

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

June 9, 2026

[REDACTED]
CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA
[REDACTED]

RE: CARELINK COMMUNITY SUPPORT
SERVICES-TORREY HOUSE
3520 DARBY ROAD
HAVERFORD, PA, 19041
LICENSE/COC#: 10007

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/05/2026 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: CARELINK COMMUNITY SUPPORT SERVICES-TORREY HOUSE **License #:** 10007 **License Expiration:** 08/08/2026

Address: 3520 DARBY ROAD, HAVERFORD, PA 19041

County: DELAWARE **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 03/03/1986 **Issued By:** CWOPA

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 14 **Waking Staff:** 11

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 05/05/2026

Inspection Dates and Department Representative

05/05/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 17 **Residents Served:** 14

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 14 **Are 60 Years of Age or Older:** 8

Diagnosed with Mental Illness: 14 **Diagnosed with Intellectual Disability:** 0

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

Inspections / Reviews

05/05/2026 Partial

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

05/28/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/09/2026

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/02/2026

Inspections / Reviews (*continued*)

06/04/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/09/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 06/10/2026

06/09/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 06/09/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

54a - Direct Care Staff

1. 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] - 06/04/2026)

Staff person A has an education equivalency document, but does not have a waiver from DHS. A waiver was applied for on 5/5/26. Attached is the application as well as the letter drafted for the people served. Staff person A has been removed from all direct care responsibilities including ADL/IADL duties until, and if, the waiver of 55 PA Code 2600.54(a) is granted for the employee. Attached is a letter presented to the employee from our Human Resources department. Moving forward, any employees whose credentials require verification through WES and who are candidates for employment at Torrey House, will not be able to begin employment in a DSP role until the Request for Waiver of Regulation as applies to the educational requirements is granted by DHS. Upon the employee's acceptance offer for employment, Human Resources will ascertain if their educational credentials require the application of the waiver. This will be added to both the Program Administrator's employee onboarding checklist as well as the Human Resources on-boarding checklist for CareLink's Torrey House location. This mutual oversight will result in an added layer of checks and balances to mitigate the occurrence of this situation in the future. The Program Administrator will complete a full audit of all employee's records by 6/5/26 to ensure there are no other employees out of compliance with this regulation.

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

Implemented ([REDACTED] - 06/09/2026)

65a - FS Orientation 1st Day

2. 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 [REDACTED], did not receive orientation on the following topics until [REDACTED]

65a - FS Orientation 1st Day (continued)

- 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 service

Plan of Correction

Directed (████ - 06/04/2026)

The Program Administrator will ensure that all staff persons hired will receive their day 1 training checklist in its entirety prior to any on-site orientation paperwork that is required. This will be documented on the Day 1 training checklist. This checklist is already in use and will continue to be used for all new hires to the program site. A copy of the checklist is also attached. An audit was conducted of all current staff to ensure the requirements have been met and are present in the employee's record.

Proposed Overall Completion Date: 06/02/2026

Directed Plan of Correction (6/4/2026 - █████)

Beginning within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall audit all current employee records for the requirements of 65a.

Beginning within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall perform an audit of employee orientation completion prior to the employee's first day of employment.

Directed Completion Date: 06/10/2026

Implemented (████ - 06/09/2026)