

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

September 23, 2026

[REDACTED], REGIONAL OPERATIONS DIRECTOR
VS WOODS LLC
[REDACTED]
INTEGRACARE CORPORATION
[REDACTED]

RE: THE WOODS AT CEDAR RUN
824 LISBURN ROAD
CAMP HILL, PA, 17011
LICENSE/COC#: 33132

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2026, 07/30/2026 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 WOODS AT CEDAR RUN

License #: 33132

License Expiration: 12/31/2026

Address: 824 LISBURN ROAD, CAMP HILL, PA 17011

County: CUMBERLAND

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: VS WOODS LLC

Address: [REDACTED] INTEGRACARE CORPORATION, [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/19/1997

Issued By: Department of Labor and Industry

Type: Other

Date: 07/18/2024

Issued By: Lower Allen Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 102

Waking Staff: 77

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint, Incident

Exit Conference Date: 07/30/2026

Inspection Dates and Department Representative

07/29/2026 - On-Site: [REDACTED]

07/30/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 79

Residents Served: 74

Secured Dementia Care Unit

In Home: Yes

Area: Life Stories

Capacity: 19

Residents Served: 14

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 74

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 28

Have Physical Disability: 0

Inspections / Reviews

07/29/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/13/2026

08/14/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/14/2026

09/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], at approximately [REDACTED], Resident #1 used [REDACTED] call button, that was attached to a lanyard that hung around [REDACTED] neck, for assistance to stand up from the toilet. Staff member A responded to the call. Resident #1 reported that staff member A "yanked" [REDACTED] call button from around [REDACTED] neck and threw it across the room. Resident #1 reported feeling scared at that moment.

Resident #1 was assisted to bed by staff member A. Staff member A did not give Resident #1 [REDACTED] call button back. It was returned to Resident #1 the next day by another staff member. Staff member A was suspended on [REDACTED] and terminated on [REDACTED].

Plan of Correction

Accept [REDACTED] - 08/14/2026)

ACTION: All required documentation of this event was completed and sent to the Area Office of Aging and DHS on [REDACTED] and is on file with the Department. In addition, Staff member A was terminated on [REDACTED] due to failure to treat Resident #1 with respect and dignity.

EDUCATION: On 8/4/26, the Executive Operations Officer educated the Leadership team on regulation 42c. (SEE ATTACHED DOCUMENTATION). A training on resident dignity and respect is scheduled for 8/13/26 as part of the monthly Wellness staff meeting. A record of this training will be provided to the department.

ONGOING: The community will continue to uphold its no tolerance policy for failing to treat all residents with dignity and respect. All staff will continue to receive training on resident rights (including dignity and respect) during initial onboarding and annually (SEE ATTACHED DOCUMENTS). Documentation will be kept on file at the community.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/23/2026)

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The resident census is 74, requiring 2 staff trained in first aid and certification in obstructed airway techniques and CPR, to always be present in the home.

On the following dates/times, there was only 1 staff present in the home who was certified in First Aid and CPR:

- 7/15/26, 1:30AM-6:30AM
- 7/20/26, 11:00PM-5:00AM
- 7/24/26, 11:00PM-7:00AM
- 7/25/26, 11:00PM-7:00AM

63a First Aid/CPR Training (continued)**Plan of Correction****Accept () - 08/14/2026)**

ACTION: On 7/29/26, the Resident Wellness Coordinator emailed the CPR Instructor, requesting to schedule a CPR and First Aid class as soon as possible. The first available date is 9/14/26. (SEE ATTACHED DOCUMENTATION)

EDUCATION: On 8/4/26, the Executive Operations Officer educated the Leadership team on regulation 63a. (SEE ATTACHED DOCUMENTATION)

ONGOING: Beginning on 8/1/26, when staff fail to attend scheduled CPR/First Aid trainings, they will be removed from the schedule until they receive updated credentials.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 09/23/2026)**85a - Sanitary Conditions****3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/29/26, mouse droppings were observed on the floor, shelves, and counters in the Creekside Cafe on the first floor that is open for residents to purchase food and drinks.

Plan of Correction**Accept () - 08/14/2026)**

ACTION: On 7/30/26, the Maintenance Director reached out to () the home's Pest Control Company, to schedule an inspection of the Creekside Cafe. On 8/1/26, the Dining Director and Dietary Staff fully cleaned the Creekside Cafe (under and inside all equipment, all countertops, cupboards, and floors).

EDUCATION: On 8/4/26, the Executive Operations Officer educated the Leadership team on regulation 85a. (SEE ATTACHED DOCUMENTATION)

ONGOING: () completed an inspection of the Creekside Cafe on 8/7/26 (SEE ATTACHED REPORT). () will continue to make monthly visits (if additional visits are needed, they will be scheduled by the Maintenance Director) until there are no traces of a mouse infestation. Dining Director will be implementing an updated cleaning schedule for the Creekside Cafe, which will officially begin on 8/13/26. (SEE ATTACHED SCHEDULE). Documentation will be kept on file at the community.

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

Implemented () - 09/23/2026)**85b - Infestation****4. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 7/29/26, mouse droppings were observed on the floor, shelves, and counters in the Creekside Cafe on the first floor that is open for residents to purchase food and drinks.

On 7/29/26, mouse droppings were observed on the floor of the dry food pantry in the kitchen.

