

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

September 9, 2026

[REDACTED]
GDL FARMS CORPORATION
[REDACTED]

ATTN: PCH ADMINISTRATOR
[REDACTED]

RE: PERSONAL CARE/MEMORY CARE @
THE PARK
3455 DAVISVILLE ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12790

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2026, 07/02/2026 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: PERSONAL CARE/MEMORY CARE @ THE PARK

License #: 12790

License Expiration: 07/26/2026

Address: 3455 DAVISVILLE ROAD, HATBORO, PA 19040

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: GDL FARMS CORPORATION

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: I-2

Date: 06/06/2009

Issued By: Upper Moreland Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 109

Waking Staff: 82

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 07/02/2026

Inspection Dates and Department Representative

07/01/2026 - On-Site:

07/02/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 113

Residents Served: 62

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 48

Residents Served: 31

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: NA

Are 60 Years of Age or Older: 62

Diagnosed with Mental Illness: NA

Diagnosed with Intellectual Disability: NA

Have Mobility Need: 47

Have Physical Disability: NA

Inspections / Reviews

07/01/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/03/2026

08/07/2026 - POC Submission

Submitted By:

Date Submitted: 09/09/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 08/12/2026

Inspections / Reviews (*continued*)

08/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/09/2026

09/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [REDACTED] was hospitalized from [REDACTED] until [REDACTED] due to an unwitnessed fall which resulted in a head injury. The home did not submit an incident report to the Department.

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2026 by the Director Of Nursing who submitted the incident report for Resident [REDACTED] to the Department.

To enhance the currently compliant operations, Director of Nursing/Designee and will conduct Education and complete by 8/7/26 by [REDACTED] LPN, DON/Designee. DON/Designee will review nursing notes/reports for incidents of hospitalization, 10% of files will be audited Daily 5 X week X 2 weeks, weekly X 1 Month. Results will be reported in Quality Management Meetings held monthly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes, with a completion date of 9/7/2026.

Effective 07/28/2026 the Director of Nursing/Designee will review nursing notes/reports for incidents of hospitalization. 10 % of files will Daily 5 X week X 2 weeks, weekly X 1 Month. Results will be reported in Quality Management Meetings held monthly, Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes, through 9/7/2026. This will be done to maintain ongoing compliance with reporting an incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, will follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

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], Resident [REDACTED] had signage on their door that read "electronic listening and/or video is in use in [room number]. Please be advised the resident, family or their designee have access to listen or view through it".

On [REDACTED], Resident [REDACTED] had signage on their door that read "electronic listening and/or video is in use in [room number]. Please be advised the resident, family or their designee have access to listen or view through it".

42s Privacy (continued)

Plan of Correction

Directed [REDACTED] - 08/17/2026)

~~In response to the violation on 07/01/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/13/2026 by the Director of Nursing/Designee by changing the signage for Residents 2 and 3 (and all other rooms with cameras) to correctly reflect that there is video recording in these rooms, however there is no audio recording. Not accepted [REDACTED] 8/17/26~~

To enhance the currently compliant operations, on 07/13/2026 the Director of Nursing the Director of Nursing will educate the staff that handle admissions which are the Administrator, Director of Nursing and Receptionist that, "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." and listening devices are a violation of that privacy and prohibited with a completion date of 8/7/2026.

~~On 07/13/2026 the Director of Nursing performed a House audit. Effective 08/4/2026 the Director of Nursing/Designee will perform a daily audit Daily 5 X week X 2 weeks, weekly X 1 Month. Results of the audits will be reported at the Quality Management Meetings held monthly. Inspections of signage to ensure they are properly displayed will be conducted through 9/7/2026 to maintain ongoing compliance and maintaining resident privacy. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Not accepted [REDACTED] 8/17/26~~

Proposed Overall Completion Date: 09/07/2026

Directed POC:

Immediately: Signage on resident rooms doors indicating that residents and/or their families have installed cameras shall be removed.

