

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

September 16, 2026

[REDACTED]
JAI JALARAM CARE LP
[REDACTED]

RE: FAITHFUL LIVING
2015 NORTH READING ROAD
DENVER, PA, 17517
LICENSE/COC#: 32258

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2026, 08/18/2026 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: FAITHFUL LIVING

License #: 32258

License Expiration: 03/21/2027

Address: 2015 NORTH READING ROAD, DENVER, PA 17517

County: LANCASTER

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: JAI JALARAM CARE LP

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 01/03/1985

Issued By: Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 81

Waking Staff: 61

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 08/18/2026

Inspection Dates and Department Representative

08/17/2026 - On-Site: [REDACTED]

08/18/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75

Residents Served: 70

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 61

Diagnosed with Mental Illness: 9

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 11

Have Physical Disability: 2

Inspections / Reviews

08/17/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/07/2026

09/01/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/15/2026

Inspections / Reviews *(continued)*

09/16/2026 Document Submission

Submitted By [REDACTED]

Date Submitted: 09/15/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Resident [REDACTED] was found unresponsive by staff and CPR was administered. The resident was transported to the hospital, via EMS, and was admitted. Resident # was diagnosed with [REDACTED] and antibiotics were initiated. The resident was discharged from the hospital on [REDACTED] and referred to hospice. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] - 09/01/2026)

1. Resident passed away under the care of hospice on 6.21.26. This was reported to the department.
2. The incident report was sent to the department on 8.30.2026 by the PCHA.
3. Leadership Team and Med Tech Supervisors will be educated on this requirement by the PCHA during the week of 9.1.2026.
4. Beginning 9.1.2026 and ending 9.15.26, a review of all hospitalizations will be done by the PCHA, to ensure compliance with reporting requirements.
5. Already in place, meetings are held twice a week with the Leadership Team and Care Assessment Team, which includes discussions about hospitalizations. This is on-going.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented [REDACTED] - 09/16/2026)

100a - Exterior - Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [REDACTED], at 9:14 AM, an air conditioning unit was leaking onto the sidewalk at the rear of the home. The area was wet with a buildup of slimy residue, posing a potential slip/fall-hazard.

Plan of Correction

Accept [REDACTED] - 09/01/2026)

1. The area was immediately power-washed by the Environmental Services Director on 8/17/2026.
2. Environmental Services Director and Leadership team will be educated on this requirement during the week of 9.1.2026 by the PCHA
3. Beginning 9.1.2026 and ending 9.15.26, a daily inspection of the area will be done by the PCHA, or Designee to ensure compliance with reporting requirements.
4. Beginning 9.1.26, Environmental Services Director will inspect the area during [REDACTED] walkthrough daily. Any build-up will be addressed immediately. This will be on-going.
5. By 9.15.26, the Environmental Services Director apply a clear mold inhibitor paint on the area under the unit.

100a Exterior Free of Hazards (*continued*)

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented [REDACTED] - 09/16/2026)

183b - Meds and Syringes Locked

3. 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 [REDACTED] at 9:25 AM, a small round white pill was unlocked, unattended, and accessible on the hallway floor near room [REDACTED]

Repeated Violation [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 09/01/2026)

1. This water pill was likely accidentally dropped and not able to be found at that time. This pill was destroyed in the drug buster by the DOW on 8/17/26.
2. All Med Tech, and Environmental Services team members will be educated on this regulation during the week of 9.1.26.
3. An audit of hallways by the administrative team will begin 9.1.26 and will end on 9/15, looking for loose pills.
4. Hallway floors are swept on a daily basis by housekeepers. This is permanent and on going.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented [REDACTED] - 09/16/2026)

225c - Additional Assessment

4. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] assessment was completed on [REDACTED] and indicated the resident has no behavioral or cognitive needs related to Irritability, Agitation, or Aggression. However, staff interviews indicated Resident [REDACTED] has anger and behavioral concerns. On [REDACTED] dietary staff served Resident [REDACTED] a meal, forgetting to omit lettuce and tomato as the resident requested. Resident [REDACTED] proceeded to throw the plate of food into the kitchen and leave the dining room. On [REDACTED] Resident [REDACTED] was issued a notification of violation of home rules. This letter indicated that prior to this incident, Resident [REDACTED] has yelled at staff for weeks, which included profanity, abusive language, and name calling. This assessment has not been updated to reflect the resident's needs related to Irritability, Agitation, or Aggression.

Repeated Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/01/2026)

1. Resident's support plan was updated on 8/18 by the PCHA with the additional information about behavior.
2. PCHA will provide education to all care planning team members during the week of 9.1.2026.

225c Additional Assessment (continued)

3. PCHA and Wellness Director will conduct a review the RASPs of all current residents who have behaviors during the week of 9.1.2026, to ensure they reflect the current need of the resident.
4. PCHA or Wellness Director already reviews all annual resident RASPs and will ensure that behaviors are captured. This will be on going.
5. Weekly care team meetings are in place and include discussion about behaviors. Any new behaviors will be immediately added to the care plan during that meeting. This will be on going.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented [REDACTED] - 09/16/2026)