

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

June 12, 2026

[REDACTED]  
THE ALLIANCE HOME OF CARLISLE, PA, INC.  
[REDACTED]

RE: CHAPEL POINTE AT CARLISLE  
770 SOUTH HANOVER STREET  
CARLISLE, PA, 17013  
LICENSE/COC#: 34337

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2026 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: CHAPEL POINTE AT CARLISLE License #: 34337 License Expiration: 06/03/2026  
 Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013  
 County: CUMBERLAND Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: THE ALLIANCE HOME OF CARLISLE, PA, INC.  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 09/11/2014 Issued By: Borough of Carlisle

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 04/30/2026

**Inspection Dates and Department Representative**

04/30/2026 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 61 Residents Served: 46

**Secured Dementia Care Unit**  
 In Home: Yes Area: Garden View Capacity: 12 Residents Served: 11

**Hospice**  
 Current Residents: 0

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 11 Have Physical Disability: 0

**Inspections / Reviews**

04/30/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/29/2026

05/27/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/12/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/03/2026

Inspections / Reviews *(continued)*

05/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/12/2026

06/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at 6:16 AM, Staff Member A reported that they heard Staff Member B yelling and using a hot hand towel while providing care to Resident [redacted]. This incident was reported to Staff Member C, the Administrator, on [redacted] at 6:16 AM. However, this allegation of abuse was not reported to the Local Area Agency on Aging until [redacted].

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] 05/29/2026

Personal Care Staff will be educated by the administrator, or licensed designee, by June 3, 2026 on reporting allegations of suspected abuse in a timely manner with accurate and complete information. Staff will report immediately to an immediate supervisor by using the new STAFF REPORTING ALLEGATIONS OF SUSPECTED ABUSE Form (attached) starting on June 3, 2026 to ensure that the Office of Aging Protective Services is able to be contacted with timely, accurate and complete information. Beginning on June 3, 2026, licensed staff, administrator and administrator's licensed designee will start using the STAFF REPORTING ALLEGATIONS OF SUSPECTED ABUSE \*Monitoring Log and the STAFF REPORTING ALLEGATIONS OF SUSPECTED ABUSE Daily Audit Form. A copy of the staff educations, Staff Reporting Allegations of Suspected Abuse Form, Staff Reporting Allegations of Suspected Abuse Monitoring Log and Staff Reporting Allegations of Abuse Daily Audit Form are attached.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented [redacted] - 06/12/2026

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at 6:16 AM, Staff Member A reported that they heard Staff Member B yelling and using a hot hand towel while providing care to Resident [redacted]. This incident was reported to Staff Member C, the Administrator, on [redacted] at 6:16 AM. However, this incident was not reported to the Department until [redacted].

Repeated Violation - [redacted]

Plan of Correction

Accept [redacted] - 05/29/2026

Personal Care Staff will be educated by the administrator, or licensed designee, by June 3, 2026 on reporting allegations of suspected abuse in a timely manner with accurate and complete information. Staff will report immediately to an immediate supervisor by using the new STAFF REPORTING ALLEGATIONS OF SUSPECTED ABUSE Form (attached) starting on June 3, 2026 to ensure that the Department of Human Services is able to be contacted with timely, accurate and complete information. Beginning on June 3, 2026, licensed staff, administrator and administrator's licensed designee will start using the STAFF REPORTING ALLEGATIONS OF SUSPECTED ABUSE

16c Written Incident Report (continued)

\*Monitoring Log and the STAFF REPORTING ALLEGATIONS OF SUSPECTED ABUSE Daily Audit Form. A copy of the staff educations, Staff Reporting Allegations of Suspected Abuse Form, Staff Reporting Allegations of Suspected Abuse Monitoring Log and Staff Reporting Allegations of Abuse Daily Audit Form are attached.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented [redacted] - 06/12/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] with orders to take 2 tables by mouth twice a day for [redacted]. The scheduled time the medication to be administerd is 8:00 AM. However, the medication was administered as follows: [redacted] at 9:51 AM, [redacted] at 9:57 AM, [redacted] a 10:08 AM, [redacted] 10:03 AM and [redacted] at 9:34 AM

Resident [redacted] is prescribed [redacted] with orders to take 1 tablet by once a day for [redacted]. The scheduled time for the medication to be administered is 8:00 AM. However, the medication was administered as follows: [redacted] at 9:51 AM, [redacted] at 9:57 AM, [redacted] at 10:08 AM, [redacted] at 10:03 AM and [redacted] at 9:34 AM

Resident [redacted] is prescribed [redacted] tablet with orders to take 1 tablet by mouth daily for [redacted]. The scheduled time for the medication to be administered is 8:00 AM. However, the medication was administered as follows: [redacted] at 9:51 AM, [redacted] at 9:57 AM, [redacted] a 10:08 AM, [redacted] 10:03 AM and [redacted] at 9:34 AM.

Plan of Correction

Accept [redacted] - 05/27/2026)

On 5/20/26 Resident [redacted] medications scheduled for 8:00am were changed to 9:15am to accommodate the occasions of resident sleeping later (order change attached). Licensed staff and med techs will be educated by the administrator, or licensed designee, by June 3, 2026 on the importance and regulatory requirement that all resident medications must be given within the required medication administration time window which is up to one hour before or one hour after the ordered time. This includes all residents who reside in personal care to include the secured dementia unit. Starting June 3, 2026, Medication administration will be audited weekly for late administrations using the Medication Administration Compliance Weekly Audit of Late Administration Log. A copy of the resident's changed order sheet, staff education and Medication Administration Compliance Weekly Audit of Late Administration Log are attached.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented [redacted] - 06/12/2026)

225a - Assessment 15 Days

4. Requirements

225a - Assessment 15 Days (continued)

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident [redacted] utilizes a walker. However, Resident [redacted] initial assessment, dated [redacted], does not include the use of the walker.

Repeated Violation - [redacted]

**Plan of Correction**

Accept [redacted] - 05/27/2026)

On May 19, 2026, Resident [redacted] Resident Assessment and Support Plan was updated to reflect in Part III, Section 1: Personal Care Needs, Supervision, Mobility, and Medications, Ambulating, that [redacted] uses a walker for ambulation. Resident uses [redacted] walker independently and does not require any prompting, cueing or assistance with [redacted] device. On May 20, 2026 All RASPs of those residents who use walkers were audited by licensed nursing staff to ensure it is noted on their RASP (audit attached). Licensed staff will be educated by the administrator, or licensed designee, by June 3, 2026 that the resident assessment and support plan Ambulating section of the RASP must include the use of a walker noted in the Description of Need box. Starting June 3, 2026 licensed staff will begin using the RASP Proofreading Worksheet for Part III - Section 1 – Ambulating – Use of Walker. A copy of Resident [redacted]s updated RASP, the current resident with walkers RASP completed audit form, staff education and new audit log are attached.

Licensee's Proposed Overall Completion Date: 06/03/2026

Implemented [redacted] 06/12/2026)