

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

October 14, 2026

[REDACTED], COO
PETER BECKER COMMUNITY
800 MAPLE AVENUE
ATTN:DIRECTOR OF PERSONAL CARE
HARLEYSVILLE, PA, 19438

RE: PETER BECKER COMMUNITY
800 MAPLE AVENUE, 1ST FLOOR
HARLEYSVILLE, PA, 19438
LICENSE/COC#: 12773

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2026, 08/20/2026 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: PETER BECKER COMMUNITY

License #: 12773

License Expiration: 06/09/2027

Address: 800 MAPLE AVENUE, 1ST FLOOR, HARLEYSVILLE, PA 19438

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: PETER BECKER COMMUNITY

Address: 800 MAPLE AVENUE, ATTN:DIRECTOR OF PERSONAL CARE, HARLEYSVILLE, PA, 19438

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 08/15/2012

Issued By: Township of Franconia

Type: I-2

Date: 08/15/2012

Issued By: Township of Franconia

Type: Other

Date: 08/15/2012

Issued By: Township of Franconia

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 79

Waking Staff: 59

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 08/20/2026

Inspection Dates and Department Representative

08/19/2026 - On-Site: [REDACTED]

08/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68

Residents Served: 63

Secured Dementia Care Unit

In Home: Yes

Area: Larkspur

Capacity: 11

Residents Served: 10

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 63

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 16

Have Physical Disability: 1

Inspections / Reviews

08/19/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/19/2026

Inspections / Reviews (*continued*)

10/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/13/2026

10/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/20/26 at 10:28am, a glucometer belonging to resident #1 was observed in the Westview medication cart. The glucometer was not labeled with the resident's name or room number.

Plan of Correction**Accept () - 10/07/2026)**

Glucometer for resident 1 was labeled immediately with resident's name/room number. Beginning the week of 9/20/26, weekly audits to ensure all glucometers are labeled appropriately will be completed for a period of one month, then monthly for three months to ensure ongoing compliance. Sample of audit sheet to be used for the weekly and monthly audits has been attached.

Licensee's Proposed Overall Completion Date: 09/18/2026**Implemented () - 10/14/2026)****103e - Left Overs****2. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 8/19/26 at 1:30pm, there were unlabeled, undated cartons of Fruit Rainbow Sherbert and Strawberry Ice Cream in the Larkspur kitchenette.

Plan of Correction**Accept () - 10/07/2026)**

All undated food items in the Larkspur kitchenette were immediately thrown away. Dining staff is primarily responsible for checking the kitchenette; however, personal care staff will complete daily audits on the 11-7 shift to ensure that there are no open/undated food items beginning on 9/20/26. These audits will continue indefinitely to ensure ongoing compliance with food safety requirements. Example of the audit sheet that will be used is attached. This format may change as the needs of the unit change.

Licensee's Proposed Overall Completion Date: 09/18/2026**Implemented () - 10/14/2026)****132a - Monthly Fire Drill****3. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The fire drill held on 3/26/2026 was known in advance by 20 minutes. On 3/26/2026 a fire drill was held at 10:35am in Westview and 10:55am in Primrose and Larkspur.

132a Monthly Fire Drill (continued)

Repeated Violation 8/25/2025, et al.

Plan of Correction

Accept () - 10/07/2026)

The fire drill held on 3/26/26 was completed at two different times in error. All fire drills from last POC up until March 2026 and then since April 2026 have been completed for the entire PC department at one time and will continue to be held that way. Croker is now contracted to complete all Peter Becker Fire Drills. Copies of April August 2026 are attached. Facilities will ensure that PCHA receives copies of all fire drill records each month.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 10/14/2026)

141a 1-10 Medical Evaluation Information

4. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident's medical evaluation dated () did not include resident #2's ability to self administer medications.

Plan of Correction

Accept () - 10/08/2026)

Personal Care Administrator will complete an initial audit of all current resident DME forms to ensure that all have the resident's ability to self administer medications section completed by October 1, 2026 Any forms missing that section will be corrected. Personal Care Administrator or a Personal Care LPN will complete a monthly audit at the end of the month for a period of 3 months (October, November, December) or longer if non compliance is found to ensure that compliance is maintained going forward. Sample of audit sheet to be used is attached.

