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

August 10, 2026

[redacted], OWNER/ADMINISTRATOR
HORIZON PERSONAL CARE HOME INC
9 SOUTH MORGANTOWN STREET
FAIRCHANCE, PA, 15436

RE: HORIZON PERSONAL CARE HOME, INC.
9 SOUTH MORGANTOWN STREET
FAIRCHANCE, PA, 15436
LICENSE/COC#: 41383

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2026 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: *HORIZON PERSONAL CARE HOME, INC.* **License #**: *41383* **License Expiration**: *05/28/2026*

Address: *9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436*

County: *FAYETTE* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *HORIZON PERSONAL CARE HOME INC*

Address: *9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA, 15436*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *10/10/2000* **Issued By**: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *17* **Waking Staff**: *13*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *05/28/2026*

Inspection Dates and Department Representative

05/28/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* **Residents Served**: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *12*

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

Have Mobility Need: *5* **Have Physical Disability**: *0*

Inspections / Reviews

05/28/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/10/2026*

06/18/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/08/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/25/2026*

Inspections / Reviews *(continued)*

07/06/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/08/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/01/2026*

08/10/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/08/2026*

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's current license inspection summary, dated 4/22/25, is not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept (- 07/06/2026)***

The current inspection summary was located and posted in the dining area by [redacted] administrator. All Employees will be educated by [redacted] by 7/5/2026 and documentation will be kept. Monthly checks will be done by [redacted] to ensure compliance starting 6/28/2026. The Quality review meeting will be held on 7/1/2026. It will address all items in regulation 2600.3.c. It will be completed by 7/5/2026. Documentation of meeting will be kept.

Licensee's Proposed Overall Completion Date: *07/05/2026*

Implemented (- 08/10/2026)

18 - Compliance With Laws

2. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 9/23/16, requires the date of battery installation be present on the battery of all battery-operated carbon monoxide detectors and that batteries must be changed at least annually; however, the date of battery installation on the battery-operated carbon monoxide detector located in the basement was dated 4/28/25.

Plan of Correction ***Accept (- 07/06/2026)***

The battery was replaced immediately on 5/28/2026 by [redacted] administrator and dated 5/28/2026. Checks will be completed yearly by [redacted] to ensure compliance starting 6/28/2026. Quality review meeting will be held on 7/1/2026. It will address all items in regulation 2600.18. documentation of meeting will be kept.

Licensee's Proposed Overall Completion Date: *07/05/2026*

Implemented (- 08/10/2026)

64c - Annual Training

3. Requirements

2600.
64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

64c Annual Training *(continued)*

Description of Violation

[redacted] *the home's administrator, only received 6 hours of annual training during the 2025 training year.*

Plan of Correction ***Directed ([redacted] - 07/06/2026)***

The administrator, [redacted] will complete 42 hours during the calendar year dated 1/1/2026 12/31/2026. The training will include CEU'S For Asthma, The Hematologic System, Al in Health Care, Pain Management, Psychiatric treatment in older adults, Caring for the geriatric patient, geriatric polypharmacy, Alzheimer's Disease and dementia. Yearly checks will be completed by [redacted] by 12/31/2026. Administrator currently has 30 hours completed. 12 addition hours are scheduled for completion by 8/1/2026.

DIRECTED: Beginning on 8/1/26: The administrator shall review their training records at least quarterly to ensure compliance with 2600.64c. [redacted] 7/6/26

Proposed Overall Completion Date: 08/01/2026

Directed Completion Date: *08/01/2026*

Implemented ([redacted] - 08/10/2026)

65b - Rights/Abuse 40 Hours

4. 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:
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Direct care staff person B, hired on 3/15/26, did not receive orientation on mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

Direct care person B hired on 3/15/26 completed [redacted] abuse training on 5/28/2026. Training provided by [redacted] Documentation will be kept. New hire check list will be utilized to ensure compliance of 2600.65.b. by 7/5/2026. Administrator [redacted] will do monthly checks of all employee records to ensure compliance. Audits will begin 7/5/2026.

