Pennsylvania
Department of Human Services

**Sent via e-mail** [redacted]
**Sent via e-mail** [redacted]
**July 10, 2026**

[redacted]
Owner
Penstate Best Care, Inc.
[redacted]
[redacted]

RE: Haskins House
1009 Rhoads Avenue
Secane, Pennsylvania 19018
License #: 138550

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on May 29, 2026 and July 7, 2026 of the above facility, we have determined that your submitted plans of correction for the January 12, 2026 and April 13, 2026 inspections are not fully implemented. Correction of these violations in accordance with the specified plans of correction is required. Continued compliance must be maintained.

Sincerely,

[redacted]

[redacted]
[redacted]

Enclosure
Licensing Inspection Summary

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

## Facility Information

**Name**: *HASKINS HOUSE* **License #**: *13855* **License Expiration**: *07/05/2026*

**Address**: *1009 RHOADS AVENUE, SECANE, PA 19018*

**County**: *DELAWARE* **Region**: *SOUTHEAST*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *PENSTATE BEST CARE INC*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

**Type**: *C 2 LP* **Date**: *07/28/1997* **Issued By**: *COPA L & I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *27* **Waking Staff**: *20*

## Inspection Information

**Type**: *Full* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Renewal* **Exit Conference Date**: *01/12/2026*

## Inspection Dates and Department Representative

*01/12/2026 On Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *22* **Residents Served**: *21*

### Secured Dementia Care Unit

**In Home**: *No* **Area**: **Capacity**: **Residents Served**:

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *20*

**Diagnosed with Mental Illness**: *21* **Diagnosed with Intellectual Disability**: *4*

**Have Mobility Need**: *6* **Have Physical Disability**: *0*

## Inspections / Reviews

### 01/12/2026 - Full

**Lead Inspector**: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *02/06/2026*

## Inspections / Reviews *(continued)*

**02/11/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *02/06/2026*

**Reviewer:** [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *02/16/2026*

**04/24/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *02/16/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Bypass Document Submission*

**07/09/2026 Bypass Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *04/24/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Exception*

## 51 - Criminal Background Check

**1. Requirements**

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

*Staff Person A whose first day of work was [redacted], did not have a criminal background check.*

**Plan of Correction** ***Accept ([redacted] - 02/11/2026)***

*Staff person no longer employed as of [redacted] Administrator to utilize new hire check list to ensure criminal history checks are completed in accordance with compliance. Administrator audited employee files on 2/1/26. Administrator to audit employee files monthly for three months then every three months to ensure compliance. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Bypass Document Submission** ***Not Implemented ([redacted] - 05/29/2026)***

## 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 high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

**Plan of Correction** ***Accept ([redacted] - 02/11/2026)***

*Staff person no longer employed as of [redacted] Administrator to utilize new hire check list to ensure all employees have qualifications needed on file. Administrator audited employee files on 2/1/26. Administrator to audit employee files monthly for three months and then every three months to ensure compliance. Administrator to log audit on form.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Bypass Document Submission** ***Not Implemented ([redacted] - 05/29/2026)***

## 63a - First Aid/CPR Training

**3. Requirements**

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

*On 12/20/2025, from 7:00 AM to 8:00 AM, 20 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, first aid, obstructed airway techniques and CPR, or obstructed airway techniques and CPR .*

## 63a - First Aid/CPR Training (continued)

*Repeat violation: 1/23/25*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*I believe the date of 12/20/25 is incorrect since the dates of schedules given to inspector were 12/28/25 to 1/17/25. Administrator to ensure when doing schedule that there is at least one staff person on who is trained in first aid, certified in obstructed airway techniques and CPR in the home at all times. Administrator to audit employee files for trained staff on 2/1/26 and make note trained employees so can ensure when doing schedule that trained staff member present in home at all times. Administrator to monitor employee files every three months for compliance.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Bypass Document Submission** ***Not Implemented ( - 05/29/2026)***

