

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

May 15, 2026

[REDACTED] CLINICAL DIRECTOR
HUMAN SERVICES CENTER
[REDACTED]
[REDACTED]

RE: CARITAS
2882 OLD PRINCETON ROAD
NEW CASTLE, PA, 16101
LICENSE/COC#: 44133

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/10/2026 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: *CARITAS* License #: *44133* License Expiration: *05/30/2026*
 Address: *2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101*
 County: *LAWRENCE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HUMAN SERVICES CENTER*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *R-4* Date: *07/09/2010* Issued By: *Margaret Russell, BCO*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Renewal* Exit Conference Date: *04/10/2026*

Inspection Dates and Department Representative

04/10/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *11* Residents Served: *10*

Secured Dementia Care Unit
 In Home: *No* Area: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *8*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/10/2026 Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *05/14/2026*

05/12/2026 - POC Submission
 Submitted By: [Redacted] Date Submitted: *05/15/2026*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2026*

Inspections / Reviews *(continued)*

05/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/14/2026

05/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65a FS Orientation 1st Day

1. Requirements

2600.

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.

Description of Violation

Direct care staff A, hired [REDACTED] did not receive training on the first day of work from the home in fire safety or emergency evacuation.

Plan of Correction

Accept ([REDACTED] - 05/14/2026)

The Administrator will meet with all employees on 5/22/26 and review orientation topics, including fire safety/emergency evacuation.

Effective 4/14/26, the Administrator will use a new orientation form that specifies which house gave the training, and the date the employee started in that particular facility.

Effective 4/14/26, the Administrator has established a checklist of new hire documents & trainings required to ensure all documentation is complete and in order. See attached

Licensee's Proposed Overall Completion Date: 05/29/2026

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

103f Refrigerator/Freezer Temps

3. 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 kitchen refrigerator/freezer.

Plan of Correction

Accept ([REDACTED] - 05/14/2026)

On 4/23/26 the Administrator immediately purchased and placed thermometers in both refrigerator and freezer.

On 4/27, the Administrator revised the existing inspection form to include the refrigerators and freezers have thermometers and include ensuring that thermometers for all freezers and refrigerators are in place and within required temperature range

Effective 4/28/26, the Administrator will use the new facility inspection form to ensure thermometers for all freezers and refrigerators are in place and within temperature range. See attached inspection form.

Licensee's Proposed Overall Completion Date: 05/29/2026

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

141b2 Medical Evaluation Changes

4. Requirements

2600.

141b2 - Medical Evaluation Changes (continued)

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #1's annual medical evaluation, dated [redacted] is incomplete. Section 2 – medical diagnoses indicates "see attached", however, there is no attached list. Section 6 – ability to self administer medications is blank.

Plan of Correction

Accept ([redacted]) - 05/14/2026

On 4/30/26, the Administrator listed Resident #1's diagnoses on a separate page and attached it to the DME. The medication self-administration box was appropriately marked.

Before 5/29/26, the Administrator will review all the most recent DMEs and ensure that all diagnoses are appropriately listed and all information is filled in on the DME.

A checklist was created on 5/1/26 to remind the Administrator to review the DMEs for completion.

Licensee's Proposed Overall Completion Date: 05/29/2026

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

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted]. However, the resident's medication does not have a pharmacy label indicating the frequency, route, or dose administered.

Plan of Correction

Accept ([redacted]) - 05/14/2026

This particular medication arrives in monthly dose packs. The zip bag had fallen off the packet and was in the drawer. During the inspection on 4/10/26, the staff person immediately placed the pack back into the bag. On 4/22/26, the Administrator contacted the pharmacy and requested extra labels to be attached directly to the cardboard packet after opening the foil. Extra labels were received on 4/23/26. The Administrator will meet with staff on 5/22/26 and instruct them that medications must have a label at all times.

Effective 4/28/26, the Administrator will use the new facility inspection form to perform monthly cart audits that verify all meds are labeled properly.

Licensee's Proposed Overall Completion Date: 05/29/2026

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

251c - Standardized Forms

7. Requirements

2600.

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

251c Standardized Forms (continued)

Description of Violation

Resident # [REDACTED] annual medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form.

Plan of Correction**Accept** ([REDACTED] - 05/14/2026)

The Administrator was made aware that there was a completely new DME forms at inspection 4/10/26. The Administrator is unable to fix previous forms, but effective 4/22/26 all future DMEs will be done on the current form. On 5/1/26, the Administrator developed a checklist that includes verifying the use of the most current form. Any DMEs done after 5/1/26 will be confirmed by the Administrator downloading the form direct from the PA.gov website each time.

Licensee's Proposed Overall Completion Date: 05/29/2026

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