

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

September 9, 2026

[REDACTED]
GDL FARMS CORP
[REDACTED]

ATTN FLORENCE WICHTERMAN
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2026 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:

Phone:

Email:

Certificate(s) of Occupancy

Type: I-2

Date: 10/28/2020

Issued By: Warrington Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 103

Waking Staff: 77

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 08/14/2026

Inspection Dates and Department Representative

07/21/2026 - On-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 108

Residents Served: 60

Secured Dementia Care Unit

In Home: Yes

Area: east/west

Capacity: 42

Residents Served: 40

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 70

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 43

Have Physical Disability: 0

Inspections / Reviews

07/21/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/30/2026

09/09/2026 - POC Submission

Submitted By:

Date Submitted: 09/09/2026

Reviewer:

Follow-Up Type: Bypass Document
Submission

Inspections / Reviews (*continued*)

09/09/2026 Bypass 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

On [REDACTED], resident [REDACTED] appeared to have sustained a [REDACTED]; per progress notes, the origin of the injury was unknown. The home did not report this incident to the department until [REDACTED].

On [REDACTED], during the lunch time resident [REDACTED] experienced a choking incident that required hospitalization. The home stated the incident was reported to the department, but they couldn't confirm fax receipt.

On [REDACTED], resident [REDACTED] was sent to the hospital for a fall that resulted in a [REDACTED]. The home did not submit an incident report to the Department.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Resident [REDACTED] sustained a skin tear of unknown origin on 5/29/26, incident was investigated by DON and Administrator. No abuse was determined. Resident did not need to go to hospital or urgent care for treatment. 06/09/26, The Office of Aging arrived requesting to see resident and obtain information regarding the incident. The incident report was sent to BHS that day 2600.16 - (12) A complaint of resident abuse, suspected abuse OR referral of a complaint of resident abuse to a local authority. The representative from The Office of Aging reported family had called.

Resident [REDACTED] 06/23/26 - The incident report was faxed several times; we did not however receive confirmation. Since the survey we have had the auto receipt option added to our fax machine, printing confirmation at time of fax to prevent future incidents.

Resident [REDACTED] 03/07/26 - Facility policy is to send any resident who hit their head to ER for evaluation, resident was evaluated and returned same day, now orders for laceration, no other findings.

All nurses have been instructed to contact DON regarding any incidents to determine need to report, in addition they are aware to report any resident sent to ER for any reason. DON and Administrator review the communication log daily for any occurrences in the previous 24 hours and will send report if not done.

Attached - incident reports and progress notes.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)

17 - Record Confidentiality

2. 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 [REDACTED], at 9:30am

17 Record Confidentiality (continued)

, a cabinet containing resident records was observed open, unlocked, unattended and accessible. The records were stored in the cabinet located on the second floor nurse' station.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

The closet housing the hard copy of charts has been locked and a reminder in the Point Click Care for all staff daily. All ancillary charts such as visiting nurses or hospice have been moved to Med rooms for confidentiality. DON will monitor daily during rounds.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)

18 - Compliance With Laws**3. 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

According to the NFPA (Health Care Facilities Code) regulations, a sign indicating that oxygen is in use must be clearly displayed. Resident [REDACTED] had multiple oxygen tanks in their room, but no sign was posted.

Repeated Violation [REDACTED] et.al.

Plan of Correction

Accept [REDACTED] 09/08/2026)

Magnetic Oxygen in use signs have been purchased and added to all rooms with oxygen. Monthly Safety Rounds will ensure this requirement is met as well as daily room rounds. DON will review Room Rounds as well as making rounds daily herself to ensure requirement is met.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)

51 - Criminal Background Check**4. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Agency Staff member A, who works for the home on [REDACTED] and [REDACTED] had an out of state license from Ohio. The home failed to complete an FBI clearance.