Immediately: Staff and residents shall be educated on the following:

- Residents may video record in their private rooms or with the written permission of all roommates in shared rooms.
- Residents may install "hidden cameras" in private rooms without the home's knowledge.
- Audio monitoring in any location on the grounds of the home is prohibited.

Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

82c - Locking Poisonous Materials

3. Requirements

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.

82c Locking Poisonous Materials (continued)**Description of Violation**

Lidocaine Pain Relief Dry Spray, Antiseptic Cleansing Foam, Dermal Wound Cleanser, Germ Hand Sanitizer, with a manufacture's label indicating "If swallowed, get medical help or contact a poison control center right away", was unlocked, unattended, and accessible to Resident 2. Not all the residents of the home, including Resident 2, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/02/2026 by the Director of Nursing/Designee to lock in a secure strongbox the Lidocaine Pain Relief Dry Spray, Antiseptic Cleansing Foam, Dermal Wound Cleanser and Germ Hand Sanitizer.

To enhance the currently compliant operations, on 08/04/2026 the Director of Nursing will [REDACTED] LPN, DON will provide a staff education class to be held for Nursing staff, Direct Care staff, Housekeeping and Maintenance with a completion date of 08/7/2026. A House Audit will be conducted beginning on 08/4/2026. moving forward, a daily audit will be completed 10% of rooms will be audited Daily 5 X week X 2 weeks, weekly X 1 Month. Results of the audits will be reported at the Quality Management Meetings held monthly,

Effective 08/04/2026 the Director of Nursing/Designee will perform daily audit on 10% of rooms to be audited Daily 5 X week X 2 weeks, weekly X 1 Month. Results of the audits will be reported at the Quality Management Meetings held monthly. Audits will remain in place through 9/7/26 to maintain ongoing compliance of the House to ensure that poisonous materials are locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

91 - Telephone Numbers**4. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident [REDACTED] room.

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/02/2026 by the Director of Nursing/Designee and Emergency numbers were put in Resident #4's room.

91 - Telephone Numbers (continued)

To enhance the currently compliant operations, on 08/04/2026 Education will be held on 8/4/26 for Nursing, Direct Care Staff, Maintenance and Housekeeping staff by [REDACTED] LPN, DON/Designee advising that per Regulations 2600.91, Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line, with a completion date of 08/07/2026.

Effective 08/04/2026 a daily audit to be completed Daily 5 X week X 2 weeks, weekly X 1 Month. Results of the audits will be reported at the Quality Management Meetings held monthly through 9/7/2026 to maintain ongoing compliance. The Home will ensure through audits that the telephone numbers are posted in all resident rooms for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by each telephone with an outside line. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

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

2600.

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 [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/02/2026 by the Director of Nursing/Designee to replace the lightbulb in Resident #3's bedside lamp.

To enhance the currently compliant operations, on 08/04/2026 all staff including Nursing, Direct Care Staff, Maintenance and Housekeeping will be educated by [REDACTED], DON/Designee by 8/7/2026. An audit of the House will be done with a completion date of 08/07/2026.

Moving forward 10% of the House resident rooms will be audited Daily 5 X week X 2 weeks, weekly X 1 Month. Results of audits will be reported at monthly Quality Management meetings. In order to maintain ongoing compliance an audit of the House will be completed by 8/7/26 by the Director of Nursing. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

101j7 Lighting/Operable Lamp (continued)

Implemented [REDACTED] - 09/09/2026)

141a 1 10 Medical Evaluation Information

6. 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 [REDACTED]'s medical evaluation dated [REDACTED] did not include a mobility assessment.

Plan of Correction

Accepted [REDACTED] 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 7/30/2026 to complete the mobility assessment on Resident [REDACTED] medical evaluation by [REDACTED] LPN, DON.

