

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

October 21, 2026

[REDACTED], CEO
BRADFORD ECUMENICAL HOME INC
[REDACTED]

RE: CHAPEL RIDGE
200 ST FRANCIS DRIVE
BRADFORD, PA, 16701
LICENSE/COC#: 42642

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/29/2026 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: CHAPEL RIDGE

License #: 42642

License Expiration: 11/10/2026

Address: 200 ST FRANCIS DRIVE, BRADFORD, PA 16701

County: MCKEAN

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: BRADFORD ECUMENICAL HOME INC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 09/18/1996

Issued By: L&I

Type: I-1

Date: 01/20/2017

Issued By: City of Bradford

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 62

Waking Staff: 47

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 09/29/2026

Inspection Dates and Department Representative

09/29/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 112

Residents Served: 62

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 4

Are 60 Years of Age or Older: 62

Diagnosed with Mental Illness: 4

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

09/29/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/17/2026

10/14/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/22/2026

Inspections / Reviews (*continued*)

10/16/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/21/2026

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/30/2026

10/21/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 10/21/2026

Reviewer: [REDACTED] Follow Up Type: Not Required

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

There was an approximate 1/4-inch gap in the emergency fire doors, when closed, near resident bedroom 124.

Plan of Correction

Accept () - 10/16/2026)

9/29/2026-The approximately 1/4-inch gap in the emergency fire doors near resident bedroom 124 was immediately corrected by maintenance during the inspection with Astragal. Door was inspected after to ensure it closes properly and was in good repair and free of hazards.

On 9/29/2026 all other fire doors were inspected by Maintenance Manager and were noted to already have astragal on them and are compliant with the regulation.

Maintenance Manager will audit fire doors weekly for 3 months beginning on 10/14/2026

Ongoing compliance will be monitored by Maintenance Manager.

Licensee's Proposed Overall Completion Date: 12/31/2026

Implemented () - 10/21/2026)

187b - Date/Time of Medication Admin.

2. 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

On the following dates and times, resident #1 was administered the following medications; however, the staff persons did not sign off on the resident's September 2026 medication administration record (MAR) at the time of administration:

Atorvastatin 10mg, Citrus Calcium – Vit D3 200mg-6.25mg, Montelukast Sod 10mg:

On 9/18/26, at 8:00 p.m., the medications were administered; however, the MAR was signed off on at 9:16 p.m.

On 9/14/26, at 8:00 p.m., the medications were administered; however, the MAR was signed off on at 9:11 p.m.

On 9/8/26, at 8:00 p.m., the medications were administered; however, the MAR was signed off on at 9:44 p.m.

Centrum Silver Women, Femara 2.5mg, Fluticasone Prop 50mcg, Hydrochlorothiazide 12.5mg, Levothyroxine 75mcg, MegaRed Omega-3 350mg, Metoprolol Succinate ER 50mg, Potassium CL ER 10meq, Super B Complex, Vitamin C 500mg, Vitamin D3 25mcg:

On 9/7/26, at 11:00 a.m., the medications were administered; however, the MAR was signed off on at 1:21 p.m.

Systane drops 0.4%-0.3%:

On 9/18/26, at 8:00 p.m., the medication was administered; however, the MAR was signed off on at 9:16 p.m.

On 9/18/26, at 12:00 p.m., the medication was administered; however, the MAR was signed off on at 1:05 p.m.

On 9/14/26, at 8:00 p.m., the medication was administered; however, the MAR was signed off at 9:11 p.m.

187b Date/Time of Medication Admin. (continued)

On 9/14/26, at 4:00 p.m., the medication was administered; however, the MAR was signed off on at 6:36 p.m.

On 9/8/26, at 8:00 p.m., the medication was administered; however, the MAR was signed off on at 9:45 p.m.

On 9/7/26, at 12:00 p.m., the medication was administered; however, the MAR was signed off on at 1:21 p.m.

Plan of Correction**Accept () - 10/14/2026)**

In response to the violation on 09/29/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/30/2026 by the Resident Services Coordinator and Nurse Manager by reviewing the identified medication administration records with the staff involved. Staff were re educated on the requirement that medication administration must be recorded on the MAR at the time the medication is administered. Staff were reminded that medications must be signed off immediately after administration.

To enhance the currently compliant operations, the Nurse Manager and Resident Services Coordinator will educate all medication administration staff during the October RA meeting on 10/13/2026 with the requirements for timely and accurate MAR documentation and medication administration.

Effective 10/07/2026 the Resident Services Coordinator will perform weekly audits with Effective date 10/7/2026 the Resident Services Coordinator will monitor MARs to ensure medications are being documented at the time of administration. Audits will be done on 100% of residents weekly for 1 month, then monthly x 2 months starting in November through 12/31/2026, to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2026

Implemented () - 10/21/2026)