

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

May 12, 2026

[REDACTED]
GAHC3 PALMYRA PA ALF TRS SUB LLC

[REDACTED]
C/O HERITAGE SENIOR LIVING
[REDACTED]

RE: TRADITIONS OF HERSHEY
100 NORTH LARKSPUR ROAD
PALMYRA, PA, 17078
LICENSE/COC#: 33260

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2026 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: *TRADITIONS OF HERSHEY* License #: *33260* License Expiration: *02/01/2027*
 Address: *100 NORTH LARKSPUR ROAD, PALMYRA, PA 17078*
 County: *LEBANON* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *GAHC3 PALMYRA PA ALF TRS SUB LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/29/2018* Issued By: *South Londonderry Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/09/2026*

Inspection Dates and Department Representative

04/09/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *36* Residents Served: *32*

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: *32*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

04/09/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2026*

04/27/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/06/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/06/2026*

Inspections / Reviews *(continued)*

05/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] from approximately 9:08 am to 9:12 am, the following medication containers were unlocked, unattended, and accessible in blue bins atop a medication cart in the library and contained resident names, names of medications prescribed to them, and medical diagnosis:

- empty blister cards with prescription labels for: Resident [REDACTED], take 1 tablet by mouth daily (take along with 40 mg equal 60 mg total) Hospice med, not on cycle; Resident [REDACTED], take 1 tablet by mouth once daily ([REDACTED] hospice med, not on cycle; and Resident [REDACTED] take one tablet by mouth daily [REDACTED]

- a tube of [REDACTED] apply 2 grams topically to bilateral knees twice daily for arthritis prescribed for Resident # [REDACTED] a tube of [REDACTED] apply topically [REDACTED] to affected area 4 times a day for chronic pain for Resident [REDACTED] and a tube of [REDACTED], apply small amount to buttocks twice a day for soreness for Resident [REDACTED]

Plan of Correction

Accepted [REDACTED] - 04/27/2026)

Immediate Action: Upon discovery on 4/9/2026, all medication containers, including empty blister cards and topical medications, were immediately secured in the medication cart and properly locked the med tech. The unattended items were removed from the public area to prevent unauthorized access on 4/9/2026 by the med tech. The staff member responsible was immediately educated on proper medication, security and confidentiality requirements 4/9/2026 by Executive Director.

Additional Corrective Action: An audit was conducted of all medication carts and storage areas on 4/15/26 by Director of Pharmacy Services to ensure no other medications or labeled containers were left unattended or unsecured. No additional concerns were identified.

Med Techs will receive re-education Executive Director by 5/1/2026 on medication management policies, including:

- Proper storage and security of medications at all times.
- Never leaving medication carts or containers unattended in common areas
- Protection of resident health information (HIPAA compliance)

By 5/1/2026, the Resident Care Director will place visual reminders on medication carts reinforcing the requirement to lock carts when unattended.

Ongoing Corrective Action:

Beginning 4/27/2026, The Resident Care Director will conduct weekly audits of medication carts and medication pass observations for 4 weeks, then monthly for 2 months thereafter. Beginning 7/1/2026, the Resident Care Director will bring audit results to be reviewed in quarterly Quality Assurance (QA) meetings to ensure ongoing compliance.

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

Implemented [REDACTED] - 05/12/2026)

183b - Meds and Syringes Locked

2. 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 [REDACTED] from approximately 9:08 am to 9:12 am, a blue plastic bin containing Resident [REDACTED]'s [REDACTED] Resident [REDACTED]'s [REDACTED] and Resident [REDACTED]'s [REDACTED] was unlocked, unattended, and accessible atop a medication cart in the library.

Plan of Correction

Accept [REDACTED] - 04/27/2026)

Immediate Corrective Action: Upon identification 4/9/2026 the medications were immediately secured inside the medication cart, and the cart was locked by the med tech. The staff member responsible was verbally counseled and re-educated on proper medication security, including the requirement that medication carts remain locked when not under direct supervision on 4/9/2026, by the Executive Director.

Additional Corrective Action: An audit of all medication carts and storage areas was conducted on 4/15/26 by Director of Pharmacy Services to ensure no other medications were left unattended or unsecured. No additional issues were identified.

By 5/1/2026 Personal Care staff will be re-educated by the Resident Care Director on medication administration policies, with emphasis on:

- o Always maintaining supervision of unlocked medication carts*
- o Ensuring carts are locked when not in direct use*
- o Prohibiting the placement of medications in unsecured containers in common areas*

By 5/1/2026, the Resident Care Director will place visual reminders on medication carts to prompt staff to lock carts when unattended.

Ongoing Corrective Action: Beginning on 4/27/2024 The Resident Care Director will conduct weekly medication cart audits and medication pass observations for 4 weeks, then monthly for 2 months.

Beginning 7/1/2026, the Resident Care Director will bring audit results to be reviewed in quarterly Quality Assurance (QA) meetings to ensure ongoing compliance.

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

Implemented [REDACTED] 05/12/2026)