To enhance the currently compliant operations, a House audit of all medical assessments will be conducted by 8/7/2026. Staff education will be completed by 8/7/2026 by [REDACTED] LPN, DON/Designee for Nurses and Direct Care Staff. Moving forward 10% of medical evaluations will be audited Daily 5 X week X 2 weeks, weekly X 1 Month with a completion date of 9/7/2026.

Staff education will be completed by 8/7/2026 by [REDACTED] LPN, DON/Designee for Nurses and Direct Care Staff. Moving forward audits will be completed Daily 5 X week X 2 weeks, weekly X 1 Month ensuring each resident has 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 includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

141a 1-10 Medical Evaluation Information (*continued*)

183b - Meds and Syringes Locked

7. Requirements

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 [REDACTED], [REDACTED] was unlocked, unattended, and accessible in Resident 6's room.

Plan of Correction

Accepted [REDACTED] 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/02/2026 by the Director of Nursing/Designee to lock Resident [REDACTED]'s Boudreaux's Butt Paste External Ointment 40% Zinc securely at the nurse's station.

To enhance the currently compliant operations, on 08/04/2026 the Director of Nursing/Designee, [REDACTED] LPN, DON, will conduct staff education for nurses and direct care staff by 8/7/26. A House audit will be completed by DON/Designee by 8/7/2026. Moving forward 10% of rooms will be audited Daily 5 X week X 2 weeks, weekly X 1 Month and audit results will be reported at the monthly Quality Management Meeting.

Audit of the House will be completed by 8/7/26. Moving forward audits will be completed for 10% of rooms Daily 5 X week X 2 weeks, weekly X 1 Month and audit results will be reported at the monthly Quality Management Meeting, through 9/7/2026 to maintain ongoing compliance with Audit of the House will be completed by 8/7/26. Audits will ensure prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] 09/09/2026)

183e - Storing Medications

8. 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

On [REDACTED] Resident [REDACTED], [REDACTED] tab was punctured in slot 10 of the blister pack and remained in place.

On [REDACTED], Resident [REDACTED] cap was punctured in slot 23 of the blister pack and remained in place.

On [REDACTED], Resident [REDACTED] had a broken lid and was open in the medication cart.

183e Storing Medications (continued)

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, on 07/02/2026 by the Director of Nursing/Designee, immediate action was taken on Resident [REDACTED], Clopidogrel 75mg tab was punctured in slot 10 of the blister pack with pill remaining in place, Resident [REDACTED] Loperamide 2mg cap was punctured in slot 23 of the blister pack with pill remaining in place and Resident [REDACTED] Chest Congestion Relief DM 10 100 which had a broken lid and was open in the medication cart to move these three items to a secure location. The Pharmacy was contacted for replacements of these three medications.

To enhance the currently compliant operations, on 08/04/2026 the Director of Nursing/Designee will The designated employee, [REDACTED] LPN, DON will educate nursing staff and medical technicians by 8/7/10.

Effective 08/04/2026 the Director of Nursing/Designee will perform audits on 10% of House files: Daily 5 X week X 2 weeks, weekly X 1 Month through 9/6/2026 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for Resident [REDACTED] label reads "Give 1 tablet by mouth every 8 hours as needed for nausea or vomiting." but the MAR and Physician Orders reads "Give one tablet by mouth every 6 hours as needed for vomiting/nausea."

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, the Director of Nursing/Designee took immediate action to revise the directions on the bottle of Ondansetron HCl Oral tablet 4mg by contacting the pharmacy to reflect the correct physician's orders for Resident #7.

To enhance the currently compliant operations, on 07/30/2026 the Director of Nursing/Designee will The designated staff member, [REDACTED] LPN, DON completed a House audit on 7/16/2026. Audits moving forward will be completed Daily 5 X week X 2 weeks, weekly X 1 Month. Results will be reported at the monthly Quality Management Meeting, with a completion date of 9/7/2026.

