

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

September 24, 2026

[REDACTED], EXECUTIVE DIRECTOR
THE PARK HOME
2160 WARRENSVILLE ROAD
MONTOURSVILLE, PA, 17754

RE: THE MEADOWS, A PERSONAL CARE
COMMUNITY
2160 WARRENSVILLE ROAD
MONTOURSVILLE, PA, 17754
LICENSE/COC#: 22596

Dear [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 MEADOWS, A PERSONAL CARE COMMUNITY **License #:** 22596 **License Expiration:** 06/25/2027
Address: 2160 WARRENSVILLE ROAD, MONTTOURSVILLE, PA 17754
County: LYCOMING **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: THE PARK HOME
Address: 2160 WARRENSVILLE ROAD, MONTTOURSVILLE, PA, 17754
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 01/04/1993 **Issued By:** DLI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 44 **Waking Staff:** 33

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 07/21/2026

Inspection Dates and Department Representative

07/21/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 44

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 44
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

07/21/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/21/2026

09/03/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/24/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/10/2026

Inspections / Reviews (*continued*)

09/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/21/2026

09/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

28f Resident's Funds and 30 day Refund**1. Requirements**

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 passed away on their date of death. The refund was not issued until [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/03/2026)

IMMEDIATE ACTION/TRAINING: Retraining of regulation 28 completed with administrative staff on 7/22/2026.

ONGOING ACTION/TRAINING: Tickler created to document date of notice/date of death of resident – starting the clock for the 30-day countdown. This tickler will be monitored by PCHA and Director of Finance. Tickler will be audited weekly x 4 weeks, then monthly on an ongoing basis.

WHO IS RESPONSIBLE: [REDACTED], PCHA

TARGET DATE: 8/31/2026

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

Implemented [REDACTED] - 09/24/2026)

82a Poisonous Materials**2. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

In the janitors closet in the hallway outside the kitchen area there was a spray bottle labeled "ZEP" in black marker. There was no manufacturer's label on the bottle.

In the Janitors closet across from the Nurses closet were spray bottles labeled "Neutra clean," "Windex," and "Mr. Clean." There were no manufacturer labels on these bottles.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

IMMEDIATE ACTION/TRAINING: Chemicals removed at time of survey and properly disposed of. Retraining of regulation 82 completed with all staff on 7/22/2026. Audit of all chemical supplies conducted on 7/23/2026 and 7/24/2026. Any chemicals found to be in unlabeled containers were properly disposed of. A weekly audit of all chemicals will be completed x 4 weeks and then monthly on an ongoing basis.

ONGOING ACTION/TRAINING: Chemicals will only be stored in bottles that are provided by the manufacturer. If, for any reason, chemicals are transferred into a different container, a manufacturer's label will be obtained and affixed to the container.

WHO IS RESPONSIBLE: [REDACTED], PCHA; Department Directors

TARGET DATE: 8/31/2026

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

Implemented [REDACTED] - 09/24/2026)

105g Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The laundry room across from the Nurses' closet had 2 dryers. Both dryers had approximately 1/8 of an inch of lint in each lint trap. The dryers were both cool and contained no clothing items.

In the laundry room across from the Nurses' closet had lint on the floor behind the dryers. Both dryer vents to the outside of the building laid on top of the lint.

Plan of Correction

Accept () - 09/03/2026)

IMMEDIATE ACTION/TRAINING: Lint removed from dryer trap at time of survey. Retraining of regulation 105 completed with housekeeping staff, maintenance staff and personal care staff on 7/22/2026.

ONGOING ACTION/TRAINING: Each shift, PCA Supervisor will be responsible for checking the dryer traps in each laundry room and checking the floor surrounding the dryers. PCA Supervisor will sign-off that this was completed. Sign-off and laundry rooms will be audited weekly x 4 weekly, then monthly on an ongoing basis.

