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

October 1, 2026

[redacted]
ER 320 OPERATIONS LLC
[redacted]

RE: EMERALD PERSONAL CARE
320 MARKET STREET
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33886

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2026, 07/23/2026 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: *EMERALD PERSONAL CARE* **License #**: *33886* **License Expiration**: *01/07/2027*

Address: *320 MARKET STREET, ELIZABETHTOWN, PA 17022*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *ER 320 OPERATIONS LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-1* **Date**: *05/20/1996* **Issued By**: *Dept. of Health*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *21* **Waking Staff**: *16*

Inspection Information

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

Reason: *Complaint, Incident, Fine* **Exit Conference Date**: *07/23/2026*

Inspection Dates and Department Representative

07/22/2026 - On-Site: [redacted]

07/23/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *21*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *21*

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

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

Inspections / Reviews

07/22/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/13/2026*

08/13/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/18/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/20/2026*

Inspections / Reviews *(continued)*

08/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/18/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/14/2026*

10/01/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/18/2026*

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

60a - Staff/Support Plan

1. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted] from 6:00 AM through 2:00 PM, there were no staff working in the home certified in medication administration.

On [redacted] from 10:00 PM through 6:00 AM on [redacted] there were no staff working in the home certified in medication administration.

On [redacted] from 10:00 PM through 6:00 AM on [redacted] there was no staff working in the home certified in medication administration.

On [redacted] from 10:00 PM through 6:00 AM on [redacted], there was no staff working in the home certified in medication administration.

As a result, the home was unable to provide medication administration services on the above dates and times to residents who are prescribed medications on an as needed basis during this time. There are several residents who are prescribed PRN medications including:

- *Resident [redacted] as needed for pain, [redacted] as needed for pain*
- *Resident [redacted] as needed for [redacted] g as needed for [redacted]*

Repeated Violation - [redacted], et al., [redacted], et al.

Plan of Correction ***Accept [redacted] 08/17/2026)***

• Resident [redacted] and Resident [redacted] had no adverse effects from missed PRN medications on 6/28/26, 7/13/26, 7/14/26 and 7/16/26

• By 9/14/2026, An initial audit will be conducted to ensure that a med tech is on the schedule and working in the personal care home moving forward

• By 9/14/2026, Personal Care Home staff will be educated to ensure that a med tech is on the schedule and working moving forward for the administration of PRN medications moving forward

• By 9/14/2026, A monthly audit will take place for 4 months to ensure that staff maintain there med tech certification

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented [redacted] - 10/01/2026)

81a - Accomodation

2. Requirements

2600.
81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

81a Accomodation *(continued)*

Description of Violation

The annex door of the home had previously operated as a handicap accessible automatic door with a push plate. In June of 2026 this door no longer operated automatically, and residents were required to manually open the door. The door also closed abruptly, audibly slamming closed. On 6/10/26, Resident #1 opened the annex door and while the resident was maneuvering [redacted] walker through the doorway, Resident #1 was hit by the door and fell to the floor. Resident #1 was sent to the hospital and received stitches to the scalp.

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

• Resident [redacted] was provided the care and services in follow up to the 6/10/2026 incident
• On 8/3/2026, The Maintenance Director performed an initial audit of the door to ensure safe operation and repaired the door to ensure appropriate closure of the door
• By 9/14/2026, Personal Care Staff will be educated on the necessity of physical site accommodations and equipment to meet the needs of the residents
• By 9/14/2026, A monthly audit will take place for 4 months to ensure that the personal care home maintains an environment and has necessary accommodations/equipment for the residents

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented [redacted] - 10/01/2026)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], the bedroom of Resident [redacted] had a strong odor of urine.

On [redacted] and [redacted] the bedroom of Resident [redacted] had a strong odor of urine. On [redacted], gnats were observed in the resident's bathroom.

On [redacted] at 7:13 PM, the glucometer of Resident [redacted] was used to test the blood glucose of Resident #[redacted]

Repeated Violation [redacted], et al.