## 65a - FS Orientation 1st Day

**4. 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.
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 A, whose first day of work was 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, or telephone use and notification of emergency services.*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*Staff person A no longer employed as of Administrator to utilize new hire checklist to ensure prior to or during first day of work employee completes orientation in evacuation procedures, fire drills, fire safety, smoking policy, telephone use and notification of emergency services. Administrator audited employee files on 2/1/26. Administrator to audit employee files monthly for three months, then every three months to ensure compliance. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Bypass Document Submission** ***Not Implemented ( - 05/29/2026)***

## 65b - Rights/Abuse 40 Hours

**5. Requirements**

## 65b Rights/Abuse 40 Hours *(continued)*

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 A completed [redacted] 40th scheduled work hour on [redacted] 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) or, reporting of reportable incidents and conditions.*

*Repeat violation: 1/23/25*

**Plan of Correction** ***Accept ([redacted] - 02/11/2026)***

*Staff person A no longer employed as of [redacted] Administrator to utilize new hire check list to ensure training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions is completed within 40th scheduled work hour. Administrator to audit employee files on 2/1/26. Administrator to audit employee files monthly for three months, then every three months. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Bypass Document Submission** ***Not Implemented ([redacted] - 05/29/2026)***

## 65d Initial Direct Care Training

**6. Requirements**

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

**Description of Violation**

*Direct care staff person A, hired on [redacted], began providing unsupervised ADL services on [redacted] However, there is not documentation in their record verifying the staff person completed and passed the Department-approved direct care training course and passed the competency test.*

**Plan of Correction** ***Accept ([redacted] - 02/11/2026)***

*Staff person A is no longer is employed as of [redacted] Administrator to utilize new hire check list to ensure staff completes direct care staff training course before providing any unsupervised ADL services. Administration audited employee files on 2/1/26. Administrator to audit employee files every month for three months, then every three months to ensure compliance. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Bypass Document Submission** ***Implemented ([redacted] - 05/29/2026)***

## 65e 12 Hours Annual Training

**7. Requirements**

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

**Description of Violation**

*Direct care staff person B received 0 hours of annual training in training year 1/1/2025 through 12/31/2025.*

**Plan of Correction** ***Do Not Accept ( - 02/11/2026)***

*Staff person B is no longer employed as of [redacted] Administrator to audit employee files to ensure have at least 12 hours of annual training relating to their job duties. Administrator audited employee files on 2/1/26. Administrator to audit employee files monthly for three months, then every three months to ensure compliance. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Update:** *02/11/2026*

*The attached form is related to new hires. What method will be used to track training for staff who require annual training?*

**Plan of Correction** ***Accept ( - 02/24/2026)***

*Staff person B is no longer employed as of [redacted] Administrator to audit employee files to ensure have at least 12 hours of annual training relating to their job duties. Administrator audited employee files on 2/1/26. Administrator to audit employee files monthly for three months, then every three months to ensure compliance. Administrator to log audits on form.*

*Administrator has a staff training plan for the year. Administrator puts a training book out monthly for staff to complete in-service. When staff have completed in-service the administrator checks the book that all staff signed log in sheet and completed the test. Administrator has a reminder on calendar to put out monthly in-service.*

**Licensee's Proposed Overall Completion Date:** *02/16/2026*

**Bypass Document Submission** ***Implemented ( - 05/29/2026)***

## 83a - Indoor Temperature

**8. Requirements**

2600.
83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

**Description of Violation**

*On 1/12/2026:*

- *at 9:56 AM, the temperature in room 11, used by Resident [redacted], was 63.5 degrees Fahrenheit.*
- *at 3:46 PM, the temperature in room 10, used by Resident [redacted] was 67.1 degrees Fahrenheit.*

