

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

May 20, 2025

[REDACTED], CEO  
GDL FARMS CORP  
2900 STREET ROAD  
[REDACTED]  
WARRINGTON, PA, 18976

RE: THE PATHWAYS AT WARRINGTON  
2900 STREET ROAD  
WARRINGTON, PA, 18976  
LICENSE/COC#: 14747

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2025, 04/15/2025 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: *THE PATHWAYS AT WARRINGTON* License #: *14747* License Expiration: *01/01/2026*  
Address: *2900 STREET ROAD, WARRINGTON, PA 18976*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *GDL FARMS CORP*  
Address: *2900 STREET ROAD, [REDACTED], WARRINGTON, PA, 18976*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *10/28/2020* Issued By: *Warrington Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *107* Waking Staff: *80*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/15/2025*

**Inspection Dates and Department Representative**

04/14/2025 - On-Site: [REDACTED]  
04/15/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *108* Residents Served: *62*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care Unit* Capacity: *42* Residents Served: *38*

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *45* Have Physical Disability: *0*

**Inspections / Reviews**

**04/14/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2025*

Inspections / Reviews *(continued)*

05/20/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

05/20/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

### 3c - Post Current License

#### 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

#### Description of Violation

*On 4/14/2025, the home's copy of 55 Pa.Code Chapter 2600, was not posted in a conspicuous and public place in the personal care unit of the home.*

#### Plan of Correction

Accept (█ - 05/20/2025)

*The postings are always on all three units on large cork boards. We will add them to the front desk in the lobby. The DON will remind staff as to all locations of postings. Administrator will monitor for compliance.*

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented (█ - 05/20/2025)

### 17 - Record Confidentiality

#### 2. 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

*The home Memory Care East Unit has an open-layout nursing station. On 4/14/2025, the resident narcotics log book, and a resident sign-out list was unlocked, unattended, and accessible to all residents and visitors.*

*On April 15, 2025, a laptop containing resident information was unlocked, unattended, and accessible to residents and guests at the open-layout medication station for personal care. There was also a medication order book containing the residents' prescription orders on top of a desk.*

#### Plan of Correction

Accept (█ - 05/20/2025)

*All resident records, narcotic book, and computer were immediately secured in proper secure storage. Director of nursing and administrator will observe for continued compliance during daily rounds.*

*Staff was in-serviced to ensure compliance.*

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented (█ - 05/20/2025)

### 82c - Locking Poisonous Materials

#### 4. Requirements

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

82c - Locking Poisonous Materials (*continued*)**Description of Violation**

*There was hand sanitizer with a manufacturer's label indicating, "Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away" unlocked, unattended, and accessible to residents in the Memory Care East Unit medication station. Not all the residents of the home, including the residents on the Memory Care East Unit, have been assessed as capable of recognizing and using poisons safely.*

*Spin and Span disinfectant all-purpose spray with a manufacturer's label indicating "Hazards to humans; please contact a Poison Control Center," was unlocked, unattended, and accessible to residents on the Memory Care East Unit kitchenette. Not all the residents of the home, including the residents on the Memory Care East Unit, have been assessed as capable of recognizing and using poisons safely. There was also, on the Memory Care East Unit kitchenette.*

*At 11:16 am, there was Secret deodorant, Colgate toothpaste, and Dove deodorant with a manufacturer's label indicating "if swallowed, contact poison control," unlocked, unattended, and accessible to residents in room 121. Not all the residents of the home, including residents in room 121, have been assessed as capable of recognizing and using poisons safely.*

*Repeat Violation: 3/20/2024*

**Plan of Correction**

Accept (█ - 05/20/2025)

*The hand sanitizer and spic and span was immediately moved and secure in locked areas. Sign placed on cabinets reminding all staff to place poisonous materials in locked cabinet/box after use. Personal items will be immediately locked up after morning care. All memory care rooms have lock boxes in room to secure all poisonous materials. Personal care, dining and housekeeping all in-serviced. DON, Dining and housekeeping staff will observe for compliance during rounds, mealtimes and routine tasks.*

*In addition, it is added to electronic charting Residents poisons secure before leaving the room. The staff member responsible for room 121 was disciplined.*

**Licensee's Proposed Overall Completion Date: 05/15/2025**

Implemented (█ - 05/20/2025)

## 89b - Hot Water Temperature

**5. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*At 11:12 am, the hot water temperature in memory care west unit room 107 measured 123.4 degrees Fahrenheit, and at 12:45 pm measured 121.6 degrees Fahrenheit.*

**Plan of Correction**

Accept (█ - 05/20/2025)

*Maintenance director adjusted the mixing valves to correct temperature immediately. Weekly checks will be done by maintenance to ensure compliance. Checks will be done at various times each week. The temperatures will be checked at 1 minute and at 2 minutes. This will be done indefinitely.*

