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

October 20, 2026

[redacted] ED
SPIRIT OF GHEEL
PO BOX 610
KIMBERTON, PA, 19442

RE: BUTTONWOOD FARM
14 BUTTONWOOD LANE,PO BOX 610
KIMBERTON, PA, 19442
LICENSE/COC#: 10790

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: *BUTTONWOOD FARM* **License #**: *10790* **License Expiration**: *01/15/2027*

Address: *14 BUTTONWOOD LANE,PO BOX 610, KIMBERTON, PA 19442*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *SPIRIT OF GHEEL*

Address: *PO BOX 610, KIMBERTON, PA, 19442*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-3 SP* **Date**: *03/24/2000* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *4* **Waking Staff**: *3*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *09/03/2026*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *7* **Residents Served**: *4*

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**: *1*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

09/03/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/26/2026*

10/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/20/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/14/2026*

Inspections / Reviews *(continued)*

10/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Bypass Document Submission*

10/20/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *10/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

101o - Walls, Floors, Ceilings

1. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 09/03/2026, the floorboards under the carpet in resident [redacted] room on the 3rd floor were sunken and creaked loudly when stepped on.

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

See attached.

A contractor came out on 9/24/2026 to retack the loose floorboard. It is now fully secure to the wood beneath. Additionally, the House Manager will check the floorboard [redacted] on a monthly basis to ensure that it remains in tact and safe to walk on. It should also be noted that there is additional wood base under those floorboards that are sturdy and there was no risk of the resident falling through the floorboard.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 10/20/2026)

109b - Rabies Vaccination

2. Requirements

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 09/03/2026, a cat was present at the home. The home does not have a current certificate of rabies vaccination for this cat.

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

See attached.
The house cat was taken to the vet on 9/24/26 for [redacted] updated rabies shot. The House Manager has added the vet visit to the calendar that will be viewed on a monthly basis to be sure [redacted] gets there before it expires again.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 10/20/2026)

184a - Resident's Meds Labeled

3. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

184a Resident's Meds Labeled *(continued)*

Description of Violation

Resident #2 is prescribed [redacted]. The initial order on 07/09/2026 was [redacted] and then it was changed [redacted] on 08/21/2026. The pharmacy label for this medication still reads [redacted], requiring a direction change sticker.

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

See attached.

The [redacted] label was updated the day of inspection on 9/3/2026 at the pharmacy. The House Manager and the direct care staff will ensure that when a medication is changed, the pack and label are changed the same day that the medication and MAR are changed starting 9/4/2026 and ongoing. The direct care staff must check the med packs against the MAR at each medication time. Additionally, the House Manager will check all med packs every week to be certain the medication packs all match with the MAR.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 10/20/2026)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed [redacted] However, the resident's August and September medication administration records (MAR) indicate only the dates but not the time of administration for this medication.

Resident #3 is prescribed [redacted] However, the resident's August MAR indicates only the dates but not the time of administration for these medications.

Plan of Correction ***Accept ([redacted] - 10/20/2026)***

The House Manager and Direct Care staff were reminded/retrained by the Administrator on 9/4/2026 to mark not only the MAR with administration but also to include the time, each time a PRN is given. The House Manager will

187a - Medication Record (continued)

check the MAR and packs daily starting 9/4/2026 and ongoing daily to ensure that all information is documented. The House Manager and Administrator have reviewed all medication records for compliance on 9/4/2026

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented (- 10/20/2026)

187b - Date/Time of Medication Admin.

5. 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 #2 is prescribed . The resident's August MAR does not include the initials of the staff person who administered it on 08/15/2026 and 08/19/2026
Resident #3 is prescribed The resident's August MAR does not include the initials of the staff person who administered it on 08/02/2026

Plan of Correction ***Accept (- 10/20/2026)***

Direct Care staff and the House Manager have been reminded/retrained on 9/4/2026 by the Administrator to record on the MAR at the time of med administration and PRN med administration. Additionally, the House Manager will check the MAR daily starting 9/4/2026 and daily after and will be ongoing to ensure that the MAR includes all necessary signatures for meds and PRN medication.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented (- 10/20/2026)