

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

September 18, 2026

[REDACTED]
PRESBYTERIAN HOMES INC
[REDACTED]
[REDACTED]

RE: STEWARD PLACE
7 EAST LOCUST STREET
OXFORD, PA, 19363
LICENSE/COC#: 10063

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2026 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: STEWARD PLACE

License #: 10063

License Expiration: 05/25/2027

Address: 7 EAST LOCUST STREET, OXFORD, PA 19363

County: CHESTER

Region: SOUTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: PRESBYTERIAN HOMES INC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 07/11/2005

Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 57

Waking Staff: 43

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 06/26/2026

Inspection Dates and Department Representative

06/04/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 148

Residents Served: 52

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 52

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 0

Inspections / Reviews

06/04/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 07/30/2026

08/05/2026 - POC Submission

Submitted By:

Date Submitted: 08/17/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 08/10/2026

Inspections / Reviews (*continued*)

08/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/17/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/17/2026

09/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at 10:10 pm, resident [REDACTED] used their pendant to call for request assistance with toileting. According to resident [REDACTED] assessment dated [REDACTED] the resident has a need for transferring in and out of bed/chair, toileting, bladder management and bowel management. The resident has an overactive bladder and was being treated for a [REDACTED] at the time. Staff member A, came to the resident's room and told the resident to please wait for [REDACTED] because [REDACTED] just arrived at the facility. Staff member A did not return to resident [REDACTED] room until 11:46 pm after the resident pressed their pendant. During this interaction, resident [REDACTED] asked for medication due to back pain. The staff member told the resident it was too early for the medication to be administered. The resident is prescribed [REDACTED], 1 tablet by mouth every 6 hours as needed for pain 5-10. The last time the medication was administered was that day 1:04 pm. The staff member helped the resident with transferring and toileting and left without providing any medication to the resident. At 2:37 am, resident [REDACTED] pushed the bell again to request medication and help to go to the bathroom. At that time staff member A came to the resident [REDACTED]'s room and told the resident, "It hasn't been two hours yet," administered the medication, and left without helping the resident use the bathroom.

The next morning resident [REDACTED] pressed their pendant at approximately 5:48 a.m., and staff member B, responded to the call. The resident was lying in the bed and said, "I am soaked. I had been sitting here all night, and nobody came. I rang, but nobody came." The resident and the bed were soaked with urine. The bedwetting stains were about 10 inches in diameter. The staff member transferred the resident to the wheelchair, took them to the bathroom, washed and cleaned them up.

On [REDACTED] at approximately 4:30 a.m., staff member C woke up resident [REDACTED] to take a shower. The resident was still groggy when staff member began transferring the resident. Resident [REDACTED] was standing up on the right side of the bed facing the wall. While staff member C was standing on the other side of the resident's wheelchair. Resident [REDACTED] fell face down on the floor, and staff member C was blocked by the wheelchair, so [REDACTED] could not access the resident without moving the wheelchair out of the way. Staff member C moved the wheelchair and the bed to have full access to the resident and completed an initial assessment. The resident was positioned lying on [REDACTED] left side, and the staff member noticed a large hematoma on the resident's left eyebrow and blood draining from the nose. While Resident [REDACTED] was lying on the floor, [REDACTED] said, "I think I need to go to the hospital." The staff member called 911, and it was instructed by the operator not to move the resident. Resident [REDACTED] was sent via ambulance to the emergency room. Medical records stated that "[Resident [REDACTED]] had a fall while in the facility with a left orbital fracture and periorbital bruising." Resident [REDACTED] was discharged from the hospital on [REDACTED] to an inpatient rehab facility.

Plan of Correction

Accepted [REDACTED] - 08/13/2026)

1. Resident 1 was assessed by the nurse following [REDACTED] report on 04/21/2026

The accused team member was immediately removed from the scheduled and not to return until the conclusion of the Department of Humans Services Investigation. The team member was terminated following the outcome of the

42b Abuse (continued)

Department of Human Services investigation on 06/29/2026. The report made by Resident [REDACTED] was reported to the Department of Human Services on 04/21/2026 and to the Chester County Area Department of Aging on 04/21/2026.

2. Current residents that were cared for by this team member were interviewed by the PCHA and/or RSM between 04/23/2026 & 04/24/2026. No residents interviewed reported any negative interaction or poor care delivered by this team member or any other team member.

3. Staff Member C as well as other team members were in serviced by Benchmark Therapy Services on proper transfer techniques, including stand by assistance and gait belt usage on 06/16/2026. Resident 1, who was previously discharged from our PC, returned on 07/01/2026. Resident 1 RASP was completed on 07/02/2026 and includes [REDACTED] need for "left side stand by assistance" when transferring, to ensure team members proper location to resident when providing stand by assistance.

4. The PCHA or designee will provide re education to clinical team members on the Abuse & Neglect policy by 08/06/2026.

5. The PCHA or designee will complete random spot checks of 3 team members, one on each shift, weekly times for four (4) weeks and then monthly times two (2) months to ensure the residents' support plans are followed as well as meeting regulatory compliance requirements.

6. The PCHA or designee will conduct an audit on up to 5 random residents through an interview to verify compliance with the abuse and neglect policy weekly x 4 weeks and then monthly x 2 months with results reported to the Quality Management Committee for review and recommendation.

