

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

October 23, 2026

[REDACTED], CEO
QUALITY LIFE SERVICES-SUGAR CREEK LLC
[REDACTED]
[REDACTED]

RE: QUALITY LIFE SERVICES-SUGAR
CREEK
109 PERSONAL CARE LANE
WORTHINGTON, PA, 16262
LICENSE/COC#: 45535

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *QUALITY LIFE SERVICES-SUGAR CREEK* **License #:** *45535* **License Expiration:** *05/08/2027*
Address: *109 PERSONAL CARE LANE, WORTHINGTON, PA 16262*
County: *ARMSTRONG* **Region:** *WESTERN*

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: *QUALITY LIFE SERVICES SUGAR CREEK LLC*
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *1 2* **Date:** *12/01/2015* **Issued By:** *Worthington Twp*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *27* **Waking Staff:** *20*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *09/11/2026*

Inspection Dates and Department Representative

09/11/2026 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* **Residents Served:** *23*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *23*
Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability:** *1*
Have Mobility Need: *4* **Have Physical Disability:** *0*

Inspections / Reviews

09/11/2026 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** *POC Submission* **Follow Up Date:** *10/01/2026*

Inspections / Reviews (*continued*)

09/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/23/2026

10/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2026

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

All residents to include resident #1, #2, #3 and #4's physician orders, electronic medications administration record (EMAR) birthdates, and care notes were unlocked accessible and unattended in the unlocked EMAR computer on the top of the medication cart.

Plan of Correction**Accept ([REDACTED] - 09/30/2026)**

1. On 9/11/2026, when DHS surveyor approached the Armstrong Hall med cart, the Point Click Care eMAR lock screen was visible on the laptop screen. The surveyor was able to click on the home page tab in the background and bring this screen to the front. The PCC home page was closed out at time of survey on 9/11/2026 to prevent unintentional viewing of resident records while med tech was away from cart. On 9/21/2026, PC Administrator consulted with DHS Supervisor, [REDACTED], to clarify that records confidentiality includes another person's ability to physically access records and not only to visually observe records. As a result, it was determined that the eMAR lock screen is not sufficient in protecting resident records as it is not password protected.
2. Education was provided by PC Administrator to PC staff on 9/28/2026 on maintaining confidentiality of resident records including closing the PCC home page and locking the eMAR screen when the med cart is unattended. Documentation of the education will be kept. Additional staff education will be completed by PC Administrator on 10/2/2026 once IT completes configuration of the med cart computers to add a password protected lock screen.
3. On 9/22/2026, PC Administrator contacted Quality Life Services Informatics Specialist, Jen Moody, to inquire about other options for securing resident records in PCC. The IT department was also included in this discussion. IT is able to configure the med cart computers to add a password protected lock screen. This project was initiated on 9/25/2026 and it set to be completed by 10/2/2026.
4. Audits will be completed for compliance with records confidentiality with use of med cart laptops by PC Administrator or designee 5 times per week for 1 week beginning 10/5/26 and continuing through 10/9/26 and then 1 time per week for 6 weeks beginning 10/12/26 and continuing through 11/20/26.
5. Results of the audit will be recorded and reviewed in monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 10/09/2026**Implemented ([REDACTED] - 10/23/2026)****131f - Fire Extinguisher Inspection****2. Requirements**

2600.

131f - Fire Extinguisher Inspection (continued)

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the storage room across from the furnace room at the end of the odd numbers resident room was last inspected 1/2015.

The fire extinguisher in the staff break room was last inspected 12/2024.

Plan of Correction**Accept () - 09/30/2026)**

- 1. The 2 uninspected fire extinguishers were removed from the personal care facility by the Maintenance Director on 9/11/26 as they were not in use.*
- 2. Education was provided by PC Administrator to Maintenance Director and maintenance staff on 9/28/2026 that all fire extinguishers in use within the facility must be inspected and approved annually by a fire safety expert. Documentation of the education will be kept.*
- 3. PC Administrator audited all fire extinguishers in the facility on 9/22/2026 to ensure there is an annual inspection documented. All extinguishers were found to be compliant with tags documenting inspection on 12/30/2025.*
- 4. Audit will be completed by PC Administrator or designee by 10/2/2026 to ensure all fire extinguishers are noted on the personal care emergency evacuation plan layout which will be provided to the fire safety expert by PC Administrator or designee during future annual fire extinguisher inspections to ensure compliance with regulation.*
- 5. Results of the audit will be recorded and reviewed in monthly QAPI meeting.*

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented () - 10/23/2026)**132b - Safety Inspection/Fire Drill****3. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent fire safety inspection and supervised fire drill were last conducted on 7/8/26. However, the previous inspection and drill were conducted on 6/8/25.

Plan of Correction**Accept () - 09/30/2026)**

- 1. PC Administrator consulted with DHS Supervisor, (), on 9/21/2026 to clarify the meaning of "annual" to mean that a safety inspection/fire drill must be completed within a 12-month period, and not a calendar year.*
- 2. Education was provided by PC Administrator to Maintenance Director on 9/28/2026 on clarification received on*

132b Safety Inspection/Fire Drill (continued)

the regulation and plan for future compliance. Documentation of the education will be kept.

3. PC Administrator set a calendar reminder for April 1, 2027 so that arrangements for scheduling the required inspection and drill will begin after 9 months to allow extra time for coordinating schedules with the local fire department fire chief.

4. PC Administrator audited the facility Fire Records log on 9/22/2026 for the previous 3 years to determine that compliance has been maintained with inspections/drills being completed on 7/13/2023, 7/9/2024, and 6/18/2025. Coordination of future drills/inspections will begin after 9 months and will be set up prior to 12 months.

5. Results of audit will be recorded and reviewed in monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented (████ - 10/23/2026)