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

Implemented () - 10/14/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on () The resident's previous medical

141b1 Annual Medical Evaluation (continued)

evaluation was completed on [REDACTED]

Plan of Correction**Accept ([REDACTED] - 10/08/2026)**

An audit was completed of all current personal care residents on 8/22/26. As of that date, all resident DMEs have been completed and are current. A tracking sheet and a paper calendar book are being utilized by the PCHA and PC LPNs to ensure that all DME's (appointments and forms) are being requested in a timely manner. For all residents who are seen by the in house medical provider as their PCP, the PC LPNs will provide a list to the provider 2 months in advance of the DME due date to ensure that the provider has sufficient time to see the resident and complete the DME form within the required timeframe. For residents (currently only 2) who do not use the in house provider, PC LPNs will coordinate appointments with the resident/responsible party to ensure the timeframe is met. Copy of DME tracking sheet currently being used is attached. PCHA and/or LPN will also audit monthly (at the beginning of each month, beginning with October) to ensure that any upcoming DME's due for the month have been scheduled with the PCP.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented ([REDACTED] - 10/14/2026)**183e - Storing Medications****6. 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 #4 is prescribed Tramadol HCL 50mg, take 1 tablet by mouth every 6 hours as needed. This medication was observed in the Westview medication cart on 8/20/2026. However, the expiration date on the blister pack indicated to discard after 8/1/2026.

Repeated Violation 12/4/2025, 11/6/2025, 8/25/2025, et al.

Plan of Correction**Accept ([REDACTED] - 10/08/2026)**

The expired medication was removed from the med cart immediately and disposed of according to Peter Becker medication disposal protocols. PC LPN and/or PC Med Techs will be assigned to complete weekly medication cart audits for a period of 4 weeks beginning on 9/20/26 and then monthly for 3 months. Audits after 3 months (assuming compliance has been achieved) will be completed randomly. Copy of audit sheet planned to be used is attached. This audit sheet will also be used for 185a Implement Storage Procedures. Additionally, Polaris Pharmacy submitted documentation (copy attached) of a plan to change their pharmacy labels to reduce confusion on expiration dates.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented ([REDACTED] - 10/14/2026)**185a - Implement Storage Procedures****7. 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.

185a Implement Storage Procedures (continued)**Description of Violation**

Resident #5 is prescribed Tylenol Oral Tablet 325mg as needed. On 8/20/2026 at 12:33pm the medication was not available in the home.

Repeated Violation 8/25/2025, et al.

Plan of Correction**Accept () - 10/08/2026)**

The missing medication was ordered from pharmacy immediately upon discovery that it was missing. PC LPN and/or PC Med Techs will be assigned to complete weekly medication cart audits for a period of 4 weeks beginning on 9/20/26 and then monthly for 3 months. Audits after 3 months (assuming compliance has been achieved) will be completed randomly. Copy of audit sheet planned to be used is attached. This audit sheet will also be used for 183e Storing Medications

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 10/14/2026)**8. 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

The home's controlled substance policy states the following:

- Controlled substances are counted upon delivery. The nurse receiving the medication with the person delivering the medication must count the controlled substances together. Both individuals sign the designated controlled substance record.*
- If the count is correct, an individual resident controlled substance record is made for each resident who will be receiving a controlled substance. The records contained: name of resident, name and strength of the medication, quantity received, number on hand, the name of the prescriber, prescription number, name of issuing pharmacy, date and time received, time of administration, method of administration. signature of person receiving medication and signature of nurse administering the medication.*
- Nursing staff count controlled medication inventory at the end of each shift using these records to reconcile the inventory count.*
- Waste and/or disposal of controlled medication are done in the presence of the nurse and a witness who also signed the disposition sheet.*

Documentation reviewed and staff interviews conducted during the inspection that home is not following their controlled substance policy. The following were observed during the inspection, the medication technicians are receiving the controlled substances from the pharmacy, medication technicians are creating the control substance record, and medication technicians are counting the controlled medication.

Plan of Correction**Accept () - 10/08/2026)**

The controlled substance policy was written using the language of "nursing staff" to include all of Personal Care's medication administration staff. The policy is currently being updated in Policy Stat to include the specific

185a - Implement Storage Procedures (continued)

language "Certified Medication Technician" as well by the COO/NHA (the policy owner). This change will take place in the language by 10/1/26.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 10/14/2026)

187b - Date/Time of Medication Admin.**9. Requirements**

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 #6 is prescribed order to clean left knee with normal saline solution and apply adaptic and cover with a clean dry dressing daily. Resident #6's medication administration record (MAR) for July 2026 does not include the initials of the staff person who administered 7/20/2026 in the day.

Plan of Correction

Accept () - 10/08/2026)

All Certified Medication Technicians and Licensed Practical Nurses are undergoing in-service training by the Medication Administration Trainer (). Copy of training attached. This training is also being utilized to address 187d - Follow Prescribers Orders. All staff will complete this training by 10/1/26 (or their next shift if after that date for PRN/Seasonal staff). Random eMar reviews will be completed by the Trainer to ensure that all staff are documenting medication administration properly.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 10/14/2026)

187d - Follow Prescriber's Orders**10. Requirements**

2600.

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

Description of Violation

Resident #6 is prescribed tramadol HCL Tablet 50mg. Give one tablet by mouth two times a day for lymphedema give 30 minutes before use of lymphedema boots. The MAR for July 2026 is scheduled for 9:30am and 6:00pm. However, resident was administered tramadol HCL Tablet 50mg give 0.5 tablet by mouth two times a day on 7/23/2026 at 9:30am, 7/23/2026 at 6:00pm, 7/24/2026 at 9:10am, 7/24/2026 at 6:05pm, and 7/25/2026 at 9:05am.

