weekly audits of all medication changes in order through 06/18/2026 to maintain ongoing compliance with regulation 186c. Additionally, the DON implemented a new process where the pharmacist will review all MARs, carts, and orders with the DON on a monthly basis which began 05/04/2026 and will continue as a new process monthly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026

187b - Date/Time of Medication Admin.**14. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 5 is prescribed Magnesium Oral Tablet 200 mg, give 1 tablet by mouth two times a day. Resident 5's March 2026 medication administration record does not include the initials of the staff person who administered Magnesium Oral Tablet 200 mg on 3/30/2026 at 5:00 PM.

Resident 6 is prescribed Acetaminophen 325 mg, give 1 tablet by mouth three times a day. Resident 6's March 2026 medication administration record does not include the initials of the staff person who administered Acetaminophen 325 mg on 3/2/2026 and 3/28/2026 at 9:30 PM.

Repeat violation: 3/10/25 et al

Plan of Correction

Directed () - 05/20/2026

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 through 04/07/2026 by the DON to do a look back and trace which staff members were assigned to those residents on those shifts - the DON contacted the staff & provided re-education on 04/07/2026.

To enhance the currently compliant operations, on 04/07/2026 the DON re-educated all staff responsible for medication administration about regulation 187d and was completed on 04/23/2026.

Effective 05/18/2026 the DON will perform weekly inspections of medication administration records, through 06/18/2026 to maintain ongoing compliance with medication administration signing their initials and dating each administration they perform. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

187b Date/Time of Medication Admin. (continued)

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident 3 is prescribed weigh weekly every day shift every Tues for weekly weight monitoring; a weekly weigh in for Resident 3 was not completed on 3/31/2026.

Resident 7 is prescribed Klor Con Oral Packet 20 MEQ (Potassium Chloride), give one packet by mouth in the morning for mix with water. However, the home has been administering Potassium Chloride 20 MEQ Tablets to Resident 7.

Repeat violation: 3/10/25 et al

Plan of Correction

Directed () - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the DON to have staff weigh resident 3 and ensure the record reflects every Tuesday weights are being done. to date. For resident 7, on 04/06/2026, the DON immediately contacted the pharmacy to ensure they supply packets of Klor Con Oral 20 MEQ instead of the pill form.

To enhance the currently compliant operations, on 04/06/2026, the DON will re educated all medication administration staff on the importance of following the physician medication order properly and if the wrong form of medication is sent by pharmacy they must immediately contact the pharmacy for correction and also contact the physician to alert () of the delay. The education was completed on 04/23/2026.

Effective 05/18/2026 the DON will perform weekly audits of medication carts and orders, through 06/18/2026 to maintain ongoing compliance with regulation 187d. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

225c - Additional Assessment

16. Requirements

225c - Additional Assessment (continued)

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The most recent assessment and support plan available for Resident 1 is dated [REDACTED]. On [REDACTED] Resident 1's record includes a behavioral note indicating Resident 1 experiences hallucinations, however, the resident's assessment and support plan was not updated to reflect a service need for hallucinations and/or how this need will be met.

Resident 8's most recent assessment was completed on [REDACTED]

Plan of Correction**Directed ([REDACTED] - 05/20/2026)**

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the DON and staff assigned to ensure resident 1 and resident 8 had support plans that were up to date accordingly.

To enhance the currently compliant operations, on 04/06/2026 the support plan nurse assigned to this task will review all support plans for content and change of conditions with a completion date of 05/14/2026.

Effective 05/18/2026 the administrator will perform weekly audits of resident support plans, through 06/18/2026 to maintain ongoing compliance with regulation 225c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented ([REDACTED] - 09/09/2026)**227g -Support Plan Signatures****17. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction**Directed ([REDACTED] - 05/20/2026)**

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the administrator to obtain resident 2's signature on the support plan.

227g -Support Plan Signatures (continued)

To enhance the currently compliant operations, on 04/06/2026 the support plan nurse assigned to this task will review all support plans for signatures of all residents who were able to participate in their support plan development with a completion date of 05/14/2026.