*Repeat violation: 1/23/25*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*Owner accessed heating source and repaired in rooms 10 and 11 on 1/16/25. Administrator purchased a digital pocket thermometer on 2/3/26. Administrator/owner to monitor indoor temperature, in areas used by residents to ensure at least 70 degrees F. Starting on 2/4/26 administrator/owner to monitor temperature in building daily and*

## *83a - Indoor Temperature (continued)*

*sign off on log sheet and note any areas that may not be in compliance and address the issue immediately.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Bypass Document Submission** ***Not Implemented ( - 05/29/2026)***

## 85e - Trash Outside Home

**9. Requirements**

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 1/12/2025, at 9:00 AM, there were two bags of trash on the side lawn of the home.*

*Repeat violation: 1/23/25*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*Trash was put into outside receptacle on 1/12/26. Administrator to in-service staff by 2/13/26, on policy that trash be kept in covered receptacle that prevent the penetration of insects and rodents. Staff to monitor outside grounds daily to ensure trash in a covered receptacle and utilize sign off sheet starting on 2/14/26 to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** *02/13/2026*

**Bypass Document Submission** ***Implemented ( - 05/29/2026)***

## 86b - Bathroom

**10. Requirements**

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

*The bathroom on the 1st floor, across from room 6, does not have an operable window or ventilation fan. The fan is inoperable and there is no window in the bathroom.*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*On 1/12/26 the owner replaced the batteries in the ventilation fans in the first-floor bathroom. Staff/owner to be in-serviced on monitoring ventilation fans in first floor bathroom are working and in good repair 2/13/26. Staff to monitor fans daily to ensure working and in good repair and utilize sign off sheet starting on 2/14/26 to ensure compliance. I took a 2 second video of fan running however site would not allow me to upload, so have a still picture.*

**Licensee's Proposed Overall Completion Date:** *02/13/2026*

**Bypass Document Submission** ***Implemented ( - 05/29/2026)***

## 89a - Water Pressure

**11. Requirements**

## 89a - Water Pressure *(continued)*

2600.
89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

**Description of Violation**

*On 1/12/2026 at 9:15 AM, the home did not have sufficient hot water to the bathroom on the 1st floor, across from room 6.*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*Owner repaired the sink on 1/16/26. By 2/13/26 staff/owner to be in-serviced on monitoring that home has hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home. Staff/owner to monitor daily that home has hot and cold-water pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home and utilize sign off sheet starting on 2/14/26 and bring any issue found to the supervisors' attention immediately to ensure compliance,*

**Licensee's Proposed Overall Completion Date:** *02/13/2026*

**Bypass Document Submission** ***Implemented ( - 05/29/2026)***

## 127a - Portable Space Heaters

**12. Requirements**

2600.
127.a. Portable space heaters are prohibited.

**Description of Violation**

*On 1/12/2026 at 9:14 AM, a portable space heater was in use in room 5.*

*Repeat violation: 1/23/25*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*Portable space heater removed from room 5 on 1/12/26. Staff to be in-serviced by 2/13/26 regarding space heaters are prohibited in the facility and if found should be immediately removed and reported to the supervisor. Staff to monitor facility daily for portable space heaters and utilize sign off sheet starting on 2/14/26 to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** *02/13/2026*

**Bypass Document Submission** ***Implemented ( - 05/29/2026)***

## 182b - Prescription Medication

**13. Requirements**

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

## 182b - Prescription Medication *(continued)*

**Description of Violation**

*Staff Person A administered medications to residents to include the following: Divalproex Sod Dr 250 mg, Metformin Hcl 1000 mg, Atorvastatin 10 mg tablet, Brimonidine 0.2% eye drop, Magnesium Oxide 400 mg, and Risperidone 0.25 mg. Staff person A is not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home , A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. , or, a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.*

*Staff Person B administered medications to residents to include the following: Alprazolam 0.25 mg tablet, Atorvastatin 20 mg tablet, Gabapentin 300 mg Capsule, Divalproex Sod Dr 250 mg, and Metformin HCL 1000 mg tablet. Staff person B is not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home , A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. , or, a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.*

