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

August 18, 2026

[redacted], ADMINISTRATOR
SUSAN DOWHOWER PERSONAL CARE HOME LLC
120 SOUTH 10TH STREET
LEBANON, PA, 17042

RE: SUSAN DOWHOWER PERSONAL CARE HOME
120 SOUTH 10TH STREET
LEBANON, PA, 17042
LICENSE/COC#: 33484

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2026 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: *SUSAN DOWHOWER PERSONAL CARE HOME* **License #**: *33484* **License Expiration**: *10/11/2026*

Address: *120 SOUTH 10TH STREET, LEBANON, PA 17042*

County: *LEBANON* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *SUSAN DOWHOWER PERSONAL CARE HOME LLC*

Address: *120 SOUTH 10TH STREET, LEBANON, PA, 17042*

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *09/28/2009* **Issued By**: *City of Lebanon*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *33* **Waking Staff**: *25*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/16/2026*

Inspection Dates and Department Representative

07/16/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served**: *33*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *22* **Are 60 Years of Age or Older**: *22*

Diagnosed with Mental Illness: *33* **Diagnosed with Intellectual Disability**: *9*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

07/16/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/14/2026*

08/13/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/17/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/20/2026*

Inspections / Reviews *(continued)*

08/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/17/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/07/2026*

08/18/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/17/2026*

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

20b1 - Financial Records

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for Resident #1. A $10 cash disbursement was made to the resident between 7/1/26 and 7/16/26. However, this disbursement was not documented in the resident's financial transaction record.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On 7/16/26, Resident #1's financial record was corrected by the Staff Person responsible for managing disbursements of resident spending funds, to reflect the $10 cash disbursement that had not been documented.

On 07/17/2026, all Staff responsible for resident cash disbursements were retrained by the Administrator on the requirement of documenting all transactions in resident financial transaction records.

On 7/17/26 and 8/1/26, all resident financial transaction records for residents whose finances are managed by the home, were audited by the Lead Staff person responsible for disbursement of resident spending funds, to ensure all resident spending transactions are being documented.

Beginning 9/1/26, monthly audits of the resident financial spending records will continue to be performed by the Staff Person responsible for disbursement of resident spending funds or by the Administrator.

See attached training record. See attached audit record.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 08/18/2026)

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/16/2026 at 11:36 AM, a handheld urinal with approximately 2" of urine was present on Resident #2's bedside dresser, Resident #2 was not present in the room. On 7/16/2026 at 2:57 PM, the urinal was still present on Resident #2's dresser and contained approximately 4" of urine.

Plan of Correction ***Accept ([redacted] - 08/13/2026)***

On 7/16/26, the handheld urinal was immediately emptied by Staff.

85a - Sanitary Conditions (continued)

On 7/17/26, Resident #2 was reeducated by the Administrator on the homes policy on maintaining sanitary conditions and the importance of making sure they empty their handheld urinal each time they use it.

On 7/17/26, all Staff were retrained by the Administrator on regulation 2600.85.a. Sanitary conditions shall be maintained and how it applies in the home.

Beginning 7/17/26, all Housekeeping Staff will perform daily checks when cleaning Resident #2's, room to ensure the handheld urinal is being emptied. All staff will provide Resident #2 with prompting and reeducation as needed to ensure ongoing compliance and sanitary conditions are being maintained.

The Administrator will monitor to ensure ongoing compliance.

See attached Resident education and Staff training record.

Licensee's Proposed Overall Completion Date: *08/05/2026*

Implemented ([redacted] - 08/18/2026)

121a - Unobstructed Egress

3. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 7/16/2026 at 9:20 AM, several items including 2 mops, and a bucket, were stored at the top of the basement steps. A circular metal item sat on the last basement step. These items obstructed the egress route from the basement to the 1st floor exit.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On 7/16/26, Staff immediately removed the items that had been stored at the top of basement steps, including the 2 mops and a bucket and the circular metal item that was sitting on the last basement step.

On 7/17/26, All Staff were retrained by the Administrator, on keeping stairways, hallways, doorways, passageways and egress routes from rooms and from the building unblocked and unobstructed.

On 7/17/26, a sign stating Do Not Block Stairway or Stairs was posted by the Administrator in the stairway.

Beginning 8/14/26, the Administrator will perform monthly checks to ensure the stairway is being kept clear and ensure continued compliance.

