

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

September 16, 2026

[REDACTED], PRESIDENT/CEO
HOME FOR THE FRIENDLESS, INC.
1901 NORTH FIFTH STREET
HARRISBURG, PA, 17102

RE: HOMELAND CENTER
1901 NORTH FIFTH STREET
HARRISBURG, PA, 17102
LICENSE/COC#: 34280

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: *HOMELAND CENTER*License #: *34280*License Expiration: *09/11/2026*Address: *1901 NORTH FIFTH STREET, HARRISBURG, PA 17102*County: *DAUPHIN*Region: *CENTRAL*

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: *HOME FOR THE FRIENDLESS, INC.*Address: *1901 NORTH FIFTH STREET, HARRISBURG, PA, 17102*

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1*Date: *12/08/2023*Issued By: *City of Harrisburg*Type: *Other*Date: *08/16/1982*Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *53*Waking Staff: *40*

Inspection Information

Type: *Full*Notice: *Unannounced*

BHA Docket #:

Reason: *Renewal, Complaint*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: *56*Residents Served: *50*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *50*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *3*Have Physical Disability: *0*

Inspections / Reviews

07/21/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/09/2026*

08/21/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *09/16/2026*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/28/2026*

Inspections / Reviews (*continued*)

09/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/28/2026

09/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] Resident #1 was hitting and pushing Resident #2. Resident #2 fell down and reported to staff that they were in pain. Following this incident, Resident #2 was sent to the hospital for evaluation where they were diagnosed with [REDACTED]

Plan of Correction

Directed ([REDACTED]) - 09/02/2026)

Homeland Center Personal Care will continue to comply with all requirements for reporting and documenting suspected abuse as evidenced during inspection on 7/21/26, for which all areas of compliance were met.

(Directed)

- Resident #1's assessment and support plan will be reviewed by the administrator or designee to ensure areas of behaviors are accurate and supervision needs and being provided as required to prevent future incidents of abuse; the home will determine if Resident #1's needs can continue to be safely met at the home.
- Resident #2's assessment and support plan will be updated to reflect the recent [REDACTED] and supports provided by the home for care of the injury by 9/28/26.
- Home rules and Resident Rights will be reviewed with Resident #1 by 9/28/26.

Directed Completion Date: 09/28/2026

Implemented ([REDACTED]) - 09/16/2026)

121a - Unobstructed Egress

2. 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 7/21/26 at 9:15 AM, the exit door by the library leading to the courtyard could not be opened even after applying significant force to it due to the bottom of the door being stuck on the threshold.

Plan of Correction

Accept ([REDACTED]) - 08/21/2026)

The door was noted to have an area of rust on the bottom corner that was preventing it from opening. The door was fixed immediately by the Assistant Director of Maintenance by grinding down and shimming.

All other exterior doors were checked for proper function on 7/21/26.

All exterior doors will be checked by maintenance weekly x3 months and if there are no issues, the audit will go to monthly thereafter.

The first weekly audit was completed on 8/3/26

Licensee's Proposed Overall Completion Date: 08/24/2026

Implemented ([REDACTED]) - 09/16/2026)

181e - Capable to Self Administer**3. Requirements**

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

1. Be able to recognize and distinguish his medication.
2. Know how much medication is to be taken.
3. Know when medication is to be taken.

Description of Violation

Residents #3 and #4 self-administer medications, however, when asked by a representative of the Department to identify their individual medications and what they are prescribed for, neither resident was able to do so.

Resident #3 is prescribed Atorvastatin, 20 MG, Calcium-Vitamin D 315 MG - 6.25 MCG, Cholecalciferol 25 MCG, Levothyroxine 75 MCG, Loperamide, Memantine 10 MG. A medication self-administration safety screen completed by the home on 2/27/26 indicates that the resident "requires assistance" with identifying each medication, correctly stating what each medication is for, correctly stating the time and frequency medications are to be taken, correctly stating the dose and quantity for each administration, and opening medication packages or containers.

Resident #4 is prescribed Xarelto 2.5 MG, Metoprolol 25 MG, Amlodipine 5 MG, Losartan 100 MG, Donepezil 5 MG, Trazodone 25 MG. A medication self-administration safety screen completed by the home on 5/16/26 indicates that the resident "requires assistance" with identifying each medication, correctly stating what each medication is for, correctly stating the time and frequency medications are to be taken, correctly stating the dose and quantity for each administration, and opening medication packages or containers.

