

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

September 30, 2026

[REDACTED] ADMINISTRATOR
CHARLES P & MARGARET E POLK FOUNDATION
301 NORTH STREET
MILLERSBURG, PA, 17061

RE: POLK PERSONAL CARE CENTER
301 NORTH STREET
MILLERSBURG, PA, 17061
LICENSE/COC#: 30687

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/02/2026, 09/03/2026 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: POLK PERSONAL CARE CENTER

License #: 30687

License Expiration: 03/26/2027

Address: 301 NORTH STREET, MILLERSBURG, PA 17061

County: DAUPHIN

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: CHARLES P & MARGARET E POLK FOUNDATION

Address: 301 NORTH STREET, MILLERSBURG, PA, 17061

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/10/2014

Issued By: Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 60

Waking Staff: 45

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 09/03/2026

Inspection Dates and Department Representative

09/02/2026 - On-Site: [REDACTED]

09/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85

Residents Served: 42

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 42

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 18

Have Physical Disability: 0

Inspections / Reviews

09/02/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/01/2026

09/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/01/2026

Inspections / Reviews (*continued*)

09/28/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/01/2026

09/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 9/2/26, at 9:00AM, There were two binders labeled "West 2" and "West 3" that were unlocked, unattended and accessible on top of the medication cart located in the lobby by the elevator. These binds contained confidential resident information, including the resident's name, date of birth, insurance information, diagnoses and prescribed medications for Residents #1 - #15.

Plan of Correction

Accept () - 09/28/2026

Immediate STEP:

9/2/2026 - Resident Care Manager, RN removed Med Binder from the top of the med cart and secured/locked it in the med cart drawer. This staff person checked all other med carts to validate resident records were secured/locked in drawers of med cart.

Immediate Action:

9/22/2026 - All Med Techs and nursing staff will be re-educated on the Confidentiality of Resident Records policy and expectations. Staff will acknowledge training by signing the acknowledgement form.

Quality Improvement/On-Going Compliance:

10/1/2026 - The administrator or designee will begin quarterly random checks of med carts during medication administration to validate MAR binders are being locked in med cart when med tech or nurse is not at the cart.

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

Implemented () - 09/30/2026

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.

Description of Violation

Staff Member A did not receive training in Medication Self-administration during the 2025 training year.

Plan of Correction

Accept () - 09/28/2026

Immediate STEP:

9/3/2026 - HR Director audited all training records for 2025 to identify that not all DCS received training on 65f.1, medication self-administration

Immediate Action:

9/22/2026 - Staff person responsible for training will be re-educated on the Training Topics policy and expectations. The staff person will acknowledge training by signing the acknowledgement form.

Quality Improvement/On-Going Compliance:

65f - Training Topics (continued)

10/1/2026 - The administrator or designee will begin quarterly training checks on both individual training records, and also the itemized training summary for all employees to validate that 65f.1 has been or will be provided on/before end of year 2026.

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

Implemented () - 09/30/2026)

105g - Lint Removal and Duct Cleaning**3. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 9/2/26, at 9:15AM, there was an approximate 1-inch accumulation of lint in the lint trap of the dryer in the first floor laundry room. There were no clothes in the dryer at the time, and the dryer was cold to the touch.

Plan of Correction

Accept () - 09/28/2026)

Immediate STEP:

9/2/2026 - Housekeeping Supervisor checked all dryer lint traps to confirm no lint found.

Immediate Action:

9/22/2026 - Staff persons responsible for doing laundry will be re-educated on the Lint Removal policy and expectations. Each staff person will acknowledge training by signing the acknowledgement form. Dryer lint removal log is placed in the laundry room by the dryer. Lint Removal Flyer will be posted at the dryer.

Quality Improvement/On-Going Compliance:

10/1/2026 - Housekeeping supervisor will begin monthly checks of the lint trap. If lint is found, administrator will be notified to investigate.

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

Implemented () - 09/30/2026)