WHO IS RESPONSIBLE: [REDACTED], PCHA; [REDACTED], Maintenance Director; [REDACTED], Personal Care Coordinator

TARGET DATE: 8/31/2026

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

Implemented () - 09/24/2026)

132a - Monthly Fire Drill**4. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Staff person A completes the homes fire drills. Staff person indicated they participate in the fire drills, the staff person is pulling the fire alarm and then announcing over the communication system where the fire is located.

Plan of Correction

Accept () - 09/03/2026)

IMMEDIATE ACTION/TRAINING: Retraining of regulation 132 completed with all staff on 7/22/2026. Overnight fire drill conducted 7/22/2026 at 0501am without assistance from Maintenance Director. Fire drill completed and documented per regulation.

ONGOING ACTION/TRAINING: Maintenance Director will not participate in fire drills by announcing where "fire" is located. Fire drills will only be conducted with typical amount of staff in the community, paying close attention to the overnight shift. Executive Director will monitor for compliance.

WHO IS RESPONSIBLE: [REDACTED], PCHA; [REDACTED], Maintenance Director

TARGET DATE: 8/31/2026

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

Implemented () - 09/24/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident #2 's medical evaluation dated [REDACTED] was not signed by a physician, physician's assistant or nurse practitioner, and did not indicate that the resident's needs could be safely met at a personal care home.

Plan of Correction

Accept [REDACTED] - 09/17/2026)

IMMEDIATE ACTION/TRAINING: Retraining of regulation 141 completed with Personal Care Coordinator and Executive Director on 8/12/2026. New DME obtained for resident # 2 on 7/29/2026.

ONGOING ACTION/TRAINING: Personal Care Coordinator and Executive Director will both review DME for accuracy and completion prior to filing in resident chart. Audit of DME for all residents completed 9/4/2026 to ensure appropriate documentation and signatures.

WHO IS RESPONSIBLE: [REDACTED], PCHA; [REDACTED], Personal Care Coordinator

TARGET DATE: 9/30/2026

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented [REDACTED] - 09/24/2026)

181c - Self-administration Assessment

6. Requirements

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's Medical Evaluation dated [REDACTED] indicates the resident is not able to self-administer their medication. During the resident interview, the resident had Aspirin 81 mg and Tylenol in their room.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

IMMEDIATE ACTION/TRAINING: Medications removed from resident room at time of survey. Retraining on regulation 181 completed with all personal care staff 7/22/2026. Reminder notice sent out to all POAs (via email) on 7/23/2026. Paper notification provided to residents on 7/24/2026.

ONGOING ACTION/TRAINING: Personal care staff will continue monthly safety checks of resident rooms. Continued re-education of residents and families re: no meds in rooms.

WHO IS RESPONSIBLE: [REDACTED], PCHA; [REDACTED], Personal Care Coordinator

TARGET DATE: 8/31/2026

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

Implemented [REDACTED] - 09/24/2026)

181d -Storing Medication

7. Requirements

2600.

181d Storing Medication (continued)

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #4 self administers medications and stores medications in their room. Resident #4 indicated that they do not utilize a lock box or lock the door when leaving the room resulting in the medications being unlocked and unattended in the resident's room.

Plan of Correction

Accept () - 09/03/2026)

IMMEDIATE ACTION/TRAINING: Medications removed from resident room at time of survey. Retraining on regulation 181 completed with all personal care staff on 7/22/2026. Telephone conversation with POA on 7/23/2026 to discuss. Reminder notice sent out to all POAs (via email) on 7/23/2026. Paper notification re: meds in rooms provided to residents on 7/24/2026.

ONGOING ACTION/TRAINING: Personal care staff will continue monthly safety checks of resident rooms. Continued re education of residents and families re: meds in rooms need to be properly secured.

WHO IS RESPONSIBLE: [REDACTED], PCHA; [REDACTED], Personal Care Coordinator

TARGET DATE: 8/31/2026

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

Implemented () - 09/24/2026)

184a - Resident's Meds Labeled**8. 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 #5 is prescribed Eliquis 5mg tablet to be administered twice daily. The medication administration record states that the resident is to be administered 1 tablet twice daily; however, the medication label states that the resident is be administered 1 tablet every 12 hours.

