

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

September 14, 2026

[REDACTED]
OUR HOME OF HOPE INC
[REDACTED]
[REDACTED]

RE: OUR HOME OF HOPE
223-225 CHERRY STREET
COLUMBIA, PA, 17512
LICENSE/COC#: 33322

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2026, 07/29/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: OUR HOME OF HOPE

License #: 33322

License Expiration: 06/13/2027

Address: 223 225 CHERRY STREET, COLUMBIA, PA 17512

County: LANCASTER

Region: CENTRAL

Administrator

Name:

Phone:

Email:

Legal Entity

Name: OUR HOME OF HOPE INC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/11/1994

Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 26

Waking Staff: 20

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Interim

Exit Conference Date: 07/29/2026

Inspection Dates and Department Representative

07/28/2026 - On-Site:

07/29/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30

Residents Served: 26

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 13

Are 60 Years of Age or Older: 17

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 11

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

07/28/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/24/2026

Inspections / Reviews (*continued*)

08/26/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/10/2026
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 09/02/2026

09/03/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/10/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 09/10/2026

09/14/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 09/10/2026
Reviewer: [REDACTED] Follow Up Type: Not Required

183e - Storing Medications

1. 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

Resident [REDACTED] is prescribed [REDACTED] with orders to inject [REDACTED] under the skin 2 times a day, in the morning and at bedtime. However, the resident's [REDACTED] pen was not labeled with the date the pen was opened.

Resident [REDACTED] is prescribed [REDACTED] with orders to inject [REDACTED] sub-q once daily in the evening before dinner for diabetes. However, the [REDACTED] was not labeled with the date the pen was opened.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

- Administrator/ Clinical Nurse Supervisor on 7/28/2026 immediately removed and checked all insulin pens/ bags medication to ensure insulin pens had open stickers that included date opened, staff initialed, and to include discard date in Med Cart completed 7/28/2026.
- Administrator/ Clinical Nurse Supervisor will re-educate all Med Tech's on proper medication administration and compliance. Main Focus with Med Tech staff would be on ensuring all insulin pens / bags include an open sticker that includes open date, staff initials, and discard date.
- On 7/21/2026 Administrator educated staff at Med Tech meeting scheduled on 7/21/2026. Administrator/ Clinical Nurse Supervisor did discuss State Regulation at Staff Meeting on 7/21/2026. On 8/27/2026 Additional training was scheduled with all Med Tech's and completed on 8/27/2026.
- Administrator/ Clinical Nurse Supervisor will continue to conduct monthly Med Cart Audits to ensure prescriptions are current on MAR's are compliant, and maintain medications under proper conditions. Medications that require an open sticker that those medications would include the open date, staff initials, and discard date.
- Administrator/ Clinical Nurse Supervisor will include Med Cart Audit's and documentation at next QA meeting scheduled 10/22/2026.

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

Implemented [REDACTED] - 09/14/2026)

185a - Implement Storage Procedures

2. 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 blood sugar checks twice a day for [REDACTED]. However, on the following readings were in the resident's glucometer but were not documented in the resident's July 2026 Medication Administration Record (MAR):

- On [REDACTED], at 6:12am, the resident's glucometer had a blood sugar reading of [REDACTED].
- On [REDACTED], at 5:17am, the resident's glucometer had a blood sugar reading of [REDACTED].

185a - Implement Storage Procedures (continued)

Resident [REDACTED] is prescribed the following medications:

- [REDACTED] tablet with orders to take 1 tablet by mouth every 12 hours as needed for cough.
- [REDACTED] with orders to instill 2 drops into affected eyes 3 times a day as needed for itchy eyes due to allergies.
- [REDACTED] with orders to take 1 tablet by mouth every 6 hours as needed for nausea/vomiting.

However, on [REDACTED], these medications were not available in the home.

