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

July 31, 2026

[redacted] CEO
CHOICES HEALTHCARE
[redacted]

RE: CHOICES HEALTHCARE CAROLYN'S HOUSE
1701 LINGLESTOWN ROAD
HARRISBURG, PA, 17110
LICENSE/COC#: 34092

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2026 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: *CHOICES HEALTHCARE CAROLYN'S HOUSE* **License #**: *34092* **License Expiration**: *04/22/2027*

Address: *1701 LINGLESTOWN ROAD, HARRISBURG, PA 17110*

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

Administrator

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

Legal Entity

Name: *CHOICES HEALTHCARE*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-3 SP* **Date**: *04/03/2011* **Issued By**: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *8* **Waking Staff**: *6*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/02/2026*

Inspection Dates and Department Representative

06/02/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *6* **Residents Served**: *4*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *4*

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

Have Mobility Need: *4* **Have Physical Disability**: *0*

Inspections / Reviews

06/02/2026 Full

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

06/26/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/03/2026*

Inspections / Reviews *(continued)*

07/02/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/31/2026*

07/31/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

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

65b - Rights/Abuse 40 Hours

1. 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:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person A completed [redacted] 40th scheduled work hour, however, this staff person did not complete training in the following topics:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Plan of Correction ***Accept ([redacted] - 07/02/2026)***

Staff member A completed this training on 6/6/2026. To be more compliant in the future, the PCHA has organized an orientation sheet and binder to track and document orientation and annual training for agency staff. I have attached a copy of Staff member A orientation, the orientation sheet and annual training log.

UPDATE:
The start date for implementing the new orientation sheet and binder to track and document orientation for agency staff was initiated June 6, 2026.
The Director of Clinical Care will educate the PCHA by July 31, 2026, regarding staff education on regulation 2600.65.b.
The PCHA will audit the orientation sheets once by July 31, 2026, and then monthly to ensure compliance with 2600.65.b.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 07/31/2026)

65f - Training Topics

2. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.

Description of Violation

Direct Care Staff Person B, hired [redacted], did not receive training in Medication Self-Administration during the 2025 training year.

65f Training Topics (continued)

Plan of Correction ***Accept (- 07/02/2026)***

Since no residents self administer medications, per facility policy, all staff were assigned a training on 6/3/2026 that outlines Carolyn's house policies on self medication and what to do if unprescribed medications are found in a resident room. Staff member B completed this training on 6/5/2026. All staff, with the inclusion of prn staff, are to complete this training by 6/30/2026.

UPDATE:
Facility policy reviewed and updated on 7/1/26 to meet requirements of Regulatory Compliance Guide and self administration of medications in 2600.65.f.
Added: A resident who desires to self administer medications must be permitted to do so if [redacted] is capable of self administering medications.
The ability to self administer is determined through the preadmission screening, medical evaluation, and assessment support plan processes.
In order to be considered capable of self administering medications a resident must:
1. Be assessed by a physician, physician's assistant or certified registered nurse practitioner as being capable of self administering medications and [redacted] need for medication reminders.
2. Be able to recognize and distinguish [redacted] medications
3. Know how much medication is to be taken
4. Know when medication is to be taken, either at a specific time or based on daily activities (such as "after lunch" or "at bedtime")
5. Be able to remove the medication from the container
6. Take or apply the medication
Staff persons may perform the following tasks for a resident who meets the above criteria:
1. Storage of the medication
2. Reminding the resident to take his or her medication at prescribed times
3. Bringing the medication to the resident
4. Opening the medication container
Even if staff persons perform these tasks, the resident is still "self administering" the medication.

The Director of Clinical Care will educate the PCHA by July 31, 2026, regarding staff education on regulation 2600.65f
We will audit RASP at time of admission to determine that patient's choice has been documented, if patient is assessed to be capable for self administering medications with or without assistance.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented (- 07/31/2026)

65g - Annual Training Content

3. Requirements

65g Annual Training Content *(continued)*

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff Person C is a regularly scheduled volunteer and did not receive fire safety training in the 2025 training year.

Plan of Correction ***Accept ([redacted] - 07/02/2026)***

We are unable to go back and educate staff person C for the 2025 training. Moving forward the facility has scheduled fire safety training for staff on June 30, 2026, with [redacted], the Fire Marshall, from Susquehanna Township. [redacted] will provide an in-person education that will be video recorded, and required of all staff annually, including PRN staff.