Plan of Correction

Accept () - 09/03/2026)

IMMEDIATE ACTION/TRAINING: Label change sticker placed at time of survey, label printed and placed in bag at time of survey. Retraining of regulation 184 completed with personal care staff on 7/22/2026.

ONGOING ACTION/TRAINING: Personal Care Coordinator will continue monthly med cart audits, to include matching medication labels to MAR to ensure physician orders are accurately being followed.

WHO IS RESPONSIBLE: [REDACTED], PCHA; [REDACTED], Personal Care Coordinator

TARGET DATE: 8/31/2026

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

Implemented () - 09/24/2026)

187d - Follow Prescriber's Orders**10. Requirements**

2600.

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

187d - Follow Prescriber's Orders (continued)**Description of Violation**

Resident #5 is prescribed NovoLog injectable flexpen to be administered subcutaneously at breakfast and dinner if blood sugar is: less than 80=0 units, 80-100=3 units, 101-150=4 units, greater than 150=2 units for every 50 points.

On 7/5/26 at 8:00 a.m. the resident had a blood glucose reading of 236 and was administered 10 units. Per the prescriber's order the resident should have been administered 8 units.

On 7/15/26 at 8:00 a.m. the resident had a blood glucose reading of 215 and was administered 6 units. Per the prescriber's order the resident should have been administered 8 units.

Repeated Violation: 3/25/26, 8/5/25

Plan of Correction**Accept () - 09/03/2026)**

IMMEDIATE ACTION/TRAINING: Retraining of regulation 187 was completed with personal care staff on 7/22/2026. Personal care staff reached out to endocrinology office to obtain more detailed parameters for sliding scale insulin order(s).

ONGOING ACTION/TRAINING: Any resident with a sliding scale insulin order will have clear parameters on how many specific units are to be administered. This will be audited on a monthly basis during routine med cart audits completed by Personal Care Coordinator.

WHO IS RESPONSIBLE: [REDACTED], PCHA; [REDACTED] Personal Care Coordinator

TARGET DATE: 8/31/2026

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

Implemented () - 09/24/2026)**225c - Additional Assessment****11. Requirements**

2600.

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

1. Annually.

Description of Violation

Resident #8's assessment dated [REDACTED] does not indicate the resident's needs for medication administration.

Plan of Correction**Accept () - 09/03/2026)**

IMMEDIATE ACTION/TRAINING: On 7/22/2026, resident's RASP was updated to include [REDACTED] ability to self-administer medications. Retraining of regulation 225 completed with Personal Care Coordinator and Executive Director on 8/12/2026.

ONGOING ACTION/TRAINING: Personal Care Coordinator and/or Executive Director will be sure to include the resident's needs for medication administration on the RASP.

WHO IS RESPONSIBLE: [REDACTED], PCHA; [REDACTED] Personal Care Coordinator

TARGET DATE: 8/31/2026

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

Implemented () - 09/24/2026)**227c - Support Plan Revision**

12. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #7's assessment dated [REDACTED] indicates the resident is receiving hospice services but the support plan does not indicate what specific services hospice is providing.

Plan of Correction**Accept ([REDACTED] - 09/03/2026)**

IMMEDIATE ACTION/TRAINING: On 7/22/2026, resident's RASP was updated to include the specific services provided to [REDACTED] by hospice. Retraining of regulation 227 completed with personal care staff on 7/22/2026. Audit of residents receiving hospice to ensure RASP included appropriate information.

ONGOING ACTION/TRAINING: When completing a RASP for a hospice resident, specific services will be included in the assessment.

WHO IS RESPONSIBLE: [REDACTED], PCHA; [REDACTED], Personal Care Coordinator

TARGET DATE: 8/31/2026

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

Implemented ([REDACTED] - 09/24/2026)
