

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

October 22, 2026

[REDACTED], CEO

GDL FARMS CORP

2900 STREET ROAD

[REDACTED]
WARRINGTON, PA, 18976

RE: THE PATHWAYS AT WARRINGTON
2900 STREET ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14747

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2026, 06/16/2026 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: THE PATHWAYS AT WARRINGTON

License #: 14747

License Expiration: 01/01/2027

Address: 2900 STREET ROAD, WARRINGTON, PA 18976

County: BUCKS

Region: SOUTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: GDL FARMS CORP

Address: 2900 STREET ROAD, , WARRINGTON, PA, 18976

Phone:

Email:

Certificate(s) of Occupancy

Type: I-2

Date: 03/20/2019

Issued By: Warrington Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 106

Waking Staff: 80

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 06/16/2026

Inspection Dates and Department Representative

06/15/2026 - On-Site:

06/16/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 108

Residents Served: 58

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 42

Residents Served: 37

Hospice

Current Residents: 40

Number of Residents Who:

Receive Supplemental Security Income: NA

Are 60 Years of Age or Older: 58

Diagnosed with Mental Illness: NA

Diagnosed with Intellectual Disability: NA

Have Mobility Need: 48

Have Physical Disability: NA

Inspections / Reviews

06/15/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 07/18/2026

07/31/2026 - POC Submission

Submitted By:

Date Submitted: 10/21/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 08/05/2026

Inspections / Reviews (*continued*)

08/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/19/2026

10/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. 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 facility allows smoking outside to the left of the front entrance, on 6/15/2026 there was not signage noting smoking is allowed or where smoking is permitted. Personal care homes are considered "public places" under the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) and thus are subject to those regulations as well. According to the act, personal care homes must post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or "No Smoking."

Plan of Correction

Directed () - 08/07/2026)

Smoking signage was immediately added to the current smoking area to the Left of the front door. . Photograph taken to show surveyor to make certain we were in compliance. Safety committee and receptionist are now responsible to replace if signage is missing, discolored, or unsightly.

Proposed Overall Completion Date: 08/04/2026

Directed Steps of POC:

Within 10 days of receipt of the plan of correction: *The administrator or a designated person shall conduct spot checks at least monthly to ensure the signage is still in place. Documentation shall be kept.*

Directed Completion Date: 08/17/2026

Implemented () - 10/22/2026)

65i - Training Record

2. 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

The home's record of direct care staff training for 2025 training year does not include the length of trainings for Staff Person A, B and C.

Plan of Correction

Accept () - 07/31/2026)

*Administrator reviewed the document currently in use. Determined it did not meet the requirements and developed a new tool to comply with regulation. All information will be transcribed to new tool for 2026 and used moving forward.
completed revised tool attached.*

Licensee's Proposed Overall Completion Date: 07/30/2026

Implemented () - 10/22/2026)

82c - Locking Poisonous Materials

3. Requirements

82c Locking Poisonous Materials (continued)

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Colgate MaxFresh, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed get medical help or contact poison control center right away", was unlocked, unattended, and accessible to Resident 1. Not all the residents of the home, including Resident 1, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: 4/14/2025 et al

Plan of Correction

Directed () - 08/07/2026)

Toothpaste was removed as soon as resident complete oral hygiene. Revises Room to Room rounds sheet addresses poisonous material in resident rooms in Memory Care. Staff will use tool during shift change while making rounds. DON will monitor compliance with use as well as any patterns. Staff will be disciplined up to and including termination for non compliance.

Proposed Overall Completion Date: 01/31/2027

Directed Completion Date: 08/14/2026

Implemented () - 10/22/2026)

96a First Aid Kit**4. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the 3rd stairway on floor 1 did not include scissors.

Plan of Correction

Directed () - 08/07/2026)

Scissors added to first aid kit. Safety committee will continue weekly audits of first aid kits. Chairperson of committee was scheduled every Monday to audit kits. did not have time to audit prior to surveyors arrival. Safety Committee will continue with this practice and sign off as kit is checked and any items needed replaced. Committee Chair will assign committee members monthly at Safety Meeting. Chairperson will add audit to agenda for next meeting and instruct members in use of new audit tool requiring their initials.

Proposed Overall Completion Date: 01/31/2027

Directed Completion Date: 08/14/2026

Implemented () - 10/22/2026)

101j7 Lighting/Operable Lamp**5. Requirements**

2600.