**Plan of Correction** ***Do Not Accept ([redacted] - 02/11/2026)***

*Staff person A and B are no longer employed as of [redacted] Administrator to utilize new hire check list to ensure that all required license/certifications are available and valid. Administrator audited employee files on 2/1/26. Administrator to audit employee files monthly for three months and then monthly. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Update:** *02/11/2026*

*The attached checklist does not address medication administration documentation.*

**Plan of Correction** ***Accept ([redacted] - 02/24/2026)***

*Staff person A and B are no longer employed as of [redacted] Administrator to utilize new hire check list to ensure that all required license/certifications are available and valid. Administrator audited employee files on 2/1/26. Administrator to audit employee files monthly for three months and then monthly. Administrator to log audits on form.*

*Administrator to utilize new hire check list to ensure staff has a valid LPN license or has completed a Dept approved medication administration course within past 2 years and a Dept. approved diabetes education program within the last twelve months, prior to administering medication in the facility. Administrator is currently enrolled in train the trainer course and has face to face on 3/4/26(trainer postponed original date of 2/11/26. This course is enabling the administrator to fully understand the training and documentation needed for staff administering medications. Training will also enable administrator to train current staff and keep complete records of training requirements of staff on file.*

## 182b Prescription Medication *(continued)*

**Licensee's Proposed Overall Completion Date:** *02/16/2026*

**Bypass Document Submission** ***Not Implemented ( - 05/29/2026)***

## 183b - Meds and Syringes Locked

**14. 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 1/12/2026:*

- *at 9:11 AM, nasal spray was unlocked, unattended, and accessible in room*
- *at 9:18 AM, zinc oxide was unlocked, unattended, and accessible in room*

*Repeat violation: 1/23/25*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*Administrator removed OTC meds on 1/12/26. Administrator to in service staff by 2/13/26 on policy and procedure for safe storage, access and security, distribution and use of medications. Staff to monitor rooms daily for one month and then weekly for OTC medications in resident's room and utilize sign off sheet starting on 2/14/26 to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** *02/13/2026*

**Bypass Document Submission** ***Implemented ( - 05/29/2026)***

## 183d - Prescription Current

**15. 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 1/12/2026:*

- *nasal spray belonging to Resident 4 was in the home. This medication is not listed on Resident 4's current orders.*
- *zinc oxide ointment belonging to resident 5 was in the home. This medication is not listed on Resident 5's current orders.*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*Administrator removed OTC medications on 1/12/26. Starting 2/1/26 administrator to audit Mar's once a week for one month and then monthly to ensure compliance. Administrator to utilize sign off sheet for audits.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

## 183d - Prescription Current *(continued)*

**Bypass Document Submission** ***Implemented ( [redacted] - 05/29/2026)***

## 185a - Implement Storage Procedures

**16. Requirements**

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Staff Person A documented administration of Alprazolam 0.25 mg tablet to Resident 5 on 1/3/2026 at 7:30 pm, however this medication was not signed out on the controlled medication count sheet. According to the home's medication policy "When receiving narcotics the nurse will write the resident name, drug, and amount received on the Narcotic Administration sheet. When using the narcotics the amount goes from higher to lower amount as given".*

*Repeat violation: 1/23/25*

**Plan of Correction** ***Accept ( [redacted] - 02/11/2026)***

*Administrator to in-service staff by 2/13/26 regarding policy and procedures of safe storage, access, security, distribution and use of medications and medical equipment. Administrator to in-service staff by 2/13/26 regarding use of narcotic sheet and signing out narcotics. Starting 2/1/26 administrator to monitor narcotic sheet and MAR weekly times one month, then monthly.*

