

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

July 17, 2025

[REDACTED], REGIONAL OPERATIONS DIRECTOR  
VS WOODS LLC  
[REDACTED]

RE: THE WOODS AT CEDAR RUN  
824 LISBURN ROAD  
CAMP HILL, PA, 17011  
LICENSE/COC#: 33132

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2025, 06/04/2025 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 WOODS AT CEDAR RUN* License #: 33132 License Expiration: 12/31/2025  
 Address: 824 LISBURN ROAD, CAMP HILL, PA 17011  
 County: CUMBERLAND Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: *VS WOODS LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: 02/19/1997 Issued By: *L&I*  
 Type: *Other* Date: 07/18/2024 Issued By: *Lower Allen Township*

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 79 Waking Staff: 59

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: 06/04/2025

**Inspection Dates and Department Representative**

06/03/2025 - On-Site: [REDACTED]  
 06/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 79 Residents Served: 58

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Life Stories* Capacity: 19 Residents Served: 15

**Hospice**  
 Current Residents: 8

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 21 Have Physical Disability: 0

**Inspections / Reviews**

06/03/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 07/06/2025

Inspections / Reviews *(continued)*

07/09/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/18/2025

07/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

19 - Review Waiver

1. Requirements

2600.

19.e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.

Description of Violation

On 4/14/14, the home received a waiver of for staff member's non-US education. However, on 6/3/25, the waiver was not publicly and conspicuously posted in the home.

Plan of Correction

Accept ( [REDACTED] - 07/09/2025)

ACTION: On 6/5/25, the waiver in question was placed on display in a conspicuous and public space (second floor bulletin board in common area) by the Executive Operations Officer. SEE ATTACHED PHOTO

EDUCATION: On 6/5/25, Executive Operations Officer reviewed preliminary violations from the licensing inspection and educated all members of the Leadership Team on regulation 19(e).

ONGOING: Upon approval of any future waivers, a copy of the waiver shall be posted by either the Executive Operations Officer, Administrative Services Director or Designee.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented ( [REDACTED] - 07/17/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] resident #1's [REDACTED] reported to the home's Director of Memory Care [REDACTED] had found inappropriate text messages between resident #1 and staff person A on resident #1's phone. The text messages started on [REDACTED] and included staff person A sending naked pictures to resident #1. As a result of the incident, staff person A was terminated.

Repeated Violation - 1/8/25, et al

Plan of Correction

Accept ( [REDACTED] - 07/09/2025)

ACTION: After a full investigation and submission of all required documentation (reviewed during the licensing inspection visit), staff person A was terminated by the Executive Operations Officer on [REDACTED] SEE ATTACHED DOCUMENTATION

EDUCATION: Beginning on 1/1/25, the Executive Operations Officer has been providing education regarding the reporting of resident abuse to all staff members at each quarterly meeting. A quarterly meeting was completed on both 2/26/25 and 5/28/25 in which Abuse Reporting was reviewed with all staff. SEE ATTACHED DOCUMENTATION.

ONGOING: The next quarterly staff meeting will be held in August 2025, and the Executive Operations Officer will

**42b - Abuse (continued)**

once again provide education regarding Abuse Reporting. In addition, the Executive Operations Officer reviews abuse and abuse reporting with all new staff members during new hire orientation. A general overview of abuse and abuse reporting is also completed for every newly hired staff via video on Day 1 of new hire orientation. SEE ATTACHED DOCUMENTATION.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ( ) - 07/17/2025)

**81b - Resident Personal Equipment****3. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

On 6/4/25, at 10:12 AM, an uncovered bedside mobility device, with an opening measuring 13 inches by 22 inches, was installed on the left side of resident #2's bed, posing a potential limb or head entrapment risk.

Repeated Violation - 6/11/24, et al

**Plan of Correction**

Accept ( ) - 07/09/2025)

**ACTION:** On 6/4/25, the bedside mobility device was removed from Resident #2's bed by the Maintenance Director, after Resident and POA confirmed that the device "had never been used." On 6/10/25, an audit of all current bedside mobility devices was conducted by the Executive Director, to ensure that all were free of hazards. SEE ATTACHED AUDIT

**EDUCATION:** On 6/5/25, Executive Operations Officer reviewed preliminary violations from the licensing inspection and educated all members of the Leadership Team on regulation 81(b).

