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

July 7, 2026

[redacted] PERSONAL CARE HOME ADMINISTRATOR
QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY
625 ROBERT FULTON HIGHWAY
QUARRYVILLE, PA, 17566

RE: QUARRYVILLE PRESBYTERIAN
RETIREMENT COMMUNITY
LONG AND THOMPSON BUILDINGS
625 ROBERT FULTON HIGHWAY
QUARRYVILLE, PA, 17566
LICENSE/COC#: 32180

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2026, 06/10/2026 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: *QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY* **License #**: *32180* **License Expiration**: *10/07/2026*

Address: *LONG AND THOMPSON BUILDINGS, 625 ROBERT FULTON HIGHWAY, QUARRYVILLE, PA 17566*

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

Administrator

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

Legal Entity

Name: *QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY*

Address: *625 ROBERT FULTON HIGHWAY, QUARRYVILLE, PA, 17566*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/01/2001* **Issued By**: *Dept of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *77* **Waking Staff**: *58*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *06/10/2026*

Inspection Dates and Department Representative

06/09/2026 - On-Site: [redacted]

06/10/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *57*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Garden View* **Capacity**: *24* **Residents Served**: *20*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *57*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

06/09/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/06/2026*

Inspections / Reviews *(continued)*

07/07/2026 POC Submission

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

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/14/2026*

07/07/2026 Document Submission

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

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

132e - Fire Drill Sleeping Hours

1. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 12/17/25 at 4:59 AM. The previous sleeping hours fire drill was conducted on 6/9/25 at 10:18 PM.

Repeated Violation - 10/8/24, et al.

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

The PCHA conducted a review of the facility's fire drill schedule and completed a sleeping hours fire drill on 6/18/2026 to reestablish compliance with the required frequency. Documentation of the fire drill has been maintained in the facility's fire drill records.
To prevent recurrence, the Emergency Preparedness Coordinator/Designee has implemented a fire drill tracking calendar that identifies the required due dates and times for all fire drills, including the sleeping hours fire drill that must be conducted at least once every six months. The calendar will be reviewed monthly by the PCHA to ensure all required drills are completed within the regulatory timeframes.
The PCHA will monitor fire drill documentation on an ongoing basis to verify compliance. Any upcoming due dates will be reviewed during monthly administrative audits to ensure sleeping hours fire drills are completed at least once every six months, and in accordance with attached tracking calendar.
Results of audits will be reviewed at routine QAPI meetings for further recommendations.
The Senior Administrator of Healthcare Services provided education to PCHA and Maintenance and Security Manager on requirements of this regulation.
Education provided by Emergency Preparedness Coordinator/Designee on 6/30/2026.
Person Responsible: PCHA/Maintenance and Security Manager or designee

Licensee's Proposed Overall Completion Date: *07/02/2026*

Implemented (- 07/07/2026)

141a 1-10 Medical Evaluation Information

2. 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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's initial medical evaluation, dated , does not indicate if the resident's needs can be met by the home.

141a 1 10 Medical Evaluation Information (continued)

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

The PC DON contacted Resident #1's primary physician and obtained an updated medical evaluation that includes the resident's special health and dietary needs as required on the Department's medical evaluation form. The completed documentation was placed in the resident's record. An audit was completed on 6/18/26 and 6/19/26 by PCHA of all resident medical evaluations, including completions of section indicating special health or dietary needs.
To prevent recurrence, the PC DON or designee will review all initial medical evaluations upon receipt to ensure all required sections of the Department's medical evaluation form are fully completed, including the section addressing the resident's special health or dietary needs. Any incomplete medical evaluations will be returned to the physician for completion before they are accepted into the resident's record. This review will occur for 3 consecutive months.
The Senior Vice President of Healthcare Services provided education to the PCHA and PC DON on the requirements of this regulation.
All medical evaluations completed in each month will then be reviewed via the PCMS Performance Improvement Auditing Tool the following month to ensure compliance with completion of special health and dietary needs section. This monthly review will occur for 6 consecutive months.
Results of these audits will be reviewed at routine QAPI meetings for further recommendations.
Person Responsible: PCHA and PC DON or designee

Licensee's Proposed Overall Completion Date: *07/02/2026*

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

141b1 - Annual Medical Evaluation

3. Requirements

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

Description of Violation

Resident #2's current medical evaluation, dated [redacted], does not indicate if the resident's needs can be met by the home.

Resident #3's current medical evaluation, dated [redacted], does not indicate if the resident's needs can be met by the home.

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

The PC DON reviewed the current medical evaluations for Resident #2 and Resident #3 with the residents' physician on 6/30/26. Addendums made to current medical evaluation forms by physicians documenting whether each resident's needs can be met by the home.
To prevent recurrence, the PC DON or designee will review all medical evaluations upon receipt to verify that all required sections, including the statement indicating whether the resident's needs can be met by the home, are completed before the document is filed in the resident's record. Any incomplete medical evaluations will be returned to the medical provider for completion prior to acceptance. This review will occur for 3 consecutive months.
An audit was completed on 6/18/26 and 6/19/26 by PCHA of all resident medical evaluations to ensure

141b1 Annual Medical Evaluation (continued)

compliance. All medical evaluations completed in each month will then be reviewed via the PCMS Performance Improvement Auditing Tool the following month to ensure compliance with medical professional information section including appropriate check boxes addressed. This review will take place for 6 consecutive months.
Results of these audits will be reviewed at routine QAPI meetings for further recommendations.
The Senior Vice President of Healthcare Services provided education to the PCHA and PC DON on the requirements of this regulation.
Person Responsible: PCHA and PC DON

Licensee's Proposed Overall Completion Date: *07/02/2026*

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