

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

October 1, 2026

[REDACTED], CEO-OWNER
QUALITY LIFE SERVICES-CHICORA LLC
[REDACTED]
[REDACTED]

RE: QUALITY LIFE SERVICES-CHICORA
160 MEDICAL CENTER ROAD
BUTLER, PA, 16025
LICENSE/COC#: 45529

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2026 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: QUALITY LIFE SERVICES-CHICORA

License #: 45529

License Expiration: 09/01/2027

Address: 160 MEDICAL CENTER ROAD, BUTLER, PA 16025

County: BUTLER

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: QUALITY LIFE SERVICES-CHICORA LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/05/1992

Issued By: PA Department of Health

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 15

Waking Staff: 11

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/13/2026

Inspection Dates and Department Representative

08/13/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 26

Residents Served: 11

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 11

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 1

Inspections / Reviews

08/13/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/12/2026

09/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/02/2026

Inspections / Reviews (*continued*)

10/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [REDACTED] 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics:

* Emergency medical plan

* Reporting of reportable incidents and conditions.

Plan of Correction

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

1. PC Administrator did education with staff person A on 9/9/2026

9/8/2026 PC Administrator did discuss with HR if these two topics could be added to the orientation check list that every new hire is trained on so all new staff has the requirements to meet regulation 2600.65b.

2. PC Administrator along with the HR will Audit current ancillary staff ,

3. PC Administrator will review with current ancillary staff Personal Care Emergency Medical Plan, and the Reporting of Reportable incidents and Conditions and up date orientation check lists .

4. Plan to include Emergency Medical plan and Reporting of reportable incidents and conditions being added to the orientation check list for all new hires will be reviewed at the Quality Assurance meeting

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

Implemented ([REDACTED]) - 10/01/2026)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 12:15 p.m., there was no thermometer in the large chest freezer in the dry food storage room.

Plan of Correction

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

1. On 8/13/2026 the thermometer was replaced .

2. Dietary Manager will do education with dietary staff that all refrigerators and freezers must have a working thermometer in place at all times .

3. Audits will be done by PC Administrator weekly for one month that all refrigerators and freezers has thermometers .

4. Audits will be reviewed at Quality Assurance meeting .

Licensee's Proposed Overall Completion Date: 10/10/2026

Implemented ([REDACTED]) - 10/01/2026)

141a - Medical Evaluation**3. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted on [REDACTED]; however, the resident's initial medical evaluation was completed on [REDACTED]

Repeated Violation - 08/05/25

Plan of Correction**Accept ([REDACTED] - 09/24/2026)**

Corrective action unable to be made on Resident #1 initial medical evaluation completed on [REDACTED].

An Audit will be completed by PC Administrator or designee of all Residents medical Evaluations due dates by 9/25/26 and each month a list of residents due for yearly evaluations will be given to the doctor 3 weeks in advance of their date due to ensure they are done before date, new residents will be added upon admission to have their evaluation done within 30 days.

PC Administrator will do education with staff 9/25/26 that all new residents needs to have a medical evaluation done within 30 days of admission and then yearly but must be done by the date of the prior years date.

Audits will be reviewed at Quality Assurance meeting.

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

Implemented ([REDACTED] - 10/01/2026)**141b1 - Annual Medical Evaluation****4. 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] does not indicate if the resident is able to self-administer medication, health status and cognitive function. These sections of the form are blank.

Plan of Correction**Accept ([REDACTED] - 09/24/2026)**

8/13/25 Resident #2 medical Evaluation form was updated and all sections filled out.

PC Administrator or designee will Audit all residents Medical Evaluations by 9/30/26 to ensure they are all filled out completely.

PC Administrator will educate staff 9/25/26 on Medical Evaluations being filled out completely before being filed in residents chart.

Audits will be reviewed at Quality Assurance meeting.

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

Implemented ([REDACTED] - 10/01/2026)

184b - Labeling OTC/CAM**5. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #2 is prescribed Acetaminophen 500mg, give 1 tablet by mouth every 6 hours for pain, or elevated temperature, administer for temperature 2 degrees Fahrenheit above baseline and/or > 100 degrees Fahrenheit. However, the medication container was not labeled with the resident's name.

Plan of Correction**Accept () - 09/24/2026)**

8/13/26 Resident #2 name was put on the acetaminophen bottle.

Audit of all OTC medications will be completed by PC Administrator by 9/18/26 that all medications are labeled with residents names .

PC Administrator will educate staff 9/21/26 on making sure when family brings in OTC medications that the container must be labeled with the residents name .

Audit will be reviewed at Quality Assurance meeting

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

Implemented () - 10/01/2026)**187c - Refusal of Medication****6. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #3 is prescribed 4% Aspercreme Lidocaine external cream, apply topically () At 8:00 p.m. on 8/1/26-8/3/26, 8/10/26, and 8/12/26, and at 8:00 a.m. on 8/5/25, 8/7/26-8/11/26 and 8/13/26, the resident refused this medication. However, the home did not notify the provider.

Plan of Correction**Accept () - 09/24/2026)**

1. 8/13/26 Resident # 3 Aspercream was changed to a PRN medication due to resident not wanting to use daily if not in pain .

2. PC Administrator or designee will do audit on residents treatment medications that they may not want to use daily or as ordered and refuse the medication and will check with the doctor or CRNP to see if the medication can be changed to a PRN medication or discontinued if resident is continually refusing .

3. PC Administrator will do education with staff 9/30/26 that if a resident refuses a medication the Medical doctor needs to be notified and documentation needs done in the residents chart that the doctor was notified of the refusal and what orders did the doctor give.

4. Audit will be reviewed at Quality Assurance meeting

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/01/2026)**225c - Additional Assessment**

7. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #2's current assessment was completed on [REDACTED] However, the resident's previous assessment was completed on [REDACTED]

Plan of Correction

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

1. *Corrective action unable to be made on Resident #2 assessment completed on [REDACTED]*
2. *PC Administrator or Designee will audit residents assessments and a list made of their annual date to be done and will be checked monthly and done by the PC Administrator or designee*
3. *Education will be done by 9/29/26 by the PC Administrator with staff that assessments needs to be done yearly prior to the date of the last years assessment .*

Audits will be reviewed at the Quality Assurance meeting

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

Implemented ([REDACTED] - 10/01/2026)
