

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

August 27, 2025

[REDACTED]
JAI JALARAM CARE LP
[REDACTED]

RE: FAITHFUL LIVING
2015 NORTH READING ROAD
DENVER, PA, 17517
LICENSE/COC#: 32258

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/17/2025 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: FAITHFUL LIVING License #: 32258 License Expiration: 03/21/2026
 Address: 2015 NORTH READING ROAD, DENVER, PA 17517
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: JAI JALARAM CARE LP
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/03/1985 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 07/17/2025

Inspection Dates and Department Representative

07/17/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 65
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 59
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 13 Have Physical Disability: 2

Inspections / Reviews

07/17/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/14/2025

08/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/22/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/22/2025

Inspections / Reviews *(continued)*

08/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2025

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

On [REDACTED] at 9:00 AM, a physician order for resident [REDACTED] was unlocked, unattended and accessible in the office inside the front door of the home. The order was visible through the office window and listed resident [REDACTED] name, date of birth, and stated to change [REDACTED] to as needed per staff request as patient continuously refusing to get routine Accu-checks.

On [REDACTED], at 9:45 AM, various records including resident [REDACTED]'s resident assessment and support plan and medication orders were unlocked, unattended and accessible inside of the closet near the peach dining room.

Plan of Correction

Accept [REDACTED] - 08/15/2025)

There is a table in front of the window to the office that provides distance. Someone must be trying very hard to peak in and down at the copier. Curtains were replaced with blinds on 7/18 by the Maintenance Director. Resident [REDACTED] was discharged several years ago. Administration was not aware the closet existed and binders were immediately removed. Front office staff and Med Tech staff were re-educated by the PCHA during the week of 8/10 to be aware of loose papers on the copier and confidential information on top of med carts by the PCHA. An audit of closets and med carts will be done by the PCHA or Designee beginning 8/10 ending on 8/16/25.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [REDACTED] - 08/25/2025)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at 9:31 AM, there was a piece of food located in the main hallway outside of the dining room that had approximately 15 ants on and around it.

Plan of Correction

Accept [REDACTED] - 08/15/2025)

The piece of food was likely from breakfast that morning and was immediately removed by the Maintenance Director. Hallways are swept and mopped on a daily basis. Pest control comes at least monthly or more often as necessary. There is no evidence of current ant infestation in the building. Housekeepers will be educated during the week of 8/10 by the PCHA to be mindful of after meal traffic. An audit of the hallways will be done by the Housekeepers and Wellness staff beginning 8/10 ending on 8/16/25.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [REDACTED] - 08/25/2025)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] at 10:05 AM, room [REDACTED] had a half-moon shaped crack in the ceiling, which was approximately six inches in length.

Plan of Correction

Accept [REDACTED] - 08/15/2025)

There is no evidence of any water damage. Crack is caused by building settling. Ceiling was repaired on 8/13 by the maintenance director. Education will be provided to maintenance staff by the PCHA during the week of 8/10. Rooms were audited on 5/25/25 and findings continue to be addressed in priority order.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [REDACTED] - 08/25/2025)

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

On [REDACTED] at 9:57 AM, the window in room [REDACTED] was open, and there is no screen present in the window.

Plan of Correction

Accept [REDACTED] - 08/15/2025)

These windows are manufactured to open from both the right and left side. The screen should be moved to the side that is open. The screen in [REDACTED] was present but not moved to the open side. Maintenance staff were educated by the PCHA on 7/18. An audit was done during the week of 8/10 by the maintenance team. Residents were provided education on the operation of the screen by the PCHA during the week of 8/10. As an added measure, on 8/13 maintenance fixed the side without the screen has been fixed so that it can not open.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [REDACTED] - 08/25/2025)

100a - Exterior - Free of Hazards

5. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [REDACTED] at 9:50 AM, there is a heavy accumulation of air conditioning condensate and dark-colored slime running from the exterior of the dining room wall across the concrete to the grass. The condensate was slippery and posed a fall hazard.

Plan of Correction

Accept [REDACTED] 08/15/2025)

Typically this AC condensation dries quickly on the concrete. However, the grass had just been cut and tents put in

100a - Exterior - Free of Hazards (continued)

place in preparation for the annual Carnival. The area was power washed on 7/18 by the Maintenance Director. Maintenance staff were educated on 7/18 by the PCHA to be mindful of the courtyard surfaces. An audit of the courtyard area will be done by the PCHA or Designee beginning 8/10 ending on 8/16/25.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [REDACTED] - 08/25/2025)

103d - Storing Food Off Floor

6. Requirements

- 2600.
- 103.d. Food shall be stored off the floor.

Description of Violation

On [REDACTED] at 10:25 AM, multiple boxes of food including ground beef, cookies, and pound cake were stored on the floor of the walk-in freezer.

Plan of Correction

Accept [REDACTED] 08/15/2025)

The boxes were immediately removed off the floor on 7/17 by the Dining Services Director. All Dining Services staff will be re-educated by the PCHA the week of 8/10. An audit of the walk-in freezer will be completed by the Cooks begin on 8/10 and end on 8/16.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [REDACTED] 08/25/2025)

144c1 - Smoking Area Guidelines

7. Requirements

- 2600.
- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking areas are located in a gazebo on the garden side of the home and in a smoking shed on the other side of the home. However, on [REDACTED] at approximately 10:00 AM, there was a heavy accumulation of cigarette ashes underneath the chairs located on the patio outside of the dining room.

Plan of Correction

Accept [REDACTED] - 08/15/2025)

Wellness Department team members check the courtyard daily on each shift. No violations have been reported, so we are unable to pin point which resident may be smoking outside the designated area. Ashes were immediately removed by the Maintenance Director on 7/17. Wellness department team members will be re-educated on this requirement beginning the week of 8/10 by the PCHA with a reminder to document this check on the assignment sheet. All residents who smoke will be issued another reminder of this policy by the PCHA during the week of 8/10. An audit of smoking areas will be done by the PCHA or Designee beginning 8/10 ending on 8/16/25.

144c1 - Smoking Area Guidelines (continued)

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [redacted] - 08/25/2025)

183b - Meds and Syringes Locked

8. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted], at 9:04 AM, resident [redacted] [redacted] was unlocked, unattended and accessible on top of the medication cart located in the hallway outside of the back of the office.

On [redacted], at approximately 10:15 AM, a small round red pill was on the floor outside of the dining room in the hallway. I

Plan of Correction

Accept [redacted] - 08/15/2025)

Med Tech was verbally re-educated by the PCHA on 7/18/25. The pill was identified as Ibuprofen in the IL hallway. Med Techs and Housekeepers will be educated on this by the PCHA during the week of 8/10. An audit of the hallways will be done by the Housekeepers and Wellness staff beginning 8/10 ending on 8/16/25.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [redacted] - 08/25/2025)

185a - Implement Storage Procedures

9. 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 [redacted] is prescribed [redacted] as needed for constipation. On [redacted] this medication was not available in the home.

Repeated Violation - [redacted] and [redacted] et al

Plan of Correction

Accept [redacted] 08/15/2025)

This medication had been reordered by the Med Tech on the morning on 7/17. It was received from the pharmacy on the same day. However, it was subsequently discontinued on 7/18 for non use. Med Techs will receive re-education on this regulation beginning 8/10 with a reminder to ask the provider if they'd like to discontinue a medication for non use. Daily Med Cart audits are already in place and will continue to be on going.

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [REDACTED] - 08/27/2025)