85b - Infestation (continued)*Repeated Violation - 2/18/26***Plan of Correction****Accept () - 08/14/2026)**

ACTION: On 7/30/26, the Maintenance Director reached out to () the home's Pest Control Company, to schedule an inspection of the Creekside Cafe. Also, on 7/30/26, the Executive Operations Officer and Dietary Director were unable to find any mouse droppings in the pantry. Attached is a report from the Pest Control Company dated 7/21/26 stating that there was "no rodent activity present." (SEE ATTACHED). On 8/1/26, the Dining Director and Dietary Staff fully cleaned the Creekside Cafe (under and inside all equipment, all countertops, cupboards, and floors.

EDUCATION: On 8/4/26, the Executive Operations Officer educated the Leadership team on regulation 85a. (SEE ATTACHED DOCUMENTATION)

ONGOING: () completed an inspection of the Creekside Cafe on 8/7/26 (SEE ATTACHED REPORT). () will continue to make regular monthly visits (if additional visits are needed, they will be scheduled by the Maintenance Director) to ensure that interventions put in place by them are working to eliminate the rodents. Dining Director will be implementing an updated cleaning schedule for the Creekside Cafe, which will officially begin on 8/13/26. (SEE ATTACHED SCHEDULE). Documentation will be kept on file at the community.

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

Implemented () - 09/23/2026)**103g - Storing Food****5. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 7/29/26, the following items were observed opened and unsealed in the freezer in the kitchen:

- fish fillets*
- sugar snap peas*
- breaded fillets*

On 7/29/26, hard tacos were observed in a container on the counter, previously opened and not covered/resealed in the Creekside Cafe.

Plan of Correction**Accept () - 08/14/2026)**

ACTION: On 7/29/26, the opened and unsealed freezer items were immediately sealed by the Dining Director. On 7/30/26, after learning of the opened container of hard taco shells, the Executive Operations Officer checked the Creekside Cafe and confirmed that the taco shells had been discarded.

EDUCATION: On 8/4/26, the Executive Operations Officer educated the Leadership team on regulation 103g. (SEE ATTACHED DOCUMENTATION)

ONGOING: A sign has been placed outside the walk-in freezer and in the Creekside Cafe, reminding Dietary Staff that any open items must be in a closed or sealed container prior to storing. (SEE ATTACHED PHOTO). In addition, beginning on 8/17/26, the Dining Director will audit the kitchen and the Creekside Cafe 2 times per week to ensure that all food is stored in closed or sealed containers in accordance with regulation 103g. Documentation will be

103g - Storing Food (continued)

kept on file at the community.

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

Implemented () - 09/23/2026

103i - Outdated Food**6. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 7/29/26, there was unlabeled, undated bags of pepperoni, potatoes, and bread in the refrigerator of the kitchen area.

Plan of Correction

Accept () - 08/14/2026

ACTION: On 7/29/26, the opened and unsealed freezer items were immediately sealed and dated by the Dining Director.

EDUCATION: On 8/4/26, the Executive Operations Officer educated the Leadership team on regulation 103g. (SEE ATTACHED DOCUMENTATION)

ONGOING: A sign has been placed outside the walk-in freezer, reminding Dietary Staff that any open items must be in a closed or sealed container prior to storing. (SEE ATTACHED PHOTO). In addition, beginning on 8/17/26, the Dining Director will audit the freezer 2 times per week to ensure that all food is stored in closed or sealed containers and dated in accordance with regulation 103g. Documentation will be kept on file at the community.

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

Implemented () - 09/23/2026

171b5 - First Aid Kit**7. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 7/29/26, the first aid kit in the van used to transport residents did not include eye protection.

Plan of Correction

Accept () - 08/14/2026

ACTION: On 7/30/26, the Activities Director replaced the missing eye protection in the community vehicle.

EDUCATION: On 8/4/26, the Executive Operations Officer educated the Leadership team on regulation 171b(5). (SEE ATTACHED DOCUMENTATION)

ONGOING: Beginning on 8/1/26, the vehicle First Aid Kit audits will be increased from once per month (current process) to twice per month for 6 months. These will be completed by the Activities Director or Designee and submitted to the EOO at the end of each month. Documentation will be kept on file at the community.

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

171b5 - First Aid Kit (continued)

Implemented () - 09/23/2026

183b - Meds and Syringes Locked

8. 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 7/29/26, the following medications were unlocked, unattended, and accessible in Resident #2's room.

- Diclofenac Gel 1%
- Triamcinolone Acetonide Cream 0.1%
- Ammonium Lactate 12%

Resident #2 is not assessed to self-administer medications.

Repeated Violation - 6/3/25

Plan of Correction

Accept () - 08/14/2026

ACTION: On 7/29/26, the above medications were immediately removed from Resident #2' apartment and placed into the medication cart by the Resident Wellness Coordinator. The Resident's () had been visiting earlier that day and had placed the medications on the Resident's dresser. () was notified by the Resident Wellness Coordinator that the medications had been removed from the apartment and placed appropriately in the medication cart. On 7/31/26, the Executive Operations Officer communicated yet another reminder to families to not place medications in Resident apartments. (SEE ATTACHED)

EDUCATION: On 8/4/26, the Executive Operations Officer educated the Leadership team on regulation 183b. (SEE ATTACHED DOCUMENTATION). A reminder of regulation 183b will be provided to all Wellness staff on 8/13/26 as part of the monthly Wellness staff meeting. A record of this training will be provided to the department.

ONGOING: Wellness staff will continue to remove any OTC, CAM, or syringes that are found in Resident apartments, as per the current policy. Executive Operations Officer will continue to provide reminders to families and residents regarding regulation 183b in weekly family/resident newsletters.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented () - 09/23/2026