**ONGOING:** Beginning on 7/1/25, a monthly audit of all enabler bars within the community will be checked for safety/cleanliness/covering/appropriate measurements by the Maintenance Team. Any needed repairs, tightening, or removals will be conducted at the time of the audit. SEE ATTACHED DOCUMENTATION. For all new residents who wish to have an enabler bar installed, Executive Operations Officer, Resident Wellness Director, and/or Maintenance Director will approve the enabler bar and the installation of that bar upon admission, and the Resident will be added to the monthly enabler audit.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented ( ) - 07/17/2025)

**183b - Meds and Syringes Locked****7. 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 6/4/25, at 10:11 AM, a Debrox earwax removal kit, a tube of maximum strength Hydrocortisone Cream 1% and a tube of Polysporin Bacitracin Zinc were unlocked, unattended, and accessible in resident #2's bathroom cabinet. Resident #2 is not assessed as being able to self-administer these medications.

## 183b - Meds and Syringes Locked (continued)

Repeated Violation - 11/20/24, et al

**Plan of Correction**

Accept ( ) - 07/09/2025)

*ACTION: on 6/4/25, Executive Operations Officer contacted resident #2's Power-of-Attorney, to once again remind them that residents are not permitted to keep OTC and CAM in their apartments without a physician's order. The Resident Wellness Director removed the above-mentioned medications from the resident's apartment. On 6/10/25, resident's physician provided orders for the self-administration of all above-mentioned medications and the Executive Operations Officer completed a medication self-administration assessment and an addendum to this resident's RASP. SEE ATTACHED DOCUMENTATION. Also, on 6/10/25. the above-mentioned medications (along with a lock box to keep them in), were returned to the Resident by the Resident Wellness Director.*

*EDUCATION: On 6/5/25, Executive Operations Officer reviewed preliminary violations from the licensing inspection and educated all members of the Leadership Team on regulation 183(b)*

*ONGOING: Since 1/10/25, regular audits of resident rooms have been completed by the Executive Operations Officer and/or Designee, specifically to ensure that no medications are present in the apartments, without a physician order. SEE ATTACHED. Audits will continue to occur. In addition, the Executive Operations Officer regularly reminds families and residents of regulation 183(b) via weekly newsletter updates SEE ATTACHED EXAMPLES. On 7/3/25, Executive Operations Officer sent out another reminder to families and residents regarding regulation 183(b). SEE ATTACHED*

**Licensee's Proposed Overall Completion Date: 07/03/2025**

Implemented ( ) - 07/17/2025)

## 183d - Prescription Current

**8. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*On 6/4/25, at 10:11 AM, a Debrox earwax removal kit, a tube of maximum strength Hydrocortisone Cream 1% and a tube of Polysporin Bacitracin Zinc were located in resident #2's bathroom cabinet. There were no current orders for these medications.*

Repeated Violation - 11/20/24, et al

**Plan of Correction**

Accept ( ) - 07/09/2025)

*ACTION: on 6/4/25, Executive Operations Officer contacted resident #2's Power-of-Attorney, to once again remind them that residents are not permitted to keep OTC and CAM in their apartments without a physician's order. The Resident Wellness Director removed the above-mentioned medications from the resident's apartment. On 6/10/25, resident's physician provided orders for the self-administration of all above-mentioned medications and the Executive Operations Officer completed a medication self-administration assessment and an addendum to this resident's RASP. SEE ATTACHED DOCUMENTATION. Also, on 6/10/25. the above-mentioned medications (along with a lock box to keep them in), were returned to the Resident by the Resident Wellness Director.*

*EDUCATION: On 6/5/25, Executive Operations Officer reviewed preliminary violations from the licensing inspection and educated all members of the Leadership Team on regulation 183(b)*

*ONGOING: Since 1/10/25, regular audits of resident rooms have been completed by the Executive Operations Officer and/or Designee, specifically to ensure that no medications are present in the apartments, without a physician*

**183d - Prescription Current (continued)**

order. SEE ATTACHED. Audits will continue to occur. In addition, the Executive Operations Officer regularly reminds families and residents of regulation 183(b) via weekly newsletter updates SEE ATTACHED EXAMPLES. On 7/3/25, Executive Operations Officer sent out another reminder to families and residents regarding regulation 183(b). SEE ATTACHED

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented (█) - 07/17/2025)

**187d - Follow Prescriber's Orders****9. Requirements**

2600.

