

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

May 5, 2026

[REDACTED], ADMINISTRATOR  
SHIRLEY HOME FOR THE AGED INC  
17050 COUNTRY VIEW LANE  
SHIRLEYSBURG, PA, 17260

RE: SHIRLEY HOME FOR THE AGED  
17050 COUNTRY VIEW LANE  
SHIRLEYSBURG, PA, 17260  
LICENSE/COC#: 34397

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2026 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: SHIRLEY HOME FOR THE AGED License #: 34397 License Expiration: 12/12/2026  
 Address: 17050 COUNTRY VIEW LANE, SHIRLEYSBURG, PA 17260  
 County: HUNTINGDON Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: SHIRLEY HOME FOR THE AGED INC  
 Address: 17050 COUNTRY VIEW LANE, SHIRLEYSBURG, PA, 17260  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/02/2001 Issued By: Department of Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 04/23/2026

**Inspection Dates and Department Representative**

04/23/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 42 Residents Served: 28

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

Hospice  
 Current Residents: 1

Number of Residents Who:  
 Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 26  
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

04/23/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/07/2026

04/30/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/05/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/08/2026

Inspections / Reviews *(continued)*

05/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Video cameras were installed on the inside of the home, monitoring the interior hallways where resident rooms and common bathrooms are located.

Plan of Correction

Accept ( [redacted] - 04/30/2026)

All interior cameras located in the interior hallways and common bathroom were removed prior to the state inspection.

The facility will implement a surveillance and monitoring policy explicitly prohibiting cameras in any area where residents have a reasonable expectation of privacy, including hallways adjacent from bedrooms and any near bathing/toileting facilities.

Responsible Person: Administrator

Completion Date: Within 7 days

All staff will receive mandatory training on: Resident Privacy Rights, DHS Regulations regarding privacy, The updated Surveillance and Monitoring Policy and procedures for reporting privacy violations. Training will be documented with sign-in sheets and kept in training binder.

Responsible Person: Administrator

Completion Date: Within 14 days,

A quarterly audit will be added to the facility's quality assurance program. This audit will verify that no cameras or recording devices are installed in prohibited areas. Audit process will be implemented within 30 days. The administrator will review the quarterly audits and address any finding immediately. Audit results will be presented during QA meetings and maintained for DHS review.

Responsible Person: Administrator

Licensee's Proposed Overall Completion Date: 05/30/2026

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

63a - First Aid/CPR Training

2. 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 the following days there were 28 residents in the home, however, the following dates and times no staff were present and working in the home who were certified in CPR/First Aid:

- On 4/5/26 from 2:00PM to 10:00PM
- On 4/6/26 from 5:00PM to 10:00PM

63a - First Aid/CPR Training (continued)

- On 4/8/26 from 5:00PM to 10:00PM
- On 4/9/26 from 2:00PM to 10:00PM
- On 4/11/26 from 6:00PM to 10:00PM
- On 4/12/26 from 6:00PM to 10:00PM

Plan of Correction

Accept ( ) - 04/30/2026

Upon identification of the deficiency, schedule was rearranged to ensure one person was on duty at all times for each shift. Staff identified received required training on 4/30/2026 and proof of completion will be sent to the dept when available.

Beginning 5/3/2026, The administrator will audit schedules biweekly prior to posting for the next 5 months to ensure that every shift includes a staff member trained in CPR and First Aid. These audits will be documented and incorporated into the home's quality assurance plan.

Licensee's Proposed Overall Completion Date: 05/03/2026

Implemented ( ) - 05/05/2026

183d - Prescription Current

3. 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 4/23/26, at 1:12PM, Resident #1's NovoLOG INJ Flexpen which expired on 3/17/26, was observed and present in the medication cart.

On 4/23/26, at 1:13PM, Resident #1's Basaglar 100 Unit Kwipen which expired on 4/14/26 was observed and present in the medication cart.

Plan of Correction

Accept ( ) - 04/30/2026

All expired insulin pens identified were immediately removed and discarded for facility medication disposal policy. Current, in-date pens were obtained and placed in the medication storage area for resident use.

On 5/4/2026, staff responsible for medication administration will be re-educated on checking expiration dates during each medication pass.

A medication expiration log will be implemented. Beginning 5/5/2026, staff will check expiration dates on insulin pens and initial daily.

The administrator will audit logs monthly for 6 months to ensure compliance is maintained. These audits will be incorporated in the facility's quality assurance plan.

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

183d Prescription Current (continued)

Implemented ( ) - 05/05/2026

225c Additional Assessment

4. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #2's most recent medical evaluation, dated ( ), indicates that the resident can self-administer some medications but not others. Resident #2 is self-administering the following medication:

- Betameth Val .1% - apply topically to affected area(s) twice daily as need
- Zeasorb Pow 2% - apply topically to feet twice daily as needed for athletes' foot

Resident's #2's most recent assessment, dated ( ) does not indicate that the resident is self-administering these medications.

Plan of Correction

Accept ( ) - 04/30/2026

Residents' assessment and support plan were immediately updated to reflect that the resident is self-administering these specific topical medications. Staff were notified of the updated assessment to ensure consistency in care and in documentation.

On 5/4/2026, Staff training will be provided on self-administering medications and requirement to document each medication the resident self-administers.

Beginning 5/6/2026, The administrator will review 3 care plans a month x 6 months to ensure compliance is maintained. Audits will be incorporated into the facility's annual quality assurance plan.

Licensee's Proposed Overall Completion Date: 05/06/2026

Implemented ( ) - 05/05/2026