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

July 2, 2025

[redacted]
GAHC3 PALMYRA PA ALF TRS SUB LLC
[redacted]
C/O HERITAGE SENIOR LIVING
[redacted]

RE: TRADITIONS OF HERSHEY
100 NORTH LARKSPUR ROAD
PALMYRA, PA, 17078
LICENSE/COC#: 33260

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2025 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: *TRADITIONS OF HERSHEY* **License #**: *33260* **License Expiration**: *02/01/2026*

Address: *100 NORTH LARKSPUR ROAD, PALMYRA, PA 17078*

County: *LEBANON* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *GAHC3 PALMYRA PA ALF TRS SUB LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *51* **Waking Staff**: *38*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *05/13/2025*

Inspection Dates and Department Representative

05/13/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served**: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *35*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *16* **Have Physical Disability**: *0*

Inspections / Reviews

05/13/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/12/2025*

06/13/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/02/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/19/2025*

Inspections / Reviews *(continued)*

06/18/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/02/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/02/2025*

07/02/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/02/2025*

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

63d Certified CPR Staff

1. Requirements

2600.
63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with [redacted] training, unless the resident has a do not resuscitate order.

Description of Violation

On [redacted] resident [redacted] was found unresponsive and blue in [redacted] bathroom. Staff member A performed cardiopulmonary resuscitation to the resident however, staff member A's first aid and cardiopulmonary resuscitation certification expired on [redacted]. Staff member A was not recertified in first aid and cardiopulmonary resuscitation until January 2025.

Plan of Correction ***Accept ([redacted] - 06/18/2025)***

Immediate Corrective Action: On January 3rd, Staff Member A received their CPR and First Aid recertification by the National CPR Foundation's trainer.

Additional Corrective Action: On May 6th, May 21st & June 3rd, additional classes were conducted by a certified CPR/First Aid Instructor to ensure the ratio of trained staff available is appropriate. A total of 8 team members received training. Another training session is being held on June 20th, 2025. On May 29th, CPR/First Aid requirements were reviewed by the Executive Director with the Resident Care Director. The Resident Care Director is responsible for maintaining the CPR/First Aid tracking tool and is responsible for ensuring CPR/First Aid compliance when doing the schedule.
Ongoing Quality Assurance Action: Beginning June 20th, CPR/First Aid classes will be held by a certified CPR/First Aid trainer and scheduled every 6 months, to ensure adequate staff are properly trained. Ongoing compliance will be reviewed at the quarterly Quality Assurance meetings, beginning on July 15th, 2025. Tracking tool will be reviewed monthly by the Resident Care Director to ensure certifications do not expire. ***(Directed) The Resident Care Director will complete monthly reviews of the tracking tool beginning July 1, 2025.-[redacted]***

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

Implemented [redacted] - 07/02/2025)

102i Soap Dispenser

3. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On [redacted] at approximately 4:10 PM, resident [redacted] and [redacted] shared bathroom contained an unlabeled, green bar of soap sitting on the built-in shower seat in the shower.

Plan of Correction ***Accept ([redacted] 06/18/2025)***

Immediate Corrective Action: On June 3rd, 2025, Resident Care Director checked all shared rooms and replaced soap bars with liquid soap.

102i Soap Dispenser (continued)

Additional Corrective Action: On June 3rd, 2025, the Resident Care Director audited all shared rooms and labeled liquid soap bottles with appropriate resident names. Staff are to receive education by Resident Care Director on labeling items in shared rooms on June 11th, 2025.
Ongoing Quality Assurance Action: Beginning on July 1st, 2025, the Resident Care Director will audit a minimum of 1 shared room (2 bedrooms) of resident rooms monthly to ensure that shared rooms have appropriately labeled liquid soap bottles. Findings will be reviewed at the quarterly Quality Assurance meetings, beginning on July 15th, 2025.

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

Implemented [redacted] 07/02/2025)

187a - Medication Record

4. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
8. Frequency of administration.

Description of Violation

Resident [redacted] was ordered [redacted], take one tablet by mouth three times a day from [redacted] Resident [redacted] April 2025 medication administration record (mar) includes instructions to take one tablet by mouth twice daily.