Licensee's Proposed Overall Completion Date: *07/05/2026*

Implemented ([redacted] - 08/10/2026)

89b - Hot Water Temperature

5. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b - Hot Water Temperature *(continued)*

Description of Violation

At 9:56am, the hot water temperature at the sink in the bathroom by the front sitting room was 123 degrees Fahrenheit.

Repeated Violation-4/22/2025

Plan of Correction ***Accept (- 07/06/2026)***

The hot water was turned down immediately during inspection. It was rechecked at 1:00 pm reading was 116 degrees. All employees will be educated by completed by 7/5/2026. Documentation will be kept. Daily checks will be completed by staff in 2 different areas to ensure compliance of 2600.89.b. Water checks began on 6/1/2026. Daily water checks will be kept for 2 months.

Licensee's Proposed Overall Completion Date: *07/05/2026*

Implemented (- 08/10/2026)

141a - Medical Evaluation

6. 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

Resident #2's medical evaluation, dated does not include resident #2's height, allergies, health status, special care needs, current medication regimen or a determination that resident #2's needs can be met safely at the personal care home. These section of resident #2's medical evaluation are blank.

Plan of Correction ***Accept (- 07/06/2026)***

Resident #2 medical eval was updated on 6/1/26. reviewed the medical evaluations with All medical evaluations will be reviewed by to ensure compliance with 2600.141.a. administrator will check to ensure all medical evaluations are completed completely with MD prior to leaving facility. Audits will completed by 7/5/2026.

Proposed Overall Completion Date: 07/05/2026

Licensee's Proposed Overall Completion Date: *07/05/2026*

Implemented (- 08/10/2026)

141b1 - Annual Medical Evaluation

7. Requirements

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

Description of Violation

Resident #1's most recent medical evaluation was signed by the medical professional on however, does not include the date of resident #1's in-person evaluation. Also, resident #1's medical evaluation does not include any

141b1 - Annual Medical Evaluation (continued)

special care needs or a determination that resident #1's needs can be met safely at the personal care home. These sections of resident #1's medical evaluation are blank.

Resident #3's most recent medical evaluation, dated [redacted] does not include any special care needs or a determination that resident #3's needs can be met safely at the personal care home. These sections of resident #3's medical evaluation are blank.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

The medical evaluations were updated on 6/1/26. [redacted] reviewed the medical evaluations with [redacted] on 6/1/2026. All medical evaluations will be reviewed by [redacted] to ensure compliance by with 2600.141b1. Audit will be completed by 7/5/2026. Long term: Medical Evaluation will be reviewed at time of completion. with [redacted] to ensure compliance if regulation 2600.141b.1

Licensee's Proposed Overall Completion Date: *07/05/2026*

Implemented ([redacted] - 08/10/2026)

184a - Resident's Meds Labeled

8. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is currently prescribed Preservision-Take 1 capsule by mouth once a day; however, resident #1's pharmacy label indicates Preservision-Take 2 soft gels with food, 1 in the morning and 1 in the evening.

Plan of Correction ***Directed ([redacted] - 07/06/2026)***

The bottle the family brought in was Preservision mini soft gels.(Thats how it was changed). It was not the correct medication as previously used. [redacted] administrator contacted [redacted] on 6/5/26 concerning the OTC medication Preservision. [redacted] ordered the correct Preservision from our pharmacy. It is ordered Take 1 capsule by mouth daily. There is no longer any OTC bottle of Preservision mini soft gels. The order is Take 1 capsule by mouth once a day. Medication cart reviewed on 6/1/2026 by [redacted] concerning all OTC medications. All OTC medications ordered by MD from our pharmacy as prescribed.All Employees will be educated by [redacted] concerning OTC medications. It will include that that All OTC medication will have a Doctors order and come from our pharmacy. No OTC bottles will be brought in from family or resident. Employee education will be completed by 7/5/2026. Documentation of the education will be kept. Long term: No OTC bottles are permitted. All orders to come from our Pharmacy. A Weekly review of resident medication will be completed by [redacted] It will be implemented by 7/5/2026. (DIRECTED: The medications of at least 3 different residents shall be reviewed during each weekly audit to ensure compliance with 2600.184a. [redacted] 7/6/26).

Proposed Overall Completion Date: 07/05/2026

Directed Completion Date: *07/05/2026*

Implemented ([redacted] - 08/10/2026)