7. The PCHA or RSM will review incident reports and grievances weekly times for four (4) weeks, then monthly times two (2) weeks to ensure that the residents' support plan are followed as well as meeting regulatory compliance requirements

Licensee's Proposed Overall Completion Date: 08/10/2026

Implemented [REDACTED] - 09/18/2026)

42s - Privacy**2. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [REDACTED] at 9:54 a.m., video cameras were in use on the 1st and 2nd floors at the end of the halls. There were no signs in the area indicating the cameras were in use.

Plan of Correction

Accept [REDACTED] - 08/05/2026)

Reconsideration Request: On behalf of Steward Place Personal Care at Ware Presbyterian Village, I respectfully

42s Privacy (continued)

submit this request for reconsideration of the violations cited during the revisit survey conducted on 06/04/2026. The specific rationale for the removal request is due to a prior citation with an approved plan of correction on record from the annual survey dated 11/20/24. At the time of this visit, the accepted plan of correction was in place as approved.

Plan of correction:

A prior plan of correction for this same issue was received with the plan of correction accepted and the corrective action remained in place at the time of this survey.

1. No residents had ill effects from this event. A sign alerting residents and visitors that video surveillance is in the vicinity of the camera 6/15/2026.
2. The Director of Maintenance or designee will conduct an audit of resident areas throughout Steward Place to ensure that the locations and positions of the cameras do not violate any residents' right to privacy by 7/21/2026.
3. The PCHA or designee will educate clinical team members on the importance of reporting if camera signage is not in place by 08/06/2026.
4. The Maintenance Manager or designee will audit all the camera locations weekly times four (4) weeks, and then monthly times two (2) months to ensure that video surveillance signage is visible with results reported to the Quality Management Committee for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/06/2026

Implemented [REDACTED] - 09/18/2026)

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:47 a.m., there was a strong smell of urine in the hallway outside room [REDACTED]. A basket and a bag of clothes were on the floor near room [REDACTED].

Plan of Correction

Accept [REDACTED] - 08/05/2026)

1. No ill effects were noted as a result of this citation. The residents has been provided with a reminder of scheduled laundry pick up day.
2. The PCHA or designee will conduct an audit of laundry pick up schedule to ensure all active resident rooms are captured by 8/6/26.
3. The PCHA or designee will provide education to clinical staff on the laundry pick up schedule by 8/6/26.

85a Sanitary Conditions (continued)

4. PCHA or designee will conduct an audit 3 times weekly x 4 weeks and then 3 times monthly x 2 months to ensure compliance with laundry pick up schedule with results reported to the Quality Management Committee for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/06/2026

Implemented (██████) 09/18/2026)

141a - Medical Evaluation**4. 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 ██████'s date of admission is ██████; however, the medical evaluation was completed on ██████. The medical evaluation was not completed within 60 days prior to admission or within 30 days after the resident's admission.

Plan of Correction

Accept (██████) - 08/05/2026)

1. Resident ██████ had no ill effects from this citation and will be re evaluated by ██████ PCP by 07/30/2026

2. The PCHA or designee will complete an audit of current residents, to ensure all dates on the most recent DME are completed and meet DHS regulatory guidelines by 07/30/2026. Any variances identified will be addressed.

3. The ED will provide re education to the PCHA on reviewing DMEs, to ensure dates on the DME meet DHS regulatory guidelines by 08/06/2026.

4. The PCHA or designee will review 5 random residents' DMEs weekly times x 4 weeks and then 5 random residents' DMEs monthly x 2 months with results reported to the Quality Management Committee for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/06/2026

Implemented (██████) 09/18/2026)

227d - Support Plan Medical/Dental**5. Requirements**

2600.

227d Support Plan Medical/Dental (*continued*)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED] dated [REDACTED] indicates the resident has a need for mobility. The resident's support plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction

Accept [REDACTED] - 08/05/2026)

1. Resident [REDACTED] current mobility is identified in [REDACTED] current assessment and addressed in [REDACTED] current support plan.
2. The PCHA or designee will audit current PC residents' RASP to ensure that their mobility needs are identified and addressed on their current assessment and current support plan by 7/30/26. Any variances noted will be addressed.
3. The PCHA or designee will utilize a revised tracking tool of residents to ensure individual's RASP meets all regulatory guidelines including how mobility needs will be met by 7/30/26.
4. The PCHA or designee will review 5 random residents' RASPs for mobility need identification weekly times x 4 weeks and then 5 random residents' monthly x 2 months with results reported to the Quality Management Committee for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/06/2026

Implemented [REDACTED] - 09/18/2026)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident [REDACTED] dated [REDACTED] was not dated by the assessor and the resident.

Plan of Correction

Accept [REDACTED] 08/05/2026)

1. Resident 2 RASP was updated including date and signature of the assessor and resident on 07/22/2026.
2. The PCHA or designee will audit current PC residents' RASPs to ensure RASPs are signed and dated by the assessor and resident by 8/06/2026. If variances are identified they will be addressed.
3. The PCHA or designee will utilize a revised tracking tool of residents to ensure individual's RASP meets all regulatory guidelines including signature and date of the assessor and resident by 7/30/26.
4. The PCHA or designee will review 5 random residents' RASPs for assessor and resident signature and date weekly times x 4 weeks and then 5 random residents' monthly x 2 months with results reported to the Quality

227g -Support Plan Signatures (continued)

Management Committee for review and recommendation.

Licensee's Proposed Overall Completion Date: 08/06/2026

Implemented  ***- 09/18/2026)***