Resident [REDACTED] is prescribed blood sugar checks three times a day. However, on the following readings were in the resident's glucometer but were not documented in the resident's July 2026 MAR:

- On [REDACTED], at 4:53pm, the resident's glucometer had a blood sugar reading of [REDACTED]
- On [REDACTED], at 9:12pm, the resident's glucometer had a blood sugar reading of [REDACTED]
- On [REDACTED], at 4:04pm, the resident's glucometer had a blood sugar reading of [REDACTED]
- On [REDACTED], at 4:14pm, the resident's glucometer had a blood sugar reading of [REDACTED]
- On [REDACTED], at 4:09pm, the resident's glucometer had a blood sugar reading of [REDACTED]
- On [REDACTED], at 4:29pm, the resident's glucometer had a blood sugar reading of [REDACTED]

Repeated Violation - [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/03/2026)

- Clinical Nurse Supervisor on 7/28/2026 immediately contacted PCP for clarification on medications in question by State Surveyor.
- On 8/20/2026 Administrator spoke with Nursing staff at PCP office and confirmed medications were discontinued on or before 7/28/2026.
- Administrator/ Clinical Nurse Supervisor will re-educate all Med Tech's to ensure proper medication administration and to maintain medication compliance based on DHS Regulatory Compliance. Additional training was scheduled with all Med Tech's and completed on 8/27/2026.
- On 7/21/2026 Administrator reviewed POC/ re- educate staff at Med Tech meeting scheduled on 7/21/2026.
- Clinical Nurse Supervisor will continue Monthly Med Cart Audits to ensure all current prescribed medications are available on- site to give starting on 7/28/2026.
- Administrator or Clinical Nurse Supervisor will continue to Audit MAR's monthly starting 7/28/2026.
- Administrator or Clinical Nurse Supervisor audits and POC documentation will be included in the next QA meeting scheduled 10/22/2026.

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

Implemented [REDACTED] - 09/14/2026)

187b - Date/Time of Medication Admin.**3. Requirements**

187b - Date/Time of Medication Admin. (continued)

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] take 1 tablet by mouth 30 mins before breakfast on an empty stomach with 4 ounces of water for [REDACTED]. On [REDACTED] at 7:00am, this medication was not available in the home and not administered. However, staff signed off on the resident's July 2026 Medication Administration Record that this medication had been administered on [REDACTED] at 7:00am.

Plan of Correction

Accept [REDACTED] 09/03/2026)

Administrator and Med Tech spoke on 7/28/2026 and discussed the situation and what happened that caused the miscommunication/ entry error to occur and situation was immediately corrected on 7/28/2026.

- Administrator/ Clinical Nurse Supervisor will re-educate all Med Tech's to ensure proper medication administration and to maintain medication compliance based on DHS Regulatory Compliance. Additional training was scheduled with all Med Tech's and completed on 8/27/2026.

- On 8/27/2026 Administrator / Clinical Nurse Supervisor will start a Med Cart Audit Review and will be completed weekly, Med Tech's will complete Med Cart audit daily on each shift to ensure DHS Compliance.

- Administrator/ Clinical Nurse Supervisor will include Med Cart Audit's and documentation at next QA meeting scheduled 10/22/2026.

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

Implemented [REDACTED] - 09/14/2026)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] take 1 tablet by mouth 30 mins before breakfast on an empty stomach with 4 ounces of water for [REDACTED]. However, the resident was not administered this medication on [REDACTED] at 7:00am because the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 09/03/2026)

- Administrator or Clinical Nurse Supervisor will re-educate Med Tech's on proper medication administration/ and reordering of medication with pharmacy and compliance

- On 7/23/2026 Administrator or Clinical Nurse Supervisor will have Med Tech check Med Cart after each med pass to ensure all medications would be available and were given at scheduled time.

- On 7/21/2026 Administrator re-educate staff at Med Tech/ Staff meeting scheduled on 7/21/2026. Main Focus with Med Tech staff would be on ensuring all resident medications are in the building and available to give at

187d - Follow Prescriber's Orders (continued)

prescribed times. Additional training was scheduled with all Med Tech's and completed on 8/27/2026. - On 8/27/2026 Administrator /Clinical Nurse Supervisor will start a Med Cart Audit Review and will be completed weekly, Med Tech's will complete Med Cart audit daily on each shift to ensure DHS Compliance.

- On 7/28/2026 Administrator or Clinical Nurse Supervisor will continue on-going monitoring to ensure DHS Regulation Compliance.

- Administrator or Clinical Nurse Supervisor will include Training Material and all documentation in the next QA meeting scheduled 10/22/2026.

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

Implemented [REDACTED] 09/14/2026)