**Licensee's Proposed Overall Completion Date:** *02/13/2026*

**Bypass Document Submission** ***Implemented ( [redacted] - 05/29/2026)***

## 190b - Insulin Injections

**17. Requirements**

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

*On 1/2, 1/3 and 1/4/2026 at 8:00 PM, staff person A, who has not successfully completed the Department-approved medications administration course, or successfully completed a Department-approved diabetes patient education program with in the last 12 months , administered insulin to resident 3.*

*On 1/8, and 1/9/2026 at 4:00 PM, staff person B, who has not successfully completed the Department-approved medications administration course, or successfully completed a Department-approved diabetes patient education program with in the last 12 months , administered insulin to resident 3.*

*On 1/10/2026 at 7:20 AM, 1/11/2026 at 6:48 AM, and 1/12/2026 at 6:44 AM, staff person C, who has not successfully completed the Department-approved medications administration course, or successfully completed a Department-approved diabetes patient education program with in the last 12 months , completed a blood glucose check on resident 3.*

## 190b - Insulin Injections *(continued)*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*Staff person A and B are no longer employed as of [redacted] Administrator to ensure staff has completed a Dept. approved medication administration course within past 2 years and a Dept. approved diabetes education program within the last twelve months prior to administering insulin in the facility. Administrator audited employee files on 2/1/26. Administrator to complete audit of employee file every month for three months, then every three months for compliance. Administrator to log audits on form. Staff to be in-serviced on 2/13/25 of policy that staff who has not successfully completed a Dept approved medication administration course and successfully completed a Dept. approved diabetes patient education program within the last 12 months may not perform a blood glucose check on a resident. Administrator is currently enrolled in a train the trainer course and has the face-to-face training on 2/11/26, to be able to train current staff on medication administration and diabetes education.*

**Licensee's Proposed Overall Completion Date:** *02/13/2026*

**Bypass Document Submission** ***Not Implemented ( - 05/29/2026)***

## 191 - Resident Right to Refuse

**18. Requirements**

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

*Resident 3, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.*

*Resident 4, admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.*

**Plan of Correction** ***Accept ( - 02/11/2026)***

*On 2/3/26 administrator provided education to resident 3 and 4 of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education in resident chart. Administrator to ensure at time of admission resident is educated on right to refuse. Administrator audited resident charts on 2/1/26. Administrator to audit resident charts monthly for three months, then every three months to ensure compliance. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *02/05/2026*

**Bypass Document Submission** ***Not Implemented ( - 05/29/2026)***

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

## Facility Information

**Name**: *HASKINS HOUSE* **License #**: *13855* **License Expiration**: *07/05/2026*

**Address**: *1009 RHOADS AVENUE, SECANE, PA 19018*

**County**: *DELAWARE* **Region**: *SOUTHEAST*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *PENSTATE BEST CARE INC*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

**Type**: *C 2 LP* **Date**: *07/28/1997* **Issued By**: *COPA L & I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *24* **Waking Staff**: *18*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Monitoring* **Exit Conference Date**: *04/13/2026*

## Inspection Dates and Department Representative

*04/13/2026 On Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *22* **Residents Served**: *20*

### Secured Dementia Care Unit

**In Home**: *No* **Area**: **Capacity**: **Residents Served**:

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *19*

**Diagnosed with Mental Illness**: *18* **Diagnosed with Intellectual Disability**: *3*

**Have Mobility Need**: *4* **Have Physical Disability**: *0*

## Inspections / Reviews

### 04/13/2026 - Partial

**Lead Inspector**: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/04/2026*

## Inspections / Reviews *(continued)*

**05/05/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/04/2026*

**Reviewer:** [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/10/2026*

**05/08/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/07/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/19/2026*

**07/09/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/28/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Exception*

## 51 - Criminal Background Check

**1. Requirements**

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

*Staff Member A whose first day of work was [redacted] had a criminal background check completed [redacted]*

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

*I disagree with this violation. Staff member A is an agency employee. When request paperwork from agency we receive said document that the employer obtains. On 5/1/26 another criminal background check was completed. Administrator audited employee files on 5/1/26. Administrator to audit employee files monthly for three months, then every three months to ensure compliance. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *05/04/2026*