101j7 Lighting/Operable Lamp (continued)

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 4/14/2025 et al

Plan of Correction

Directed () - 08/07/2026)

Staff added a light to residents bedside within reach, took a photograph for surveys approval. All rooms in both Memory care units were checked for compliance, 100%. Room to Room shifts rounds tool includes the specific instruction that light must be within reach of the resident when in bed..

Proposed Overall Completion Date: 01/31/2027

Directed Completion Date: 08/14/2026

Implemented () - 10/22/2026)

132g - Fire Drills Days/Times**6. Requirements**

2600.

- 132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills at the last two weeks of the month as evidenced by the following drills;

4/29/2025 at 22:00pm

6/17/2025 at 15:00pm

7/15/2025 at 15:00pm

8/31/2025 at 12:30am

9/24/2025 at 14:10pm

10/23/2025 at 17:25pm

12/15/2025 at 18:30pm

1/19/2026 at 7:35a

2/24/2026 at 18:15pm

3/18/2026 at 23:00pm

4/17/2026 at 10:38am

5/20/2026 at 14:23pm.

Plan of Correction

Directed () - 08/07/2026)

Administrator spoke with Fire Safety Expert from Warrington Fire Company who oversees our drills. will train our staff to do drills (train in fire safety) allowing more flexibility in scheduling for our community. Until trained will continue to observe our drills, and will adjust dates as needed to avoid a "pattern".

132g - Fire Drills Days/Times (continued)*Proposed Overall Completion Date: 12/31/2026***Directed step of POC:**

Immediately: The administrator or designee shall monitor fire drills and the fire drill record at least monthly to ensure fire drills are held on different dates. Documentation shall be kept.

Directed Completion Date: 08/14/2026**Implemented () - 10/22/2026)****141a 1-10 Medical Evaluation Information****7. 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 3's medical evaluation did not include medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

Plan of Correction**Accept () - 07/31/2026)**

Administrator and Director of Nursing have begun an audit of all resident required documentation. We are using an audit tool and when all records of residents in-house are audited, we will continue to audit monthly, or change of condition for compliance. A report in our EMR will be run monthly.

Licensee's Proposed Overall Completion Date: 08/07/2026**Implemented () - 10/22/2026)****141b1 - Annual Medical Evaluation****8. Requirements**

2600.

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

Description of Violation

Resident 3's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED].

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept () - 07/31/2026

Administrator and Director of Nursing have began an audit of all resident required documentation. We are using an audit tool and when all records of residents in-house are audited, we will continue to audit monthly, or change of condition for compliance. A report in our EMR will be run monthly.

Licensee's Proposed Overall Completion Date: 08/07/2026

Implemented () - 10/22/2026

182b - Prescription Medication

9. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person D, who has not successfully completed the Department-approved medications administration course, due to being trained by a non-qualified trainer administered medications to Resident 3 to include the following:

On 5/7/2026, 5/9/2026 and 5/14/2026 at 8pm Staff Person D administered , Xarelto Oral Tablet 15mg, Carvedilol Oral Tablet.

Staff Person E, who has not successfully completed the Department-approved medications administration course, due to being trained by a non-qualified trainer administered medications to Resident 3 to include the following:

On 5/1/2026 and 5/6/2026 at 8am Staff Person E administered, Probiotic Capsule 175mg, Vitamin C Oral Tablet Chewable 500mg, Multivitamin Oral tablet, Lasix Oral tablet 40mg, Escitalopram Oxalate Oral Tablet 20mg, Jardiance Oral Tablet 10mg.

Plan of Correction

Accept () - 07/31/2026

As soon as Administrator was informed by surveyor of training by a non-qualified trainer, all affected Medication Technicians were removed from administering medications. Administrator is a qualified trainer and will complete course with all staff involved. LPN's are currently administering medications as needed. Staff affected are in the process of the on-line portion of the class. When completed the classroom portion will be scheduled as well as observations prior to resuming medication administration.

Licensee's Proposed Overall Completion Date: 08/07/2026

Implemented () - 10/22/2026

183e - Storing Medications

10. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 4's, Docusate 100mg tablet " Take 1 tablet by mouth every 12 hours as needed " was punctured in slot 19 of the blister pack and remained in place.

Resident 5's Duloxetine 20mg FR Cap " Take 1 capsule by mouth daily in the morning" was punctured in slot 3 and 6 of the blister pack and remained in place.