184a - Resident's Meds Labeled (continued)

Effective 08/04/2026 10% of the resident medications on the cart will be audited Daily 5 X week X 2 weeks, weekly X 1 Month. Results will be reported at the monthly Quality Management Meeting. audits of Education of staff by DON/Designee and Daily 5 X week X 2 weeks, weekly X 1 Month. Results will be reported at the monthly Quality Management Meeting, through 11/16/2026. To maintain ongoing compliance with [REDACTED] LPN, DON completed a House audit on 7/16/2026. [REDACTED] LPN, DON will educate nursing and direct care staff by 8/7/2026, ensuring the original container for prescription medications will be labeled with a pharmacy label that includes correct doctor's orders which also align with the MAR. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/06/2026

Implemented [REDACTED] - 09/09/2026)

185a - Implement Storage Procedures**10. 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 [REDACTED] is prescribed [REDACTED] "Apply to lower back topically every 12 hours" as needed. On [REDACTED] this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] "Take 1 tablet under the tongue every 4 hours as needed". On [REDACTED] this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken and a House audit was completed 7/16/2026. All medications unavailable were ordered via the Pharmacy. Resident [REDACTED]'s Lidocaine External Gel 4% and Cp Hyosyam .125mg SL Tab were ordered via the Pharmacy.

To enhance the currently compliant operations, on 08/04/2026 the Director of Nursing/Designee, [REDACTED] LPN, DON will educate nurses and medical technicians by 8/7/26 regarding safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons, with a completion date of 08/07/2026.

Beginning 08/04/2026 the Director of Nursing/Designee will perform audits Daily 5 X week X 2 weeks, weekly X 1 Month. Results will be reported at the monthly Quality Management Meeting with a completion date of 9/7/2026 to maintain ongoing compliance. This will ensure the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing /Designee for further review and continuous improvement.

185a Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

224a - Preadmission Screen Form

11. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED] however, the residents preadmission screening was not dated on the first page.

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken to ensure all proper and necessary fields of assessment are completed on the preadmission screening form. The individual who completed the Resident assessment for both Resident [REDACTED] and # [REDACTED] is no longer employed by the company, and these screenings could not be dated, completed and signed.

To enhance the currently compliant operations, the Director of Nursing/Designee, [REDACTED] will educate the Administrator and nursing staff of the requirement that preadmission screenings be completed 30 days prior to admission so that it can be determined that the needs of the resident can be met by the facility. Education and audits will ensure that all proper and necessary fields of the preadmission screening are complete and dated. Audits of the House files for preadmission screens will be completed, with a completion date of 9/7/26.

Effective 08/04/2026 the Director of Nursing/Designee will perform audits Daily 5 X week X 2 weeks, weekly X 1 Month. Results will be reported at the monthly Quality Management Meeting. This will assist in maintaining ongoing compliance with Audits of the House files for preadmission screens will be completed by 8/7/2026 ensuring a determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

225a - Assessment 15 Days

12. Requirements

225a - Assessment 15 Days (continued)

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for Resident [REDACTED] who was admitted to the home on [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken to investigate why Resident [REDACTED] did not have a written initial assessment in their file. The resident's initial assessment will be completed by the DON by 8/4/2026.

To enhance the currently compliant operations, [REDACTED] LPN, DON the designated staff member will be complete the initial assessment for Resident [REDACTED] by 8/4/2026. [REDACTED] LPN, DON will complete education for the Administrator and Nursing Staff reinforcing Regulation 2600.225a that a resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. with a completion of audits date of .

Effective 08/04/2026 the Director of Nursing/Designee audits will be completed on 10% of the House files: Daily 5 X week X 2 weeks, weekly X 1 Month. Results will be reported at the monthly Quality Management Meeting. This will ensure each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

225c - Additional Assessment**13. 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

The assessment for Resident [REDACTED] dated [REDACTED], indicates the resident has a need for minimal assistance with mobility. The resident was assessed by a medical practitioner on [REDACTED], the medical evaluation indicates the resident requires moderate assistance with mobility.