89b - Hot Water Temperature *(continued)*

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented ( ) - 05/20/2025

## 101j7 - Lighting/Operable Lamp

## 6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

*Resident 1 does not have access to a source of light that can be turned on/off at bedside.*

## Plan of Correction

Accept ( ) - 05/20/2025

*Light bulb was replaced immediately. Lamp now working. Staff made aware to alert maintenance if lamp not operable. Room checks will be done and signed off by DCS weekly to check for working lamps indefinitely.**All memory care rooms have light mounted near bed with a light switch also reachable from bed. Staff in-serviced.*

Licensee's Proposed Overall Completion Date: 05/14/2025

Implemented ( ) - 05/20/2025

## 123b - Emergency Procedures Posted

## 7. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

## Description of Violation

*The home's emergency procedures are not posted in a conspicuous and public place in the home.*

## Plan of Correction

Accept ( ) - 05/20/2025

*The emergency procedures are always on all three units. We will add them to the front desk in lobby DON will remind staff of all locations. Administrator will monitor for compliance.*

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented ( ) - 05/20/2025

## 162c - Menus Posted

## 8. Requirements

2600.

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 current week of 4/13/2025 to 4/19/2025 was not posted. There is no posting of the home's menu for the following week. The posted menu was dated 3/21/2025 to 4/06/2025 and 3/17/2025; there was also a*

**162c - Menus Posted (continued)**

*lunch and dinner menu posted on a chalkboard with no dates.*

**Plan of Correction**

**Accept (█ - 05/20/2025)**

*The current and following week menus are on all three units. The staff menus at the front desk have been removed. The DON will review with staff to check menus on the units to place their orders from that menu.*

**Licensee's Proposed Overall Completion Date: 05/19/2025**

**Implemented (█ - 05/20/2025)**

**183e - Storing Medications****9. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*There were 7 loose pills and 4 medication cups with loose pills in them observed in the West Memory Care Unit medication cart.*

*There was Lorazepam 0.5 mg with an expiration date of 3/19/2025 belonging to resident 2 observed in the refrigerator of the 2nd floor medication station.*

*Repeat Violation: 3/20/2024*

**Plan of Correction**

**Accept (█ - 05/20/2025)**

*All loose pills were disposed of immediately. Medication carts audited by Director of Nursing and Administrator. Audits will be done twice a week by LPN on staff. All staff who administer medications were in-serviced. Staff member disciplined.*

*Working with pharmacy. Changing to a more secure packaging to prevent pills from dislodging.*

**Licensee's Proposed Overall Completion Date: 05/15/2025**

**Implemented (█ - 05/20/2025)**

**184a - Resident's Meds Labeled****10. 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.

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

3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

*Two bags of Morphine 5 mg syringes belonging to resident 3 were in the narcotics box. However, they were missing the pharmacy label and does not include the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber.*

**Plan of Correction**

Accept (█ - 05/20/2025)

*Medication immediately removed and our pharmacy delivered with proper labeling. The morphine was from a hospice pharmacy. All meds will be sent our pharmacy for approval. During our biweekly cart audit all labels will be checked by LPN.*

**Licensee's Proposed Overall Completion Date: 05/15/2025**

Implemented (█ - 05/20/2025)

**185a - Implement Storage Procedures****11. Requirements**

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident 4 is prescribed a lidocaine external patch 4 % as needed for pain. On 4/15/2025, the medication was not available in the home.*

**Plan of Correction**

Accept (█ - 05/20/2025)

*Medication immediately ordered and delivered. All carts were audited by director of nursing. Med cart audits will be done twice a week by LPN. DON will also check all carts for compliance monthly.*

**Licensee's Proposed Overall Completion Date: 05/15/2025**

Implemented (█ - 05/20/2025)

**224a - Preadmission Screen Form****12. Requirements**

2600.

- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident 5's preadmission screening form, dated █ does not include a determination that the needs of the*

224a - Preadmission Screen Form (continued)

resident can be met by the services provided by the home.

**Plan of Correction**

Accept (█ - 05/20/2025)

Preadmission screen corrected immediately. All new preadmission screens will be double checked by DON for completeness and accuracy. DON will cosign all prescreens. Chart reviews will be done monthly.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented (█ - 05/20/2025)

233c - Key-Locking Devices

**13. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

The directions for operating the home's locking mechanism are not conspicuously posted near the back exit door on the East Secure Dementia Care Unit (SDCU).

**Plan of Correction**

Accept (█ - 05/20/2025)

The directions for operating were immediately posted by the back door. All exits from memory care now have the directions behind plastic covers to prevent residents from removing them. Maintenance will check daily during their building rounds.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented (█ - 05/20/2025)