pennsylvania
DEPARTMENT OF HUMAN SERVICES

April 7, 2026

[redacted]
Administrator
Mrs. Bush's Personal Care Home, Inc.
P.O. Box 327
302 Kunkletown Road
Kunkletown, Pennsylvania 18058

[redacted]

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RE: Mrs. Bush's Personal Care Home 1 #: 228350

Dear [redacted]

This is in response to a request submitted on behalf of your facility to use the Chirp Fall Management Solution and device to support fall detection and fall management for individuals within your facility. 55 Pa. Code §2600 and 55 Pa. Code §2800 requires notification of resident rights and complaint procedures as well as specific rights for residents .

The Department has reviewed the information submitted. The information demonstrates that the informed consent includes voluntary participation and the right to discontinue the use of Chirp Fall Solution and device at any time; that each resident and their responsible parties have been informed of their right to seek counsel around informed consent regarding their participation in the program and that informed consent will be obtained from the residents or their responsible parties.

The signed and dated informed consent form should be maintained in your facility. Maintaining the practices and procedures that you outlined in your request will satisfy the regulatory requirements around the residents right to privacy.

This letter does not constitute endorsement of the use of the Chirp Fall Management Solution and device in your facility. You remain responsible for assuring that your facility is in compliance with all other regulatory requirements.

Please maintain this letter on file in your facility. If there are any further questions, please do not hesitate to contact my office.

Sincerely,

Theresa Hartman

Theresa Hartman, RN, CCM
Director
Bureau of Human Services Licensing
Office of Long-Term Living
Department of Human Services