See attached training record and posted sign.

Licensee's Proposed Overall Completion Date: *08/14/2026*

Implemented ([redacted] - 08/18/2026)

132c - Fire Drill Records

4. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for 12/25/24, 3/25/25, 9/12/25, and 10/28/25, do not indicate if the drill times were AM or PM.

Plan of Correction ***Accept ([redacted] - 08/13/2026)***

On 7/16/26, the fire drill records for 12/25/24, 3/25/25, 9/12/25, and 10/28/25, were corrected, by the designated Staff person responsible for performing and documenting the monthly fire drills, to indicate if the drill times were AM or PM.

On 7/17/26, the Designated Staff Person responsible for the home's fire drills, was retrained, by the Administrator, on regulation 2600.132.c requiring a written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

On 7/17/26, all monthly fire drill records were audited by the Designated Staff Person responsible for fire drills, to ensure all required information was documented.

Beginning 8/31/26, the Designated Staff Person will do quarterly audits of the fire drill records to make sure all required information is documented in order to ensure continued compliance.

The Administrator will monitor to ensure continued compliance.

See attached training record. See attached audit record.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 08/18/2026)

132g - Fire Drills Days/Times

5. 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 the required sleeping hour fire drills between 12 AM and 12:15 AM, as evidenced by the following drills:

- 8/27/24 12:00 AM

- 2/27/25 12:00 AM

- 8/11/25 12:15 AM

132g - Fire Drills Days/Times *(continued)*

Plan of Correction ***Accept (- 08/13/2026)***

On 7/17/26, The Designated Staff Person responsible for holding and documentation of fire drills, including sleeping hours fire drills, was retrained by the Administrator on the regulation 2600.132.g. requiring fire drills to 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. Emphasis was placed on varying times for sleeping hour drills.

Beginning on or around 8/21/26, which is when the next sleeping hours fire drill will be held, the Administrator will, audit the fire drill record for each sleeping hours drill to ensure they are being held at different times.

See attached training record.

Licensee's Proposed Overall Completion Date: *08/21/2026*

Implemented (- 08/18/2026)

133.1 - Exit Signs

6. Requirements

2600.
133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word ''EXIT'' in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the center front door. The home currently serves 33 residents.

Plan of Correction ***Accept (- 08/17/2026)***

On 7/16/26 the Administrator was educated by a representative of the Department while on-site, on regulation 2600.133.1. requiring that signs bearing the word "EXIT" in plain legible letters shall be placed at all exits and that the current EXIT sign that is on the wall near the center front door may not comply with the regulation since it is not over the door.

On 7/17/26 An EXIT sign was placed over the center front door, by Staff.

Beginning 9/1/26, the Administrator will perform monthly checks to ensure EXIT signs are posted above every exit to maintain continued compliance.

See attached picture of EXIT sign over center front door.

Licensee's Proposed Overall Completion Date: *09/01/2026*

Implemented (- 08/18/2026)

181c - Self-administration Assessment

7. Requirements

181c - Self-administration Assessment *(continued)*

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 self-administers Nicotine 4 mg chewing gum, chew 1 piece every 1 hour as needed for smoking cessation. However, Resident #3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction ***Accept ([redacted] - 08/13/2026)***

On 7/17/26, all Medication Staff were retrained by the Administrator, on regulation 2600.181.c. requiring the resident's assessment to identify if the resident is able to self-administer medications as specified in 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

On 7/17/26, Resident #3 was assessed by their physician, regarding their ability to self-administer and the need for reminders to take medications.

On 7/17/26, Resident #3's assessment was updated to reflect the assessment by their Physician.

On 7/17/26, all resident assessments of residents who wish to self-administer were audited by Staff to make sure they identify if the resident is able to self administer and they have been assessed by a physician, physician's assistant or certified nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Each month a Designated Staff Person performs a monthly audit of a sampling of resident assessments to ensure all necessary information is included and documentation is correct. Beginning in August, 2026, the month of the home's next monthly resident assessment audit, and each month thereafter, the Designated Staff Person will check the sampling of audited resident assessments to ensure any resident who wishes to self-administer has been assessed in accordance with regulation 2600.181.c.in order to ensure ongoing compliance.

See attached training record. See attached Audit record.