**Evidence of Completion** ***Implemented ([redacted] - 07/09/2026)***

*n/a*

## 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 B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

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

*Staff person B high school diploma was given to state rep. on 4/13/26. Administrator to audit employee files on 5/1/26. Administrator to audit employee files monthly for three months then every three months to ensure compliance. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *05/04/2026*

**Evidence of Completion** ***Implemented ([redacted] - 07/09/2026)***

*n/a*

## 63a - First Aid/CPR Training

**3. Requirements**

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

*On 4/6/26, from 7:00 A.M. to 8:00 A.M., 20 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.*

## *63a - First Aid/CPR Training (continued)*

*On 4/11/26, from 7:00 A.M. to 7:30 A.M., 20 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.*

*Repeat Violation: 1/23/25*

**Plan of Correction** ***Accept ( - 05/05/2026)***

*Starting on 4/17/26 the administrator to arrange the following week employment schedule to ensure that there is trained staff in first aid and certified in obstructive airway tech and CPR at all times. Administrator to review employee schedule weekly before posting to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** *05/04/2026*

**Evidence of Completion** ***Implemented ( - 07/09/2026)***

*n/a*

## 65a - FS Orientation 1st Day

**4. 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.
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 A, whose first day of work was 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, telephone use and notification of emergency services.*

**Plan of Correction** ***Accept ( - 05/05/2026)***

*I can't really disagree with this violation since I wrote wrong year by error on new hire paperwork. Employee started as an agency employee on and completed in-service on however I wrote by mistake. Administrator to apply correct dates to new hire form and have employee sign off on, when employee may return to facility for a shift. Administrator to complete and review new hire paperwork to ensure accurate. Administrator to audit files on 5/1/26. Administrator to audit files monthly, then every three months for compliance.*

**Licensee's Proposed Overall Completion Date:** *05/04/2026*

**Evidence of Completion** ***Implemented ( - 07/09/2026)***

*n/a*

## 65b - Rights/Abuse 40 Hours

**5. 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 A completed [redacted] 40th scheduled work hour on [redacted] 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), reporting of reportable incidents and conditions.*

*Repeat Violation: 1/23/25*

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

*I disagree with this violation because employee A had only worked 24 hours since hire date of [redacted] Administrator to obtain mandatory in-service required when agency employee is needed and in building to work. Starting 5/1/26 administrator to have any and all agency employees complete all in-services at time of first shift in building. Starting 5/1/26 administrator to audit employee files monthly and then every three months to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** *05/04/2026*

**Update:** *05/05/2026*

*Please provide documentation of the hours staff person A worked from [redacted]*

**Evidence of Completion** ***Implemented ([redacted] - 07/09/2026)***

*n/a*

## 102h - Toilet Paper

**6. Requirements**

2600.
102.h. Toilet paper shall be provided for every toilet.

**Description of Violation**

*On 4/13/26 at 9:23 A.M., there was no toilet paper for the toilet in the bathroom in the first floor common bathroom.*

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

*Direct care staff immediately installed toilet tissue in the first-floor bathroom on 4/13/26. The administrator in serviced owner and direct care staff for need to ensure that soap, toilet tissue and paper towels are available at all times, during each shift. Direct care staff will monitor bathrooms through shift to ensure toilet tissue is available. Starting on 5/1/26 direct care staff to utilize audit sheet to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** *05/04/2026*

**Evidence of Completion** ***Implemented ([redacted] - 07/09/2026)***

*n/a*

## 182b - Prescription Medication

**7. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*On 4/2/26, 4/3/26, 4/8/26, 4/9/26, and 4/10/26 at 8:00 P.M. staff person C administered medications to residents to include the following; Clonazepam and Clotrimazole Cream. Staff person C is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies, A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. , a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home , a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.*