Plan of Correction

Accept () - 10/08/2026)

See attAll Certified Medication Technicians and Licensed Practical Nurses are undergoing in-service training by the Medication Administration Trainer () Copy of training attached. All staff will complete this training by 10/1/26 (or their next shift if after that date for PRN/Seasonal staff). Random eMar reviews will be completed by the Trainer to ensure that all staff are documenting medication administration properly.ached.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 10/14/2026)

227d - Support Plan Medical/Dental**11. 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 assessment for resident #3, dated [REDACTED]; indicates the resident needs some physical assistances with ambulation. The resident's support plan, dated [REDACTED], indicates the resident utilizes a wheelchair for ambulation. However, the resident utilizes both a wheelchair and walker for ambulation.

The assessment for resident #5, dated [REDACTED], indicates the resident has a need for transfers in and out of bed and utilizes a bedside mobility device. The resident's support plan, dated [REDACTED], does not indicate the following: a specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used, and if a cover is required to meet FDA guidelines.

Repeated Violation- 3/12/2026, 12/4/2025

Plan of Correction**Accept ([REDACTED] - 10/08/2026)**

A complete audit of all current residents support plans and DME will be completed by 10/1/26 to ensure that documentation regarding their ambulation/mobility status is consistent on both evaluations. All residents with bedside mobility devices will also be audited by 10/1/26 to ensure that we have documentation of the need, the use, the risks and the ability as well as the information regarding the type of device used. Bedside mobility consent forms will also be updated for each resident using the devices.

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

Implemented ([REDACTED] - 10/14/2026)**233b - Lock Manufacturer Statement****12. Requirements**

2600.

233.b. A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs:

1. Upon a signal from an activated fire alarm system, heat or smoke detector.
2. Power failure to the home.
3. Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

Description of Violation

The home does not have a statement from the manufacturer of the electronic locking system verifying that the locks will release when the fire alarm system is activated, the home's power fails, and when the lock releasing device is operated.

Plan of Correction**Accept ([REDACTED] - 10/08/2026)**

On 1/16/2012, Franconia Township Fire Marshal inspected the Locking System and provided a statement the locks

233b - Lock Manufacturer Statement (continued)

will release when the fire alarm system activates or the power fails. Copy of that letter is attached. We have reached out to NEPPS who currently provides support for the keypad system to obtain a statement from them regarding the lock releasing devices that are used to manually open the doors and will provide that statement upon receipt.

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

Implemented () - 10/14/2026)

234a - Admission Support Plan**13. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #7 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan dated [REDACTED] was not signed by the assessor.

Repeated Violation-11/6/2025

Plan of Correction

Accept () - 10/08/2026)

All LPNs who complete Assessments and Support plans were reminded that they need to sign the paper copies of the documents. Signed copy of resident 7's support plan has been uploaded

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 10/14/2026)

234b - Support Plan Needs Elements**14. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED], for resident #2's behavioral or cognitive need and degree section states no problem with the resident's ability to use and avoid poisonous materials. However, the resident's most medical evaluation dated [REDACTED] indicates the resident cannot safely use or avoid poisonous materials.

The support plan, dated [REDACTED], for resident #7 states that the resident requires total physical assistance and staff to assist with ambulation with a wheelchair. However, the resident's most recent medical evaluation dated [REDACTED] states the resident requires a wheelchair and a rollator walker for ambulation.

The support plan, dated [REDACTED], for resident #8 does not address the resident's ambulation device; and the resident uses a walker for ambulation. The support plan, dated [REDACTED], for the behavioral or cognitive need and degree section does not address the resident's ability to use and avoid poisonous materials, and the resident's short-term memory and long-term memory need was not completed.

234b Support Plan Needs Elements (continued)**Plan of Correction****Accept () - 10/08/2026)**

A complete audit of all current residents support plans and DME will be completed by 10/1/26 to ensure that documentation regarding their ambulation/mobility status is consistent on both evaluations. All RASPS will be audited to ensure that all sections have been completed appropriately. Monthly audits will be completed at the end of each month (beginning with September) to ensure that all RASPs completed in the month prior are fully completed and not missing any sections.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 10/14/2026)**251b - Record Entries Legible****15. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The resident 6#'s controlled substance record dated 1/26/2026 was written over with ink on the amount ordered and the amount received. Additionally, line number six contained writing that had been scribbled over, making the original documentation difficult to read.

Repeated Violation 3/12/2026

Plan of Correction**Accept () - 10/08/2026)**

All staff have been reminded that entries cannot be scribbled out and a reminder document has been placed in the front of all controlled drugs books.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 10/14/2026)