Plan of Correction**Accept () - 09/14/2026)**

Residents #3 & #4 have physician approval to self-administer all of their medications. Both the DME and physician's orders reflect this. The "Medication Self-Administration Safety Screen" is an internal safety screening. The notation of "requires assistance" is marked because the family manages medication ordering and preparation for the residents on a weekly basis. Family members for both residents were contacted on 7/22/26 regarding the above regulation. Both POA's stated that they were sure that the residents knew what they were taking. Both also stated that there was a list in the room, which was confirmed by Administrator. It was asked that the POA's add additional information regarding a description of the medication to the list so that they can refer to this information.

Both residents had updated lists in their room by 7/24/26.

ADON edited safety screening form for residents #3 & #4 on 8/3/26 with notations.

Safety screening forms for all other residents who self-administer medications in their room will be audited for correct information by 8/7/26.

Going forward, ADON will ensure that all residents that self-administer their medications have lists with descriptions in their room and their safety screening forms are completed appropriately.

Licensee's Proposed Overall Completion Date: 08/25/2026**Implemented () - 09/16/2026)****183e - Storing Medications****4. Requirements**

2600.

183e Storing Medications (continued)

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 7/21/26, a bottle of nitroglycerin tablets prescribed for Resident #5 was stored in the evening medication cart. This medication expired on 7/20/23.

Plan of Correction

Accept () - 08/21/2026)

The bottle was brought with Resident #5 on admission ()

The medication for Resident #5 was discarded, and a new bottle was ordered on 7/21/26.

The medication carts were audited by ADON for any further medication discrepancies on 7/24/26. None were found. Going forward the staff member completing the admission and accepting the medication will check for expiration dates and discard medication that is expired.

Facility changed to a new pharmacy provider in July 2026. Pharmacy will be conducting quarterly audits of the medication carts beginning October 27, 2026

Licensee's Proposed Overall Completion Date: 08/04/2026

Implemented () - 09/16/2026)

185a - Implement Storage Procedures**5. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #6 is prescribed NovoLOG Injection Solution 100 UNIT/ML as per sliding scale four times a day. Resident #6's glucometer contained two readings that were not documented by the home including on 7/15/26 at 10:20 PM, a reading of 211, and a reading on 7/17/26 at 11:58 AM of 170.

Plan of Correction

Accept () - 09/14/2026)

A weekly audit is conducted by the Lead Med Tech and is in place to catch any discrepancies between the glucometer readings and what is charted. This audit was developed during the Licensing Inspection in 2024, after receiving "technical assistance" regarding auditing of blood sugar readings. The audit was being conducted the morning of 7/21/26 before the Med Tech was pulled to the cart for the medication review portion of the inspection. The reading on 7/15/26 was caught and corrected.

After further investigation, it was found that the blood sugar noted on 7/17/26 for Resident #6 by inspector was documented appropriately in the EMAR as noted in the documentation attached.

Audits on blood sugar monitoring and documentation will continue to be done weekly.

An in service was held with all LPNs & Med Techs on proper documentation on 7/31/26.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented () - 09/16/2026)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for Resident #7, dated [REDACTED] does not include documentation of the risks associated with the use of the resident's bedside mobility device and whether the resident can safely use the device.

Plan of Correction**Directed ([REDACTED] - 09/14/2026)**

Resident #7 has the following information in [REDACTED] chart; signed physician's order, therapy screen, initial bedside mobility device assessment, quarterly bedside mobility device assessment & the notation of the specific device used and need on page 3 of the RASP for 2026 and on the addendum added to the RASP for 2025.

Inspector was shown the folder of information specific to bedside mobility devices that was provided during each inspection in 2024 and 2025. One of the residents who currently uses a device was also a part of those inspections. Inspector provided 2 items via email regarding the use of mobility devices. The 1st attachment was sent to providers in 2023 and was the document used by Administrator to develop the policy and other information regarding mobility devices. The 2nd attachment was an internal document of training for DHS. Inspector stated that the wording in the 2nd document should be specifically used in the RASP and what was documented was not adequate to meet the regulation.

Going forward, all residents who use mobility devices will have the specific documentation on their RASP as it is noted in the email provided by inspector.

Going forward, Administrator or Designee will review each RASP to make sure that compliance is achieved.

(Directed)

In addition to the above plan of correction:

- Resident #7's support plan will be updated by 9/28/26.*
- An initial audit on all other resident support plans will be completed by 9/28/26 to ensure required information is correctly documented within the resident's support plan.*
- Education will be provided to all staff responsible for resident support plans on required documentation to be included when a resident utilizes a bedside mobility device by 9/28/26.*
- Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: 09/28/2026

Implemented ([REDACTED] - 09/16/2026)