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented ([redacted] - 08/18/2026)

187a - Medication Record

8. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record *(continued)*

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #4 is prescribed Novolog and Lantus insulins. The medical evaluation for Resident #4, completed [redacted], indicates the resident can self-administer medication with supervision and assistance. Staff administer these medications for Resident #4 when requested, approximately twice a week. However, there is no documentation in the resident's May, June, or July 2026 medication record, indicating the doses administered by staff.

Plan of Correction ***Accept ([redacted] - 08/13/2026)***

On 7/17/26, all Medication Staff were re-trained by the home's Medication Administration Trainer, on regulation 2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered: 14. Name and initials of the staff person administering the medication.

On 7/17/26, the current medication record for July was audited by Medication Staff to ensure that all medication staff is documenting if they assisted or administered, any medications, to any residents, and to any residents who self-administer, if they provide assistance or administer the medication.

Beginning 7/17/26, Medication Staff will ensure, they document in the medication record when they assist or administer any medications, including insulin, to Resident #4 or any other resident who is able to self-administer but sometimes requests assistance from staff.

To ensure ongoing compliance, the Administrator or Designated Medication Staff person will periodically interview residents and medication staff to ensure staff is documenting in the medication record when they provide assistance or administer any medications.

See attached training record. See attached audit record.

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

Implemented ([redacted] - 08/18/2026)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed Novolog, inject subcutaneously per sliding scale with meals: For every 50 units over 150, give 2 units; 150-199=2U, 200-249=4U; 250-299=6U, 300-349=8U; call for blood sugar >350. Resident #6 was not administered this medication per the physician's order, as follows:
- On 7/5/26 at 6:58 AM, the resident's blood sugar was 158, requiring 2 units of insulin. However, 0 units were administered.
- On 7/6/26 at 7:23 AM, the resident's blood sugar was 161, requiring 2 units of insulin. However, 0 units were administered.
- On 7/15/26 at 6:20 AM, the resident's blood sugar was 194, requiring 2 units of insulin. However, 0 units were administered.

187d Follow Prescriber's Orders (continued)

On 7/16/26 at 6:22 AM the resident's blood sugar was 163, requiring 2 units of insulin. However, 0 units were administered.

Repeated Violation 12/18/24

Plan of Correction ***Accept (- 08/13/2026)***

On 7/17/26, the home's Medication Trainer/Administrator reviewed the medication record for Resident #6 and interviewed Medication Staff responsible administering medications to Resident #6 on 7/5/26 at 6:58 AM, 7/6/26 at 7:23 AM, 7/15/26 at 6:20 AM and 7/16/26 at 6:22 AM. The Medication Trainer/Administrator found that even though according to the prescriber's order, 2 units of insulin should have been administered on the dates indicated, Resident #6 chose to refuse the prescribed 2 unit dose, which was documented as a Refusal on the medication record and that is why it was documented as 0 units administered on the Blood Glucose Documentation Sheet, where the glucose reading is documented, along with the units of insulin administered.

After interviewing Resident #6 and medication staff, The Medication Trainer/Administrator discovered, that Resident #6 will occasionally refuse the prescribed insulin dose, even though their blood sugar is within the range on the sliding scale, where 2 units should be administered, if they feel like their blood sugar is still too low or may continue to drop, or if they are not going to eat.

On 7/17/26, the Medication Staff contacted Resident #6's prescriber for instructions for when Resident #6 chooses to refuse insulin when insulin should be administered according to prescriber order. On 7/18/18, Resident #6's prescriber sent the home's medication staff written instructions stating they do not need to be notified when Resident #6 chooses to refuse insulin and these instructions were added into the medication record.

On 7/17/26, the medication record was audited by the home's Medication Trainer to ensure medication staff are following the directions of the prescriber for all medications being administered and documented.

On 7/17/26, all medication staff were retrained by the home's Medication Trainer on the regulation 2600. 187.d. The home shall follow the directions of the prescriber.

In accordance with the home's current policy, Medication staff will continue monthly audits of medication record, to ensure blood sugar results and insulin administered are being documented correctly and correct insulin dose is being administered.

See attached Staff Training Record. See attached audit documentation.

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented (- 08/18/2026)

190b - Insulin Injections

10. Requirements

2600.