51 - Criminal Background Check (continued)

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Agency Employee maintains both PA and Ohio CNA certifications. Ohio driver's license in [REDACTED] file as a photo ID; Background Checks are in file as well.. Employee has been made "Do not return" to avoid reoccurrence. DON, HR and Administrator will continue to obtain required documentation prior to agency staff working in our community and cancel anyone not meeting the requirements.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)

81b - Resident Personal Equipment

7. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] at 9:16, resident [REDACTED] had multiple oxygen tanks that were unsecured and not properly mounted on an oxygen tank holder.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Resident [REDACTED] is a Hospice Patient with Bayada, Administrator contacted Hospice and tanks are now in a holder. DON and Administrator will monitor for compliance during rounds, as well as monthly safety rounds.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)

85a - Sanitary Conditions

9. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at approximately 9:10 am, a trash bag was observed on top of a heater.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Trash bag was removed. Resident rooms do not have heaters, this was in another area, staff reminded resident to not place bags on any heating element. DON's daily round will ensure requirements are met.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)

101i - Access to Bedroom

10. Requirements

2600.

101.i. A resident shall have access to [REDACTED] bedroom at all times.

Description of Violation

On [REDACTED] at 9:47 am, resident [REDACTED] was denied access to [REDACTED] bedroom by putting a stop sign banner across the

101i Access to Bedroom (continued)

resident's bedroom door.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Resident family requested mesh "STOP" sign to prevent wandering from another resident. Staff are aware to remove sign to allow resident access to [REDACTED] bedroom at all times. Resident who wanders will be monitored and redirected. Family informed.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)

123c - Evacuation Diagrams**11. Requirements**

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 60 residents. However, the emergency evacuation diagram does not show pull stations. The pull stations are located near the exit stairwells.

Plan of Correction

Accept [REDACTED] 09/08/2026)

All signs have been updated to include locations of fire extinguishers, (attached)

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)

183b - Meds and Syringes Locked**13. 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] at 9:30am, [REDACTED] was unlocked, unattended, and accessible to resident [REDACTED] who does not self administer medication. The medication found in resident [REDACTED]'s room belongs to resident [REDACTED]

On [REDACTED] at 9:35am, a medication cup of an unidentified cream was discovered next to the toothpaste on resident [REDACTED]'s bathroom counter.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Med Tech responsible for the Nystatin powder left in the room, has been counseled.

Room Rounds include medication and or poisons in the rooms and are done shift to shift. DON reviews round tool for patterns or violations and will address with staff involved with counseling up to and including termination.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)

187b - Date/Time of Medication Admin.

15. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED]; give one tablet by mouth in the morning. Resident [REDACTED] July 2026 medication administration record does not include the initials of the staff person who administered [REDACTED] or [REDACTED] and [REDACTED] at 05:30am.

Resident [REDACTED] is prescribed [REDACTED], give one tablet by mouth one time a day and [REDACTED] delayed release 81mg, give one tablet by mouth in the morning. Resident [REDACTED] July 2026 medication administration includes the initials of staff member E who was being trained in passing medications but does not have the medication administration qualifications.

Resident [REDACTED] is prescribed [REDACTED]; give one tablet by mouth in the morning. Resident [REDACTED] July 2026 medication administration record does not include the initials of the staff person who administered [REDACTED] or [REDACTED] and [REDACTED] at 05:30am.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Staff member [REDACTED] 5 does have all training records for passing medications (attached). We unfortunately had to remove all medication technician trained by an unofficial trainer and employees records were misfiled. MT who was training #5 on the cart has been counseled regarding proper procedure, the MT administering the medication, either the trainee or the trainer must sign medication on MAR. DON has omissions set on [REDACTED] dashboard as an alert for any omissions each day allowing [REDACTED] to address with the MT or LPN involved, with counseling up to and including termination.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)

190c - Record of Training

16. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person D does not include the observation date.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

Our trainer who trained staff member D, documented date. All MT trainings will be monitored by DON for observations and required signatures. DON is taking the Train the Trainer course and will be responsible for the correct documentation. Administrator is a trainer and has completed a review of currently certified staff and completed training for the staff previously trained by an unofficial trainer. All documentation is up to date

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)