

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

September 3, 2025

[REDACTED]
CAPITOL OPERATOR LLC
[REDACTED]

RE: THE TERRACES AT CAPITOL VILLAGE
4004 LINGLESTOWN ROAD
HARRISBURG, PA, 17112
LICENSE/COC#: 33798

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2025 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 TERRACES AT CAPITOL VILLAGE License #: 33798 License Expiration: 06/01/2026
 Address: 4004 LINGLESTOWN ROAD, HARRISBURG, PA 17112
 County: DAUPHIN Region: CENTRAL

Administrator

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

Legal Entity

Name: CAPITOL OPERATOR LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 12/17/2001 Issued By: Lower Paxton Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 69 Waking Staff: 52

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 06/05/2025

Inspection Dates and Department Representative

06/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 54
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 9
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 15 Have Physical Disability: 1

Inspections / Reviews

06/05/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/28/2025

07/28/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/18/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/18/2025

Inspections / Reviews *(continued)*

09/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23b Instrumental Activities of Daily Living Assistance

1. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident [REDACTED] dated [REDACTED] and updated [REDACTED] states that the resident requires assistance with wound care and that the staff will coordinate with the hospice agency to ensure this need is met. The resident has orders for wound care including:

- "Cleanse with wound cleaner, pat dry, apply calcium alginate to open area. Cover with Optilock dressing and secure with paper tape qd and prn." This service was not provided on [REDACTED] and [REDACTED].

- "Right heal cleanse with wound cleanser or NSS, pat dry. Apply aid prep, cover with foam bordered gauze 3x weekly one time a day every Tue, Thu, Sat for skin ulcer." This service was not provided on [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/28/2025)

1. Executive Director cannot retroactively correct the wound care documentation or coordination with the outside service provider.
2. Wellness Director will audit current residents receiving coordinated services for wound care with outside providers to identify other potentially affected residents by 7/31/25.
3. Wellness Director will audit resident Medication / Treatment Records randomly 3 times per week for 4 weeks to monitor compliance beginning 8/1/25.
4. Executive Director will report findings at September Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/03/2025)

183b Meds and Syringes Locked

2. 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 9:25 AM. there was a small yellow tablet embossed with an L, unlocked, unattended, and accessible on the floor outside of bedroom [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/28/2025)

1. The Wellness Director immediately disposed of the small tablet.
2. Wellness Director and Executive Director completed full facility walk on 6/6/25 to observe all areas of the home observing for loose medications, OTC's, CAM, medication carts and syringes to identify other areas to assess proper storage procedures.
3. The Wellness Director will conduct re-education to those staff who pass medications in home by 7/31/25.
3. Wellness Director will conduct self medication evaluations to determine residents who self medicate continue to

183b - Meds and Syringes Locked (continued)

be appropriate to self-medicate by 8/15/25.

4. Executive Director will complete walking rounds of the facility to audit compliance 3 times per week for 4 weeks beginning 8/1/25.

5. Executive Director will report findings at September Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented [REDACTED] - 09/03/2025)

187a - Medication Record**3. Requirements**

2600.

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

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] is prescribed the following for wound care:

- "Cleanse with wound cleaner, pat dry, apply calcium alginate to open area. Cover with Optilock dressing and secure with paper tape qd and prn." The resident's treatment administration record does not reflect that this service was provided on 3/13 and 3/20/25,

- "Right heal cleanse with wound cleanser or NSS, pat dry. Apply aid prep, cover with foam bordered gauze 3x weekly one time a day every Tue, Thu, Sat for skin ulcer." The resident's treatment administration record does not reflect that this service was provided on 3/13 and 3/18/25, 3/20/25.

Plan of Correction

Accept [REDACTED] - 07/28/2025)

1. Facility cannot retroactively correct the medication administration record for resident 1 on 3/13,3/18, and 3/20.

2. Wellness Director will provide re-education to facility staff that administer medications on the requirements to document wound care as administered in the resident record by 7/31/25.

3. Wellness Director will conduct a full resident audit of Medication Administration records for month of June through current month to audit other affected residents by 7/31/25.

4. Wellness Director will audit resident Medication Records randomly 3 times per week for 4 weeks to monitor compliance beginning 8/1/25.

5. Executive Director will report findings at September Quality Management Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/03/2025)

225c - Additional Assessment**4. Requirements**

2600.

225c Additional Assessment (continued)

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]'s assessment, dated [REDACTED], does not include the use of a catheter including who will empty the bag, change the bag, and provide overall maintenance.

Repeated Violation [REDACTED], et al

Plan of Correction

Accept [REDACTED] 07/28/2025)

- 1. Executive Director cannot retroactively correct this resident assessment and support plan as the resident is discharged from the community.
- 2. Executive Director will re educate the facility staff completing Resident Assessments and Support Plans on expectations to include mode of voiding if not by natural means and the support the resident will need to manage.
- 3. Wellness Director will audit all residents who have foley catheters to assure this is identified on the RASP by 7/31/25.
- 4. Wellness Director will audit resident population for change in orders to identify change in condition 5 times per week for 4 weeks to begin 8/1/25.
- 5. Executive Director will report findings at September Quality Managment Meeting to identify compliance and make recommendations to maintain compliance.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented [REDACTED] - 09/03/2025)