190b - Insulin Injections *(continued)*

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

Staff interviews indicated staff provide assistance Resident #4 to administer GLP-1 by dialing the units on the device. Resident #4 stated the home's direct care staff also administer this medication for the resident, when requested. However, the home's direct care staff are unlicensed, and the home does not have a waiver for an unlicensed direct care staff member to administer the GLP agonist medications subcutaneously.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

On 7/16/26, the Administrator was educated by a representative of the Department while on site, on the regulation requiring a home to have a waiver for an unlicensed medication staff person to administer GLP agonist medications subcutaneously.

On 7/17/26, the Administrator informed Resident #4 in writing of the home's intent to request a waiver for unlicensed medication staff to administer GLP agonist medications subcutaneously. The Administrator discussed the waiver request with Resident #4, and they were given a copy of the waiver request to provide them with the opportunity to submit comments to the Department. The name, address, and telephone number of the Department staff person to submit comments and provide assistance submitting comments, was also provided to Resident #4, in accordance with the requirements of applying for a waiver under 2600.19.

On 8/17/26, the Administrator will submit the waiver request to the Department, requesting that the home's medication staff may administer GLP agonist medications subcutaneously in accordance with 55. PA Code Chapter 2600.

Resident #4 will self administer with no assistance from staff, until the waiver request is granted by the Department.

See attached letter to resident and waiver request.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/18/2026)

227e - Self Administer Medication

11. Requirements

2600.
227.e. The resident’s support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

The support plan for Resident #4, dated 12/12/25, indicated Resident #4 can self-administer medications, staff will assist by offering medications at prescribed times. However, per resident and staff interviews, staff will dial the prescribed dose on the resident's insulin/semaglutide device and administer insulin/semaglutide upon resident

227e Self Administer Medication (continued)

request. The support plan has not been updated to reflect the medication administration support provided by staff.

Plan of Correction ***Accept (- 08/13/2026)***

On 7/17/26, the support plan for Resident #4 was updated by a Direct Care Staff person, to reflect the medication administration support provided by staff, by dialing the prescribed dose on the resident's insulin/semaglutide device and administering insulin upon request.

On 7/17/26, all Medication Staff were retrained by the home's Medication Trainer/Administrator, on regulation 2600.227.e. requiring the resident's support plan must document the ability of the resident to self administer medication or the need for medication reminders or medication administration.

Each month a Designated Staff Person performs a monthly audit of a sampling of resident assessments to ensure all necessary information is included and documentation is correct. Beginning in August, 2026, the month of the home's next monthly resident assessment audit, and each month thereafter, the Designated Staff Person will check the sampling of audited resident assessments to ensure they include, if applicable, documentation of the ability of the resident to self administer medications or the need for medication reminders or medication administration.

See attached Training Record.

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented (- 08/18/2026)

251b - Record Entries Legible

12. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the following documents:
Resident #4's Assessment and Support Plan, dated
Resident #4' Medical Evaluation, dated
Resident #4's July blood sugar log
Resident #5's July blood sugar log

Plan of Correction ***Accept (- 08/13/2026)***

On 7/17/26, the Administrator retrained all staff on regulation 2600.251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry. All staff were instructed not to use white out in any resident record, but if a mistake is made, to cross out the error, write error and write the correction next to it.

Resident assessments, medication records and medical evaluations will be checked during the monthly and quarterly audits that are performed by the Designated Staff Person, to ensure ongoing compliance.

See attached Training Record.

251b Record Entries Legible (continued)

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented (- 08/18/2026)

254a - Records Discharge/Active

13. Requirements

2600.
254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 7/16/26, the records of Resident #6 and Resident #7 were unlocked, unattended, and accessible in the basement. Specifically, the May 2021 Medication Administration Record for Resident #6 and a Wellspan Health After Visit Summary for Resident #7, dated

Plan of Correction ***Accept (- 08/17/2026)***

On 7/17/26, upon investigation, the Administrator discovered the lock that is used to secure the door of the room where resident Records are stored, was broken and the door was not able to be closed and locked.

On 7/20/26, the door and the lock were fixed and are now in working order enabling the home to continue to store records of active and discharged residents in a confidential manor, preventing unauthorized access.

The Administrator will ensure the door remains locked and in good working order by performing monthly checks beginning 9/1/26.

Licensee's Proposed Overall Completion Date: *09/01/2026*

Implemented (- 08/18/2026)