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

August 6, 2026

[redacted], EXECUTIVE DIRECTOR
RESIDENCE AT CARLISLE MANAGEMENT LLC
[redacted]

RE: THE RESIDENCE AT CARLISLE
400 CHRISTIAN LOOP
CARLISLE, PA, 17013
LICENSE/COC#: 34097

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/24/2026, 06/25/2026 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 RESIDENCE AT CARLISLE* **License #**: *34097* **License Expiration**: *02/16/2027*

Address: *400 CHRISTIAN LOOP, CARLISLE, PA 17013*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *RESIDENCE AT CARLISLE MANAGEMENT LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *10/27/2025* **Issued By**: *South Middletown Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *54* **Waking Staff**: *41*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**: *0*

Reason: *Renewal, Complaint* **Exit Conference Date**: *06/25/2026*

Inspection Dates and Department Representative

06/24/2026 - On-Site: [redacted]

06/25/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *35*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Legacy Lane* **Capacity**: *25* **Residents Served**: *18*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *35*

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

Have Mobility Need: *19* **Have Physical Disability**: *0*

Inspections / Reviews

06/24/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/20/2026*

07/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/05/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/23/2026*

Inspections / Reviews *(continued)*

07/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/07/2026*

08/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/05/2026*

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

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 6/24/26, at 9:14am, a laptop containing residents' medication administration records, to include Resident #1, was unlocked, unattended, and accessible in the Legacy Lane Secured Dementia Care Unit.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

On 6/24/26 the Memory Care Director secured computer after confidentiality was compromised. Med Tech was re-educated on confidentiality and HIPAA and properly utilizing the tools on the EMAR system. All staff will receive mandatory education on resident record confidentiality, safeguarding electronic medical records and securing workstations when not in use. Education will be completed by the Wellness Director or designee beginning on 7/25/26. Ed and/or Wellness Director or designees will conduct random weekly audits of workstations to ensure compliance beginning on 7/25/26 and any identified concerns will be addressed immediately through coaching and corrective action as appropriate. The Executive Director and Wellness Director or designee will monitor compliance through monthly audits for 90 days beginning on 7/25/26 and review findings during quality assurance meetings.

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

Implemented ([redacted] - 08/06/2026)

60a - Staff/Support Plan

2. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 6/8/26 from 11:00pm to 2:00am, there were no staff certified in medication administration available to provide medication administration services. There are no scheduled medications at home during this time; however, the following residents have these medications scheduled pro re nata (PRN):
Resident #2: Acetaminophen 325mg as needed for pain/fever and Clonazepam 0.5mg as needed for Anxiety.
Resident #3: Acetaminophen 500mg as needed for breakthrough pain, Lorazepam 0.5mg as needed for Anxiety, Muscle rub cream as needed for pain and Nitroglycerin 0.4mg as needed for chest pain.

Plan of Correction ***Directed ([redacted] - 07/22/2026)***

Staff training for qualified individuals for medication administration training to begin immediately on June 26, 2026 and continue through July 31, 2026. Training to be completed by certified train the trainer. Time and dates to be determined by staff and trainer schedule availability. Resident medication needs and staffing schedules have been reviewed to verify adequate medication-certified coverage on all shifts. The Wellness Director or designee will

60a - Staff/Support Plan (continued)

review the staffing schedule weekly to ensure compliance starting June 26, 2026 for 90 days and will end on 10/14/26. Monthly audits will be reviewed in Monthly Quality Assurance meetings for 90 days and will begin on June 26, 2026 and end 10/14/26.

[Directed]

- *In addition to the above steps, the Administrator or designee will educate the Wellness Director, and any other staff responsible for compliance, on regulation 2600.60(a). This will be completed by 8/7/26. Documentation of this education will be kept and available for review by the Department.*

Directed Completion Date: *08/07/2026*

Implemented ([redacted] - 08/06/2026)

125b - Combustible Restrictions

3. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 6/24/26, a grill with a propane tank attached was located on the deck outside of the personal care dining room. This propane tank was unlocked, unattended and accessible to residents.

Plan of Correction ***Directed ([redacted] - 07/22/2026)***

Immediately upon identification, the attached propane tank was removed from the patio and relocated to a secure location inaccessible to residents by the Maintenance Director on 6/24/26. The Maintenance Director or Designee will complete monthly environmental safety rounds to verify ongoing compliance for the next 90 days beginning on 6/24/26 and ending 10/12/26. Maintenance staff and dietary staff were educated by the Maintenance Director on 6/24/26 . Findings will be discussed through Quality Assurance meeting and will continue for 90 days ending on 10/12/26.

Directed Completion Date: *08/07/2026*

Implemented ([redacted] - 08/06/2026)

184a - Resident's Meds Labeled

4. 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 #2 is prescribed sliding scale units of Lispro Insulin based on glucose readings three times a day at 8:00am, 12:00pm and 5:00pm. The pharmacy label for Resident #2's Lispro Insulin does not include the prescribed dosages and instructions for administration based on a sliding scale

184a Resident's Meds Labeled (continued)

. The pharmacy label states to inject 8 units three times a day with meals.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

Wellness Director immediately placed change of order sticker on Insulin pen container on 6/24/26. A new label containing the correct sliding scale with doses was ordered from pharmacy and delivered on 6/25/26 and placed on the pen container. All medication technicians will be educated on checking change of orders on medications to ensure compliance. Education will be provided by Wellness Director or Designee beginning 6/25/26 and continue for 90 days ending on 10/14/2026. Wellness Director/Designee to do weekly audit on medication changes and new orders to ensure labels and changes for 90 days beginning 6/24/26 and continuing through 10/14/26.

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

Implemented ([redacted] - 08/06/2026)

185a - Implement Storage Procedures

5. 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 #2 is prescribed blood glucose readings three times a day via a Dexcom G7 reader at 8:00am, 12:00pm and 5:00pm. Resident #2 is prescribed sliding scale units of Insulin Lispro based on the glucose readings. However, the resident's Dexcom glucose monitor does not retain the routine readings to determine if the correct insulin Lispro units were administered as ordered.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

Staff re educated on BS checks by Wellness Director on 6/25/26. Review and education of proper BS check and recordings to be ongoing through 10/14/26 and will be done by wellness Director/Designee. Manual blood sugar checks Started 6/24/26 and will continue until a real time check via Dexcom is established. Wellness Nurse/Medication Tech will check and record blood sugar manually at prescribed times and administer insulin per sliding scale. BS to be reviewed weekly by Wellness Director/Designee for 90 days to ensure compliance. Audits will begin 6/24/26 and will continue through 10/14/2026

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

Implemented ([redacted] - 08/06/2026)

227d - Support Plan Medical/Dental

6. 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 current assessment for Resident #3, dated [redacted], indicates the resident has a need for a bedside mobility device. However, the resident's current support plan, dated [redacted] does not include the specific type of device, the potential risk associated with use and the resident's ability to safely use the device.

Plan of Correction ***Directed ([redacted] - 07/22/2026)***

The resident's support plan was immediately reviewed and updated to include the specific type of device by wellness nurse on 6/27/26. Staff educated by Wellness Director on the potential risk associated with use and the resident's ability to safely use the device on 6/27/26 and will continue for 90 days ending on 10/14/26. The Wellness Director/Designee will audit all new and revised support plans monthly for 90 days to ensure compliance. Monthly Audits will begin 6/27/26 and will be ongoing. Any deficiencies identified will be corrected immediately, and additional staff education will be provided as needed.

Directed Completion Date: *08/07/2026*

Implemented ([redacted] - 08/06/2026)