Repeat Violation: 4/14/2025 et al

Plan of Correction

Accept () - 08/07/2026)

All compromised foil blister packs were returned to [REDACTED] Pharmacy for repackaging. Pharmacist has researched for a better quality foil and will provide samples. Staff are aware to return any future punctured foil blister packs to pharmacy for repackaging. Medication Cart audit now includes checking for compromised foil and returning for repackaging.

Licensee's Proposed Overall Completion Date: 08/04/2026

Implemented () - 10/22/2026)

184a - Resident's Meds Labeled

11. 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.
2. The name of the medication.
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

Resident 6 is prescribed Acetaminophen Oral Tablet 325mg, " Give 2 tablets by mouth every 6 hours as needed", but the label for the Acetaminophen Oral Tablet 325mg read " Give 2 tablets by mouth two times a day".

Resident 7 is prescribed Nystatin Powder 100000, "Apply to groin topically every 8 hours as needed", but the label for the Nystatin Powder 100000 reads " Apply topically to abdominal and gluteal folds twice daily.

Repeat Violation: 4/14/25 et al

Plan of Correction

Accept () - 08/07/2026)

Medications were sent for re-labeling to match orders on each residents chart. The Medication Cart Audit addresses this as well. Audits will be reviewed by Director of Nursing for repeat offenders, patterns, and outcomes. Staff will

184a Resident's Meds Labeled (continued)

be disciplined up to and including termination for repeated issues.

Licensee's Proposed Overall Completion Date: 08/04/2026

Implemented () - 10/22/2026)

185a - Implement Storage Procedures**12. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 3 is prescribed Loperamide HCl Oral Capsule 2mg, " Give 1 capsule by mouth as needed. Max dose 8 capsules in 24 hours". On 6/16/2026 this medication was not available in the home.

Resident 3 is prescribed "Accu Chek's before meals". On 6/15/2026, Resident 8's glucometer had a reading of 170 at 12:37pm, but 164 at 12:30pm was documented on the MAR. On 6/14/2026, Resident 8's glucometer had a reading of 229 at 12:45pm, but 228 at 12:26pm was documented on the MAR. On 6/13/2026, Resident 8's glucometer had a reading of 173 at 8pm, but 176 at 7:35p was documented on the MAR. On 6/11/2026, Resident 8's glucometer had a reading of 401 at 4:48pm, but 346 at 4:41pm was documented on the MAR.

Resident 6 is prescribed Loperamide HCl Oral Capsule 2mg, " Give 1 capsule by mouth every 4 hours as needed and Refresh Tears Ophthalmic Solution, "Instill 1 drop in both eyes every 8 hours as needed. On 6/16/2026 these medications were not available in the home.

Resident 8 is prescribed Morphine 20mg/ml Syringe 120ml, " Give .25ml by mouth every 1 hour as needed and Lorazepam 2mg/ml 30ml, " Give .25ml(.5mg) by mouth every 4 hours as needed. On 6/16/2026 these medication(s) were not available in the home.

Repeat Violation: 4/14/2025 et al

Plan of Correction

Directed () - 08/07/2026)

Medications were immediately ordered from pharmacy and in house same day. The medication cart audit addresses if medications are on hand.

Accu checks will be performed by the licensed nurse on duty. All nurses are aware and of the importance of timely and accurate documentation.

*Resident *8 newly signed on to Hospice, comfort pack ordered and approved by physician, however medication was not delivered same day. Staff instructed to not add medications to the MAR until medication is in house, and if not in house contact hospice and physician and arrange for a STAT delivery.*

Nurses are aware to follow same procedure for any missing medication, PRN or straight order. Additionally if a PRN medication has not been used in 90 days, inform DON. DON will contact physician for a discontinue order for non use.

Proposed Overall Completion Date: 08/04/2026

Directed Step of POC:

185a - Implement Storage Procedures (continued)

Immediately: The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of the glucometers, medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration, and all glucometer readings are documented correctly. Documentation shall be kept.

Directed Completion Date: 08/14/2026

Implemented () - 10/22/2026)

187a - Medication Record**13. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 7 is prescribed Nystatin Powder 100000 "Apply to groin topically every 8 hours as needed". However, resident's June 2026 medication administration record does not indicate name of medication, strength, dosage form, dose, route of administration, frequency of administration, administration times, duration of therapy, if applicable, special precautions, if applicable, diagnosis or purpose for the medication, including pro re nata (PRN), date and time of medication administration, name and initials of the staff person administering the medication.

