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

July 16, 2026

[redacted]
JAI JALARAM CARE LP
[redacted]

RE: FAITHFUL LIVING
2015 NORTH READING ROAD
DENVER, PA, 17517
LICENSE/COC#: 32258

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/14/2026 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: *FAITHFUL LIVING* **License #**: *32258* **License Expiration**: *03/21/2027*

Address: *2015 NORTH READING ROAD, DENVER, PA 17517*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *JAI JALARAM CARE LP*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *01/03/1985* **Issued By**: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *84* **Waking Staff**: *63*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *05/14/2026*

Inspection Dates and Department Representative

05/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *71*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *6* **Are 60 Years of Age or Older**: *67*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *13* **Have Physical Disability**: *2*

Inspections / Reviews

05/14/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/13/2026*

06/15/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/15/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/19/2026*

Inspections / Reviews *(continued)*

06/15/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/15/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/15/2026*

07/16/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/15/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

141a - Medical Evaluation

1. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for Resident [redacted], dated [redacted], was not completed within 60 days prior to admission or within 30 days after admission of the resident; Resident [redacted] was admitted to the home on [redacted].

The medical evaluation for Resident [redacted] dated [redacted], did not include the resident's diagnoses.

Plan of Correction ***Accept[redacted] - 06/15/2026)***

1. Resident [redacted] is deceased and is no longer residing in the home; therefore, resident-specific corrections cannot be implemented for this individual.
2. PCHA will provide education to all admissions team members by 6/19.
3. PCHA and Wellness Director will conduct a review of all current resident records to identify any similar concerns involving medical evaluations. This will be completed by 7/15.
4. Beginning 6/15, PCHA or Wellness Director will review all new resident DMEs within 5 business days to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/15/2026*

Implemented[redacted] - 07/16/2026)

141b1 - Annual Medical Evaluation

2. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident[redacted] medical evaluation, completed on [redacted] did not include the resident's cognitive functioning nor medical information pertinent to diagnoses and treatment; this section was left blank.

Plan of Correction ***Accept[redacted] 06/15/2026)***

1. Resident [redacted] is deceased and is no longer residing in the home; therefore, resident-specific corrections cannot be implemented for this individual. The DME asks that medical information pertinent to diagnoses and treatment be listed "if applicable". The doctor left it blank implies [redacted] did not have anything applicable.
2. PCHA will provide education to all care planning team members by 6/19.
3. PCHA and Wellness Director will conduct a review of all current resident DMEs to identify any similar concerns involving medical evaluations. This will be completed by 7/15.
4. Beginning 6/15, PCHA or Wellness Director will review all annual DMEs within 5 business days of completion to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *07/15/2026*

Implemented[redacted] - 07/16/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted], Resident [redacted] was ordered compression stockings to be applied daily in the morning and taken off in the evening before bed. On [redacted] at approximately 10:25 AM and again at 1:25 PM, the resident was not wearing compression stockings. As per staff, the resident requires staff assistance to apply them.

Plan of Correction ***Accept ([redacted] - 06/12/2026)***

1. Resident [redacted] was under the care of hospice with a diagnosis of CHF. [redacted] legs were filling up with fluid and were weeping; staff could not apply the stockings, and hospice prescriber was aware. During this time, they were making medication changes in hopes of addressing the edema.
2. Med Tech staff will be educated on obtaining "hold orders" from the prescriber by the PCHA by 6/19.
3. PCHA and Director of Wellness will audit TARs weekly for 2 weeks beginning 6/15 and ending 6/29 to ensure any needed hold orders are in place.

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented [redacted] - 07/16/2026)

225a - Assessment 15 Days

4. Requirements

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] was admitted on [redacted] however, the resident's initial assessment was completed on [redacted]

Plan of Correction ***Accept [redacted] - 06/15/2026)***

1. Resident [redacted] moved into the home on 6/6. The date of 5/12/25 was entered in error. The correct date should have been 6/7/25. The RASP was corrected by the PCHA on 6/12 by the PCHA.
2. PCHA will provide education to all care planning team members by 6/19.
3. PCHA and Wellness Director will conduct a review of all initial and current resident RASPs to identify any similar errors involving dates. This will be completed by 7/15.
4. Beginning 6/15, PCHA or Wellness Director will review all new and annual resident RASPs for errors within 5 business days of their completion.

Licensee's Proposed Overall Completion Date: *07/15/2026*

Implemented [redacted] - 07/16/2026)

225c - Additional Assessment

5. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment *(continued)*

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [redacted], the physician indicated the need for Resident [redacted] to have 02 when short of breath. A hospital discharge summary dated [redacted] indicated the need to continue oxygen gas, inhale continuously. However, Resident [redacted]s assessment, dated [redacted], did not include the resident's need for continuous oxygen inhalation nor staff reminders to apply [redacted] oxygen.

On [redacted], Resident [redacted] ability to evacuate in an emergency was changed from minimal (Mobile) to Moderate (Immobile) per the resident's medical evaluation. However, the resident's assessment, dated [redacted], indicated the resident's mobility is Minimal (Mobile). Resident [redacted]'s assessment was not updated to reflect the resident's change in need.

Resident [redacted] assessment, dated [redacted], indicated the resident is on hospice and does not need to participate in fire drills. However, the resident does participate in the evacuation during fire drills in the home.

Plan of Correction ***Accept[redacted] - 06/15/2026)***

1. Resident [redacted] is deceased and is no longer residing in the home; therefore, resident-specific corrections cannot be implemented for this individual. While the PCP indicated "Immobile" on the DME, the resident was actually "Mobile" as of the date of the assessment.
2. PCHA will provide education to all care planning team members by 6/19.
3. PCHA and Wellness Director will conduct a review the RASPs of all current residents using oxygen to ensure oxygen is specified. Review all residents RASPs of residents on hospice to identify any similar discrepancies with mobility needs and evacuation status. This will be completed by 7/15.
4. Beginning 6/15, PCHA or Wellness Director will review all annual resident RASPs for O2 use or discrepancies within 5 business days of their completion.
5. Beginning 6/15, weekly care team meetings will include PCHA or Wellness Director adding a calendar due date of any significant change on the Wellness Supervisors calendar.

Licensee's Proposed Overall Completion Date: *07/15/2026*

Implemented [redacted] - 07/16/2026)

227e - Self Administer Medication

6. Requirements

2600.
227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident [redacted] assessment and support plan, dated [redacted], indicated that the resident can self-administer medication without assistance, the resident can self-administer with assistance in remembering schedule, assistance in offering meds at prescribed times and also that the resident cannot self-administer medications.

227e - Self Administer Medication (continued)

Plan of Correction ***Accept [redacted] - 06/15/2026)***

1. Resident [redacted] is deceased and is no longer residing in the home; therefore, resident-specific corrections cannot be implemented for this individual. Both "self-administer" and "assistance to administer" were both checked, because the residents ability to self-administer without assistance was fluid depending on [redacted] changing condition. Per hospice, [redacted] was able to self-administer. However, [redacted] did need assistance at times.
2. PCHA will provide education to all care planning team members by 6/19.
3. PCHA and Wellness Director will conduct a review the RASPs of all current residents who self administer medications to ensure there is more explicit detail noted. This will be completed by 7/15.
4. Beginning 6/15, PCHA or Wellness Director will review all annual resident RASPs for clarity with regard to self administration of medication within 5 business days after it completion.

Licensee's Proposed Overall Completion Date: *07/15/2026*

Implemented [redacted] - 07/16/2026)