Effective 05/18/2026 the administrator will perform weekly audits of resident support plans, through 06/18/2026 to maintain ongoing compliance with regulation 227g. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

231b - Medical Evaluation**18. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident 9 was admitted to the Secure Dementia Care Unit (SDCU) on () ; however, the resident's medical evaluation does not include the need for the resident to be served in a secured dementia care unit.

Plan of Correction

Directed () - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the administrator to obtain documentation for the medical evaluation to include the need for the resident to be served in a secured dementia care unit.

To enhance the currently compliant operations, on 04/06/2026 the support plan nurse assigned to this task will review all medical evaluations of residents in the secured dementia care units for the presence of the supporting documentation that states the need for the resident to be served in a secured dementia care unit by 05/14/2026.

Effective 05/18/2026 the administrator will perform weekly audits of resident support plans, through 06/18/2026 to maintain ongoing compliance with regulation 231b. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

231c - Preadmission Screening**19. Requirements**

231c Preadmission Screening (continued)

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 9 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, Resident 9's written cognitive preadmission screening, was completed on [REDACTED]. The screening does not include a diagnosis and does not indicate the resident has needs that require a secure unit.

Repeat violation: 3/10/25 et al

Plan of Correction

Directed [REDACTED] - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the administrator to obtain the proper documentation that resident 9 has their diagnosis documented and that the resident needs to be in a secured unit.

To enhance the currently compliant operations, on 04/06/2026 the administrator re-educated all staff involved in pre-admission screening completion to ensure they document diagnosis properly and to document the need for a secured unit if applicable - education was completed 04/07/2026.

Effective 05/18/2026 the administrator will perform weekly audits of all records of residents in the secured units, through 06/18/2026 to maintain ongoing compliance with regulation 231c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented [REDACTED] - 09/09/2026)

236 Staff Training**20. Requirements**

2600.

236. Training Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct Care Staff Person C, who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the 1/1/2025 through 12/31/2025 training year.

Plan of Correction

Directed [REDACTED] - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the DON to contact the staff person C and inform [REDACTED] must receive this mandatory annual training prior to working again - the employee attended [REDACTED] training and completed it on 04/08/2026.

236 - Staff Training (continued)

To enhance the currently compliant operations, the DON reviewed the rest of the staff person C's employee file for completion on 04/07/2026.

Effective 05/18/2026 the DON will perform weekly audits of staff education files, through 06/18/2026 to maintain ongoing compliance with annual mandatory 6 hours of dementia care and services along with 12 hours of annual training specified in 2600.65.

Compliance monitoring activities will be implemented under the supervision of the Administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Quality Monthly Meeting for further review and continuous improvement.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

251c - Standardized Forms**21. Requirements**

2600.

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

Description of Violation

Resident 8's Documentation of Medical Examination, dated 12/20/2025, was not completed on the Department's current standardized form for Personal Care Homes.

Plan of Correction

Directed () - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the administrator to educate the provider of the standard and to add amended form for resident 8.

To enhance the currently compliant operations, on 04/06/2026 the administrator reviewed the complete record of resident 8 for compliance with a completion date of 04/08/2026.

Effective 05/18/2026 the administrator will perform weekly audits of resident records, through 06/18/2026 to maintain ongoing compliance with regulation 251c. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented () - 09/09/2026)

252 - Record Content**22. Requirements**

252 - Record Content (*continued*)

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 2's record does not include hospital discharge documentation.

Plan of Correction

Directed () - 05/20/2026)

In response to the violation on 04/06/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/06/2026 by the administrator to obtain the hospital discharge documentation by contacting the sending facility.

To enhance the currently compliant operations, on 04/06/2026 the administrator educated the DON on the need for this when applicable with a completion date of 04/06/2026.

Effective 05/18/2026 the administrator will perform weekly audits of resident records, through to 06/18/2026 to maintain ongoing compliance with regulation 252 Record Content. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

252 - Record Content (continued)

Proposed Overall Completion Date: 06/18/2026

Directed Completion Date: 06/09/2026

Implemented ([REDACTED] - 09/09/2026)