Plan of Correction

Directed () - 08/07/2026)

Upon research, it was determined some but not all topical creams were on the Treatment Record (TAR). To avoid issues, we have moved all treatment orders to the MAR, and informed all nursing staff.

Proposed Overall Completion Date: 08/04/2026

Directed step of POC:

Immediately: *The administrator or a designee qualified to administer medications shall complete an audit of all resident MARs and prescription orders to ensure all prescribed medications are properly documented on the MARs including a diagnosis or purpose and dose for the medication in accordance with regulation 2600.187(a). Documentation shall be kept.*

187a Medication Record (*continued*)

Directed Completion Date: 08/14/2026

Implemented (█) - 10/22/2026)

187d - Follow Prescriber's Orders

14. Requirements

2600.

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

Description of Violation

Resident 3 is prescribed Aspirin 81mg Oral Tablet" 1 tablet by mouth one time a day. However, this medication was not administered to Resident 3 on 6/16/2026 because the medication was not available in the home.

Plan of Correction

Directed (█) - 08/07/2026)

Medications were immediately ordered from pharmacy and in house same day. The medication cart audit addresses if medications are on hand. This was a new order from Hospice from the day before and not was ordered by our staff from pharmacy as Hospice uses a different pharmacy. Staff are aware to follow up when Hospice makes and change and not to document until medication is in house.

Proposed Overall Completion Date: 08/04/2026

Directed step of POC:

Immediately: *The administrator or designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). Documentation shall be kept.*

Directed Completion Date: 08/14/2026

Implemented (█) - 10/22/2026)

190b - Insulin Injections

15. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 5/7/2026, 5/9/2026, 5/14/2026 at 4:30pm and 5/9/2026,5/10/2026 and 5/11/2026 at 7:30am and 11:30am, Staff Person D, who has not successfully completed the Department approved medications administration course, successfully completed a Department approved diabetes patient education program with in the last 12 months, administered insulin to Resident 3.

On 5/1/2026, 5/4/2026 and 5/6/2026 at 7:30a and 11:30a, Staff Person E, who has not successfully completed the Department approved medications administration course, successfully completed a Department approved diabetes patient education program with in the last 12 months , administered insulin to Resident 3.

190b - Insulin Injections (continued)

On 5/1/2026, 5/4/2026, 5/6/2026 at 7:30am and on 5/1/2026, 5/4/2026 and 5/6/2026 at 11:30am Staff Person E completed Accu-Chek, blood sugar readings before meals.

Plan of Correction**Accepted () - 07/31/2026)**

As soon as Administrator was informed by surveyor of training by a non-qualified trainer, all affected Medication Technicians were removed from administering medications. At this time we have decided that all insulin be administered by the licensed nurse on duty. Our community staffs with a nurse 24 hours a day 7 days a week. Additionally the Director of Nursing and Administrator (LPN) can administer insulin.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 10/22/2026)**225c - Additional Assessment****16. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 3's assessment, dated [REDACTED] does not include an accurate assessment for mobility. The resident's medical evaluation dated [REDACTED] lists the resident as total immobile. The assessment lists the resident as minimal immobile.

Plan of Correction**Accepted () - 07/31/2026)**

Administrator and Director of Nursing have began an audit of all resident required documentation. We are using an audit tool and when all records of residents in-house are audited, we will continue to audit monthly, or change of condition for compliance. A report in our EMR will be run monthly. Change in mobility will be accurate from the physician DME. If there has been a change a significant change DME, and RASP will be completed.

Licensee's Proposed Overall Completion Date: 07/23/2026

Implemented () - 10/22/2026)**227g -Support Plan Signatures****17. Requirements**

2600.

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

Description of Violation

Resident 3 participated in the development of [REDACTED] support plan on [REDACTED] However, the resident did not sign the support plan.

Resident 9 participated in the development of [REDACTED] support plan on [REDACTED] However, the resident did not sign the support plan.

227g -Support Plan Signatures (continued)

Plan of Correction**Accepted (████ - 07/31/2026)**

Resident has expired while on hospice, and we are unable to obtain █████ signature. As the audits continue missing signatures will be addressed with the person completing the RASP and any resident will be asked to sign as we complete reviewing the plan with them. If unable to sign, it will be noted. Additionally if RASP is reviewed with POA over the phone it will be noted.

Licensee's Proposed Overall Completion Date: 08/07/2026**Implemented (████ - 10/22/2026)**