**Plan of Correction** ***Do Not Accept ([redacted] - 05/05/2026)***

*I disagree with this violation. Staff member C has all credentials to pass medication. Was informed by state rep that I needed to obtain the trainer who entered grades certification. I attended a seminar for med administrator trainers, and I asked the question If I had to obtain the med tech's trainer qualifications and was told that I did not, and if it was needed the state can obtain. (I did try to obtain but to no avail.) Administrator to audit employee files on 5/1/26. Administrator to monitor employee files monthly, then every three months to ensure compliance.*

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

**Update:** *05/05/2026*

*The attached documents do not demonstrate the staff person is qualified to administer medications.*

*Please indicate the immediate action taken to correct the violation.*

**Plan of Correction** ***Directed ([redacted] - 05/08/2026)***

*Sorry I thought i sent attachments. I disagree with this violation. Staff member C has all credentials to pass medication. Was informed by state rep that I needed to obtain the trainer who entered grades certification. I attended a seminar for med administrator trainers, and I asked the question If I had to obtain the med tech's trainer qualifications and was told that I did not, and if it was needed the state can obtain. (I did try to obtain but to no avail.) Administrator to audit employee files on 5/1/26. Administrator to monitor employee files monthly, then every three months to ensure compliance.*

***Proposed Overall Completion Date: 05/07/2026***

***Directed step of POC:***

## 182b Prescription Medication (continued)

***In additional to the abovementioned POC:***

***Immediately:*** *Staff member C shall not administer medications*

***Within 10 days of the receipt of the plan of correction the following shall occur:***
*1. The home shall obtain documentation from the mediation administration trainer that confirms training certification is active.*
*2. If the trainer is not an employee of the home, there must be a contract in place between this home and the home the trainer is employed. The home is not permitted to enter into medication administration training contracts with trainers alone.*
*3. If the requirements under 1 and 2 cannot be met, staff member C shall not administer medications again until medication administration training has been completed by a qualified trainer.*

*The home shall maintain documentation for all components related to staff member C's medication administration training. Documentation of the staff member C's training, the trainer's qualifications, and the contract between homes, if applicable shall be kept for review by the Department.*

**Directed Completion Date:** *05/17/2026*

**Evidence of Completion** ***Not Implemented ([redacted] - 05/29/2026)***

*I apologize for the delay. I was going back and forth with emails to ODP help desk and finally received a call back; I was informed that they do not verify trainers qualifications, however they did inform me that staff C is certified to pass medications. The help desk also sent an email of policy to follow. Administrator has staff C User report and annual practicum. On 5/11/16 administrator implemented policy for new employees, and agency contracted employees who have successfully completed department approved Medication Admin. Training Course while employed in another setting. On 5/11/26 administrator/Certified Trainer reviewed medication policy and procedures with staff C. On 5/11/26 Trainer had staff C complete four medication administration observation's and four record reviews. On 5/11/26 Trainer monitored and documented staff C administration of non-oral medications. Administrator shall keep records of employee training and continue ongoing monitoring of unlicensed medication administrators that administer medications is accomplished through the annual practicum consisting of 2 medication record reviews and 2 medication administration observations spread across the year. The home shall maintain documentation for all components related to staff member C' s medication administration training, the trainer's qualifications, and the contract between homes, if applicable shall be kept for review by the Department.*

## 191 Resident Right to Refuse

**8. Requirements**

2600.
191. Resident Education The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

*Resident # 1, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.*

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

*Administrator educated and had form signed on 4/13/26 and gave to state rep. Documentation of resident education is in resident chart. Administrator to ensure at time of admission resident is educated on right to refuse.*

*191 - Resident Right to Refuse (continued)*

*Administrator audited resident files on 5/1/26. Starting administrator to audit resident charts monthly for three months, then every three months. Administrator to log audits on form.*

**Licensee's Proposed Overall Completion Date:** *05/04/2026*

**Evidence of Completion** ***Implemented ( - 07/09/2026)***

*n/a*