Resident [REDACTED] most recent assessment was completed on [REDACTED].

Resident [REDACTED] assessment, dated [REDACTED], does not include an assessment for the resident's cognitive needs.

225c Additional Assessment (continued)

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/16/2026 by the Director of Nursing/Designee to complete Resident [REDACTED]'s RASP was updated per the DME on 7/16/26 and Resident [REDACTED] RASP was completed on 7/31/26.

To enhance the currently compliant operations, on 08/04/2026 [REDACTED] LPN, DON will educate Administrator and Nurses that per Regulation 2600.225.c., The resident shall have additional assessments as follows: 2600.225.c.1.: Annually, 2600.225.c.2: If the condition of the resident significantly changes prior to the annual assessment or 2600.225.c.3: At the request of the Department upon cause to believe that an update is required, with a completion date by 08/07/2026.

Effective 08/04/2026 the Director of Nursing/Designee will perform audits completed Daily 5 X week X 2 weeks, weekly X 1 Month. Results will be reported at the monthly Quality Management Meeting. This will ensure each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required, and annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/09/2026)

227g -Support Plan Signatures

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

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

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

Resident [REDACTED], 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

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken to audit House Support Plans. It was determined that Care conferences will be conducted annually with the resident, family and Director of Nursing unless significant change occurs triggering the need for a follow up care conference.

To enhance the currently compliant operations, on 08/04/2026 the Director of Nursing/Designee, [REDACTED] LPN, DON will perform education with Nursing Staff stressing the requirement for signatures on all support plans that a resident participates in the development of, to be completed by 9/7/26.

Effective 08/04/2026 the Director of Nursing/Designee will perform audits completed Daily 5 X week X 2 weeks, weekly X 1 Month and results will be reported at the monthly Quality Management Meeting with a completion date of 9/7/26 but will be ongoing to maintain ongoing compliance. House audits will be conducted ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] 09/09/2026)

231c - Preadmission Screening

15. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the Resident [REDACTED] written cognitive preadmission screening has not been completed.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/17/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken to schedule a House Audit of all files to ensure that Residents on secure units cognitive screenings are completed.

To enhance the currently compliant operations, on 08/04/2026 the Director of Nursing/Designee, [REDACTED] LPN, DON will conduct education for the Administrator and Nursing Staff. A House Audit will be conducted of all Memory Care files to ensure that cognitive preadmission preadmission screening has been completed, with a completion date of 08/07/2026.

231c Preadmission Screening (continued)

Beginning 08/04/2026 the Director of Nursing/Designee will perform 10% of House files: Daily 5 X week X 2 weeks, weekly X 1 Month and results will be reported at the monthly Quality Management Meeting through 9/7/2026. This will help to maintain ongoing compliance with and ensuring a written cognitive preadmission screening is completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form is completed for each resident within 72 hours prior to admission to a secured dementia care unit. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented () - 09/09/2026)

252 - Record Content**16. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

10. A record of incident reports for the individual resident.

Description of Violation

Resident () record does not include a record of incident reports for the individual resident.

Plan of Correction

Accept () - 08/17/2026)

In response to the violation on () by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken to schedule a House audit to be completed by 8/7/26 of resident files for incident reports.

To enhance the currently compliant operations, on 08/04/2026 the Director of Nursing/Designee, () LPN, DON will educate Administrator and Charge Nursing Staff on reportable incidents by 8/7/24, with a completion date of 9/7/2026.

Effective 08/04/2026 the Director of Nursing/Designee will perform audits on 10% of House files: Daily 5 X week X 2 weeks, weekly X 1 Month and results will be reported at the monthly Quality Management Meeting. This will help to maintain ongoing compliance with A House Audit will be completed by 8/7/2026 ensuring each resident's record includes, a record of incident reports for the individual resident, and a record of incident reports for the individual resident. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented () - 09/09/2026)