Plan of Correction ***Accept [redacted] - 06/18/2025)***

Immediate Corrective Action: On May 15th, 2025, Resident Care Director reviewed resident [redacted]'s MAR to ensure resident was receiving all medications as ordered by the PCP. Resident [redacted] passed away [redacted]

Additional Corrective Action: On June 11th, 2025, Med Techs will receive training by the Director of Pharmacy Services on how to monitor and verify incoming orders for changes and accuracy, in addition to reviewing the 5 rights of medication administration.
Ongoing Quality Assurance Action: Beginning on July 1st, 2025, Resident Care Director will review at minimum 5 MAR's weekly, to ensure labels, MAR's and orders match. On May 28th, the Director of Pharmacy Services completed a cart audit. Any findings were corrected at that time. A consultant pharmacist will be auditing all MAR's on June 18th. Weekly cart audits are being completed by the nightshift Med Tech beginning July 1st. Findings will be reviewed at the quarterly Quality Assurance meetings, beginning on July 15th, 2025.

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

Implemented [redacted] - 07/02/2025)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

On [redacted] the physician ordered for resident [redacted] to receive [redacted]-take 25mg in the morning, 25mg at lunch, and 50mg in evening. The medication was not administered to resident [redacted] as prescribed by the physician as follows:

- *[redacted] was administered in the evenings from [redacted] through [redacted]*
- *On [redacted] resident [redacted] received [redacted] at 8:00 AM, 25mg at 12:00 PM, 25mg at 2:00 PM, and 50mg at 7:00 PM.*

Repeated Violation - [redacted]

Plan of Correction ***Accept [redacted] - 06/18/2025)***

Immediate Corrective Action: On April 11th, 2025, the Resident Care Director notified the PCP of the [redacted] dose and order discrepancy, and the issue was corrected.

Additional Corrective Action: On June 11, 2025, Med Techs will receive training by the Director of Pharmacy Services on how to monitor and verify incoming orders for changes and accuracy and additional education on the 5 rights and 3 checks. A consultant pharmacist will be auditing all MAR's on June 18th.
Ongoing Quality Assurance Action: Beginning on July 1st, 2025, the Resident Care Director will review at minimum 5 MARs weekly, to ensure labels, MARs and orders. On May 28th the Director of Pharmacy Services completed a cart audit. Any findings were corrected at that time. Beginning July 1st, weekly cart audits are being completed by the nightshift Med Tech. Findings will be reviewed at the quarterly Quality Assurance meetings, beginning on July 15th, 2025.

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

Implemented [redacted] - 07/02/2025)

225c - Additional Assessment

7. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] assessment, dated [redacted], indicated the resident requires some physical assistance when moving from one place to another as resident [redacted] has "an unsteady gait and requires supervision. Walks with walker as ordered by PT". The assessment also indicates the resident requires moderate physical or oral assistance in an emergency. As of January 2025, resident [redacted] has been using a wheelchair for ambulation until the resident was deemed to be "bed bound" on [redacted] and requires total physical assistance to transfer in and out of [redacted] wheelchair and would require total physical assistance to evacuate in an emergency from one or more staff persons. Resident [redacted] displays the following behaviors towards staff: medication refusals, daily hygiene refusals, cursing, hitting, scratching, grabbing, spitting, kicking, and biting staff which are not identified in the assessment. However, the resident's assessment was never updated

225c Additional Assessment (continued)

Resident [redacted]s assessment, dated [redacted], indicated resident [redacted] requires prompting and cueing to rise from or sit/lie on a bed or chair as well as some physical assistance to move from one place to another as the resident has an unsteady gait and requires supervision. Resident [redacted] currently requires the assistance of 2 staff members for transfers in and out of bed and at least one staff to propel the resident in a wheelchair. However, the resident's assessment was never updated.

Plan of Correction ***Accept [redacted] 06/18/2025)***

Immediate Corrective Action: On [redacted] Resident [redacted] passed away. On May 14th, 2025, resident [redacted] RASP was updated by the Executive Director to reflect mobility changes.

Additional Corrective Action: On June 5th, 2025, Resident Care Director was educated on the RASP update and change form by the Executive Director.
Ongoing Quality Assurance Action: Beginning on June 17th, 2025, the Resident Care Director will audit all RASPs to ensure they reflect the residents' care needs appropriately. Expected completion July 1st. A minimum of 2 RASP's will be audited monthly by the Resident Services Director beginning in the month of July. ***(Directed) The Resident Services Director will audit a minimum of 2 RASP's per month beginning July 1, 2025[redacted]*** *Findings will be reviewed at the quarterly Quality Assurance meetings, beginning on July 15th, 2025.*

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

Implemented [redacted] - 07/02/2025)