Plan of Correction ***Directed [redacted] - 08/17/2026)***

• Resident [redacted] Resident [redacted] and Resident [redacted] room and personal devices were cleaned
• By 9/14/2026, Personal Care staff will perform an initial audit to ensure the residents' environment has sanitary conditions
• By 9/14/2026, Personal Care staff will be educated for the necessary sanitary conditions of the personal care home to be maintained
• By 9/14/2026, A monthly audit will take place for 4 months to ensure that the personal care home maintains a sanitary environment

85a Sanitary Conditions (continued)

(Directed)
In addition to the above plan of correction:

- *All residents who receive blood sugar testing residents and their designated person (if applicable) will be notified by letter of the possibility of shared glucometer use in the facility and the possibility of blood borne diseases by 9/14/26. Copies of the letters shall be maintained by the home for Department review.*
- *Each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician will be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow up based on the recommendations shall be maintained by the home for Department review.*
- *All staff responsible for blood sugar testing will receive re training by 9/14/26.*
- *The administrator or designee will audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This will be done on a weekly basis for the residents who receive blood glucose testing. The weekly audits will occur for a period of three months.*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/14/2026*

Implemented (- 10/01/2026)

92 - Windows

4. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The left side window in Resident s bedroom requires a prop to remain open. On the window was held open by a block of wood.

Repeated Violation , et al.

Plan of Correction ***Accept - 08/17/2026)***

• The window in Resident 's room has been repaired to open and close appropriately
• By 9/14/2026, Personal Care staff will perform an initial audit to ensure windows in the home open and close appropriately
• By 9/14/2026, Personal Care staff will be educated on the necessity of windows and their function moving forward
• By 9/14/2026, A monthly audit will take place for 4 months to ensure the windows in the personal care home have appropriate function

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented - 10/01/2026)

121a - Unobstructed Egress

5. Requirements

121a - Unobstructed Egress *(continued)*

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The south stairwell fire door at the entrance of the home is equipped with a magnetic lock and keypad. There is a sign on the door that reads, "In emergency push panic bar until constant tone sounds door can be opened in 15 seconds". However, the door does not have a panic bar. The door remains locked unless a code is entered into the keypad. There is no signage posted indicating the keypad code or other instructions to disengage the door's locking mechanism.

Repeated Violation - [redacted]*, et al.,* [redacted]

Plan of Correction ***Directed*** [redacted] ***08/17/2026)***

• The sign on the south stairwell fire door has been removed
• By 9/14/2026, An initial audit will be conducted to ensure that there are no signs for a 15 second opening/ panic bar on fire doors that do not have this feature
• By 9/14/2026, Personal Care Home staff will be educated on the necessity of unobstructed egress doors
• By 9/14/2026, A monthly audit will take place for 4 months to ensure that egress doors remain unobstructed moving forward

(Directed)

- *The administrator or designee will post codes to all magnetic locking systems in the building by 9/14/26.*
- *A written approval will be obtained from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the system by 9/14/26.*
- *The home will receive a statement specific to the home from the manufacturer, lock service company or an architect who has inspected the lock verifying that the electronic or magnetic locking system will shut down and that all doors will open easily and immediately when there is a signal from an activated fire alarm system, heat or smoke detector, and/or power failure to the home.*
- *All residents will be assessed to be able to open the door(s) without staff assistance by 9/14/26. Resident assessments will be updated to include their ability to utilize the locked door(s). This process will continue with any new admissions to the home. If at least one resident is unable to independently utilize the keypad and exit the door, then the lock(s) will immediately be disengaged.*
- *Documentation of residents assessed to open the door(s) independently, written approval and statements will be kept by the home and available for review by the Department.*

Directed Completion Date: *09/14/2026*

Implemented [redacted] ***- 10/01/2026)***

162c - Menus Posted

6. Requirements

2600.

162c Menus Posted *(continued)*

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [redacted] was posted in the home. However, the menu states "fruit juice, whole grain breads, grapes, oranges & bananas available upon request." These items were not present in the home on [redacted] and Staff Member A confirmed that these items are not carried by the home.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

• The menus have been updated to ensure that always available menu items are in fact available for the residents
• By 9/14/2026, An initial audit will be conducted to ensure that always available menu items are available for the residents at the home
• By 9/14/2026, Personal Care Home staff will be educated on the necessity of always available menu items maintained availability in the personal care home
• By 9/14/2026, A monthly audit will take place for 4 months to ensure that always available menu items are in the home moving forward

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented [redacted] - 10/01/2026)

184a - Resident's Meds Labeled

7. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for Resident [redacted] s [redacted] included instructions to "Take two tablets three times a day as needed". However, the prescription for this medication reads "Take three tablets by mouth every 6 hours as needed for pain".