UPDATED:
The Fire Marshall completed fire safety training on 7/1/26 with a video being taken. He trained multiple staff members, including the Director of Clinical Care and Volunteer Services Manager. Any staff or volunteer who did not attend the live in-person training must view the video in the presence of a trained staff member by July 31, 2026, or before their next scheduled shift to continue to work, to meet the requirements of regulation 2600.65.g.
Audit will be completed after July 31, 2026, by PCHA for compliance and the education will be added to organizations annual review process in October 2026.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 07/31/2026)

65i Training Record

4. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Prior to or during the first workday, Staff Persons A, C, D, and E received training on the following topics. However, the completion of these trainings was not documented in the home's training record:
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.

65i - Training Record *(continued)*

Plan of Correction ***Accept ([redacted] - 07/02/2026)***

Staff members/volunteers A, C, D were reoriented and signed orientation checklists. Staff member E was an agency aide - the PCHA sent the agency the form to complete but has not received it back. That aide will not be allowed to return. PCHA started a binder and spreadsheet to track agency and volunteer orientation and training.

UPDATED:
Staff member A was reoriented and signed the orientation checklist on June 6, 2026, Staff C was reoriented and signed the orientation checklist on 7/2/26 and Staff D was reoriented and signed the orientation checklist on 7/1/26.
The Director of Clinical Care will educate the PCHA by July 31, 2026, regarding staff education on regulation 2600.65.i
The start date for implementing the new orientation sheet and binder to track and document orientation for agency staff was initiated June 6, 2026.
Orientation sheets will be monitored by the PCHA monthly starting July 31, 2026, for compliance.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 07/31/2026)

87 - Lighting

5. Requirements

2600.
87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 6/2/26 at 9:13 AM, the exterior patio lights were inoperable creating a potential safety hazard during emergency evacuation.

Plan of Correction ***Accept ([redacted] - 07/02/2026)***

All of the light bulbs on that patio were changed on 6/4/2026 so that the lanterns are all functional. The PCHA added checking the outside lights to the monthly facility inspection for future compliance. A photo of the light and the inspection sheet are attached.

UPDATED:
On 6/6/26 it was added to the monthly audit to check the outside lighting.
The PCHA is responsible for performing the audit.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 07/31/2026)

183b - Meds and Syringes Locked

6. Requirements

183b - Meds and Syringes Locked *(continued)*

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 6/2/26 at 2:59 PM, [redacted] was unlocked, unattended, and accessible in Resident #1's room. According to the most recent medical evaluation for Resident #1, dated [redacted] the resident cannot self-administer medications.

On 6/2/26 at 3:01 PM, [redacted] was unlocked, unattended, and accessible in Resident #2's room. According to the most recent medical evaluation for Resident #2, dated [redacted] the resident cannot self-administer medications.

Plan of Correction ***Accept ([redacted] - 07/02/2026)***

The facility purchased lock boxes for each room that allows for products, such as [redacted], to be secure and yet easily accessible to staff. They are to arrive this week and put into use immediately.

UPDATED:
When the concern was identified during the inspection, on 6/2/26 the medications were removed from the patient's rooms and secured.
Lock boxes were ordered on 6/16/26 and on 6/22/26 all medications were secured in the lock boxes in resident's rooms.
Staff, volunteers and agency staff training will be completed by 7/31/26 on regulation 2600.183.b.
Director of Clinical Care will be providing the training on regulation 2600.183.b.
Ongoing compliance will be monitored by the PCHA monthly starting July 31, 2026, with an audit ensuring no patient has an unlocked medication present in their room

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 07/31/2026)

184a - Resident's Meds Labeled

7. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The [redacted] prescribed to Resident #1 was not labeled with the resident's name, date issued, prescribed dosage, instructions for administration, or the name and title of the prescriber.

184a - Resident's Meds Labeled (continued)

The [redacted] prescribed to Resident #2 was not labeled with the date issued, prescribed dosage, or the instructions for administration.

The [redacted] prescribed to Resident #2 was not labeled with the current prescribed dosage and instructions for administration.

The [redacted] prescribed to Resident #3 were not labeled with the current prescribed dosage and instructions for administration.

Plan of Correction ***Accept ([redacted] - 07/02/2026)***

The facility has initiated a process of labeling these medications with the resident's name, date the prescription was issued, the prescribed dosage and instructions for administration and the name of the prescriber. In the case where there is a change in dosing or frequency from the labeled instructions, staff will utilize a "Direction Change Refer to Med Sheet" sticker to alert staff to administer based on most recent written physician order. All staff, with the inclusion of prn staff, are to complete training on this procedure by 6/30/26.

UPDATED:
Labeling of prescribed medications identified during the inspection was completed by 6/22/26.
An audit on all other medications will be completed by the Director of Clinical Care by July 31, 2026, and then monthly by the PCHA to ensure all patient medications have a complete pharmacy label.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 07/31/2026)