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

**Description of Violation**

On 4/11/25, at 8:00 PM, resident #5 did not receive █ prescribed Hydrocodone because the medication was not available in the home.

On 4/15/25, at 8:00 AM, resident #4 did not receive █ prescribed Pregabalin because the medication was not available in the home.

On 5/10/25, at 8:00 AM and 4:00 PM, resident #3 did not receive █ prescribed Brimonidine eye drops because the eye drops were not available in the home.

On 5/17/25, at 8:00 AM, resident #7 did not receive █ prescribed Ensure supplement drink because the supplement was not available in the home.

Repeated Violation - 1/8/25, et al, 11/20/24, et al, 10/3/24, et al

**Plan of Correction**

Accept (█) - 07/09/2025)

**ACTION:** Resident #5 did not receive █ Hydrocodone on 4/11/25 because pharmacy was awaiting a new prescription from the PCP. SEE ATTACHED DOCUMENTATION. Resident #4 did not receive █ Pregabalin o 4/15/25 because the pharmacy was awaiting a new prescription from the PCP. SEE ATTACHED DOCUMENTATION. Resident # 3 did not receive █ Brimonidine drops on 5/10/25 because the home failed to reorder the eye drops in a timely manner (eye drops were delivered in the late evening hours on 5/10/25. Resident #7 did not receive █ Ensure supplement on 5/17/25 because the home was waiting on the family to provide more supplements. However, the Med Tech later discovered that the Ensure supplement was indeed in the community. SEE ATTACHED DOCUMENTATION. An Incident Report was sent to the Department for each of these medication errors, within 24 hours of the date/time the error was made.

**EDUCATION:** On 6/5/25, Executive Operations Officer reviewed preliminary violations from the licensing inspection and educated all members of the Leadership Team on regulation 187(d). Due to ongoing issues with the prescriber referenced in the above "Description of Violation", for resident #5 and #4, the home terminated consulting physician services with █ as of 5/31/25 (this date was to be 6/30/25, but the physician refused to work out a 30-day notice) SEE ATTACHED DOCUMENTATION. For resident #7, the Med Tech was educated by the Executive Operations Officer on 5/19/25, as referenced in the attached documentation. On 6/26/25, the Resident Wellness Director held

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

a staff meeting and reminding Med Techs of the request for refill policy. SEE ATTACHED DOCUMENTATION ONGOING: A new Physician group started with the home on 5/13/25. Since that date, there have been no instances of medications being unavailable in the home due to delayed response for refill submissions from the physician. As of 6/26/25, Resident Wellness Director, Executive Operations Officer, and/or Designee, will continue to monitor refill status of medications and provide ongoing education and reinforcement to Med Techs regarding regulation 187(d).

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented (█) - 07/17/2025)

**224a - Preadmission Screen Form****10. 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 #9 was admitted to the home on █ however, the resident's preadmission screening form does not include the date it was completed

**Plan of Correction**

Accept (█) - 07/09/2025)

**ACTION:** On 6/5/25, the Executive Operations Officer reviewed Resident #9's preadmission screening with the employee who had completed it and confirmed with that employee that the screening was completed on █

This date was then added to the preadmission screening. SEE ATTACHED

**EDUCATION:** On 6/5/25, Executive Operations Officer reviewed preliminary violations from the licensing inspection and educated all members of the Leadership Team on regulation 224(a).

**ONGOING:** Beginning on 6/5/25, the Executive Operations Officer will continue to audit each preadmission screening for every new Resident prior to filing in the Resident's chart, to ensure that the preadmission screening form is completed in its entirety.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented (█) - 07/17/2025)