Repeated Violation [redacted], et al.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

• The prescription and label for Resident [redacted] PRN [redacted] have been updated to match
• By 9/14/2026, the Lead Med Tech will complete an initial audit on all resident pharmacy labels compared to physician's orders will be completed.
• By 9/14/2026, Personal care home staff will be educated to ensure that medication labels and prescription dosage are both the same
• By 9/14/2026, A monthly audit will take place for 4 months to ensure that PRN [redacted] prescriptions are the same as the label of the medication

Licensee's Proposed Overall Completion Date: *09/14/2026*

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

Implemented [redacted] 10/01/2026)

187b - Date/Time of Medication Admin.

8. 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 [redacted] is prescribed blood sugar checks at bedtime. On [redacted] at 8:00 PM, the resident's blood sugar is documented on the July 2026 Medication Administration Record; however, the entry is not initialed by a staff person.

Repeated Violation - [redacted], et al., [redacted], et al.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

• Resident 6 did not experience any adverse effects from the lack of staff initial on the MAR
• By 9/14/2026, An initial audit will be completed for residents that have blood sugars taken to ensure staff are initialing the MAR
• By 9/14/2026, Personal Care home staff will be educated to ensure that blood sugars have a staff members initial on the MAR
• By 9/14/2026, A monthly audit will take place for 4 months to ensure that Residents that have their blood sugars taken have the staff members initials on the MAR

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented [redacted] - 10/01/2026)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted] Resident [redacted] was prescribed [redacted], place 1 patch on skin over 12 hours every 24 hours. Remove patch after 12 hours. This medication was to begin on [redacted] However, the home did not administer the first dose of this medication until [redacted].

On [redacted] Resident [redacted] was prescribed [redacted], take 3 tablets by mouth daily. This medication was to begin on [redacted] However, from [redacted] to [redacted], the home only administered one tablet of [redacted] daily. The home did not begin administering the prescribed dose of 3 tablets daily until [redacted].

On [redacted], Resident [redacted] was prescribed [redacted], take .5 tablet by mouth daily. This medication was to begin on [redacted]. However, the home did not begin administering this medication until [redacted]

Repeated Violation- [redacted], et al.

187d Follow Prescriber's Orders *(continued)*

Plan of Correction ***Accept [redacted] - 08/13/2026)***

• Resident [redacted] and Resident [redacted] did not experience any adverse effects for starting their orders later than the prescription date

• An initial audit will be completed for Resident [redacted] and Resident [redacted] to ensure that their current prescription orders are active

• Personal Care Home staff will be educated to ensure that resident prescription orders are being followed per the directions of the prescriber

• A monthly audit will take place for 4 months on 5 resident prescription orders to ensure they are active

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented [redacted] - 10/01/2026)

190a - Completion Medication Course

10. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member C, who has not successfully completed the Department approved medications administration course, completed blood glucose testing to residents to include the following:

On [redacted] at 6:11 AM for Resident [redacted]
On [redacted] at 6:03 AM for Resident [redacted]
On [redacted] at 5:54 AM for Resident [redacted]
On [redacted] at 5:47 AM for Resident [redacted]

Repeated Violation [redacted] et al., [redacted] et al.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

• Staff member C has completed the Department approved Medication Administration Course on 7/23/2026

• By 9/14/2026, An initial audit will be completed to ensure that personal care home staff have an active medication administration certification

• By 9/14/2026, Personal Care Home staff will be educated to ensure that personal care home staff that complete blood glucose testing have an active medication administration certification

• By 9/14/2026, A monthly audit will take place for 4 months on personal care home staff to ensure that their medication administration certification is active

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented [redacted] - 10/01/2026)

190b - Insulin Injections

11. Requirements

190b - Insulin Injections *(continued)*

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Member B is not licensed and the home does not have a waiver for non-licensed staff to administer GLP medications. Staff Member B provides medication administration assistance for a [redacted] medication to Resident [redacted] by dialing the dose on the device for proper dose administration.

Repeated Violation - [redacted] et al., [redacted], et al.

Plan of Correction ***Accept [redacted] - 08/13/2026)***

• Resident 6 did not experience any adverse effects from the GLP medication being pre dialed by Staff member B
• An initial audit will be completed to determine that residents that receive a GLP medication are not being pre dialed be staff members
• Personal Care home staff will be educated to ensure that resident GLP medication is not being pre dialed
• A monthly audit will take place for 4 months on residents that have GLP medication orders to ensure that the medication is not being pre dialed

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented [redacted] - 10/01/2026)

225a - Assessment 15 Days

12. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted] indicated the resident has no dietary needs. However, the resident's medical evaluation, completed [redacted] indicated the resident requires a no added sodium diet.

Resident [redacted] assessment, dated [redacted] indicated the resident has no personal care needs related to toileting or bladder management. However, the resident's record indicated the home became aware of the resident's urinary incontinence on [redacted] and the resident continues to wear briefs.

Repeated Violation- [redacted] et al.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

• By 9/14/2026, Resident [redacted] will have an updated assessment completed to determine current needs
• By 9/14/2026, An initial audit will be completed on residents that have dietary requirements and personal care

225a Assessment 15 Days (continued)

needs to ensure that these needs are active and taking place

• By 9/14/2026, Personal care home staff will be educated to ensure that resident assessments are active

• By 9/14/2026, A monthly audit will take place on 5 resident assessments for 4 months to ensure that resident needs are active per the assessment

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented [redacted] - 10/01/2026)

227d - Support Plan Medical/Dental

13. 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 [redacted] dated [redacted] indicated [redacted] as a medical diagnosis. The support plan states the resident hoards wet briefs and then takes them to the trash can by the annex fridge. Multiple staff interviews indicated Resident [redacted] denies staff access to [redacted] bedroom for cleaning and trash collection. The resident's support plan, dated [redacted], did not indicate how the home will provide or arrange for personal care services to meet this need.

Plan of Correction ***Accept[redacted] 08/17/2026)***

• Resident [redacted] has not experienced any adverse effects for the lack of personal care needs being provided by Resident 1's preferences. Resident [redacted] will be provided verbal cueing daily as an assistance with cleaning and trash collection

• By 9/14/2026, An initial audit will be completed on residents that have personal care needs to ensure that their needs are being met

• By 9/14/2026, Personal care home staff will be educated to ensure that residents that have personal care needs are being met

• By 9/14/2026, A monthly audit will take place of 5 residents for 4 months to ensure that resident personal care needs are met.

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented [redacted] 10/01/2026)

227e - Self Administer Medication

14. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

227e - Self Administer Medication *(continued)*

Description of Violation

Resident [redacted] self-administers [redacted] medication. However, Resident [redacted] assessment and support plan, dated [redacted], indicated the resident cannot self-administer medications.

Resident [redacted] self-administers [redacted] medication. However, Resident [redacted] s assessment and support plan, dated [redacted], indicated the resident cannot self-administer medications.

Resident [redacted] self-administers [redacted] medication self-administer their [redacted] medication. However, Resident [redacted] assessment and support plan, dated [redacted], indicated the resident cannot self-administer medications.

Plan of Correction ***Accept [redacted] - 08/17/2026)***

• By 9/14/2026, Resident [redacted] Resident [redacted] and Resident [redacted] assessments will be updated to reflect the ability to self-administer their GLP medication
• By 9/14/2026, An initial audit will be completed on residents that have GLP medications to ensure their assessments reflect the ability to self-administer
• By 9/14/2026, Personal care home staff will be educated to ensure that residents that have GLP medications have assessments that reflect
• By 9/14/2026, A monthly audit will take place on 5 residents for 4 months to ensure that residents that have GLP medication have assessments that reflect

Licensee's Proposed Overall Completion Date: *09/14/2026*

Implemented ([redacted] - 10/01/2026)