

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

October 14, 2025

[REDACTED] CEO
THE ALLIANCE HOME OF CARLISLE, PA, INC.
770 SOUTH HANOVER STREET
CARLISLE, PA, 17013

RE: CHAPEL POINTE AT CARLISLE
770 SOUTH HANOVER STREET
CARLISLE, PA, 17013
LICENSE/COC#: 34337

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2025 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: *CHAPEL POINTE AT CARLISLE* License #: *34337* License Expiration: *06/03/2026*
 Address: *770 SOUTH HANOVER STREET, CARLISLE, PA 17013*
 County: *CUMBERLAND* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *THE ALLIANCE HOME OF CARLISLE, PA, INC.*
 Address: *770 SOUTH HANOVER STREET, CARLISLE, PA, 17013*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *09/11/2014* Issued By: *Borough of Carlisle*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/10/2025*

Inspection Dates and Department Representative

09/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *61* Residents Served: *41*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Garden View* Capacity: *12* Residents Served: *11*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *41*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/10/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/26/2025*

Inspections / Reviews (*continued*)

09/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/02/2025

10/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/14/2025

10/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's annual quality management review was last completed on 12/20/23.

Plan of Correction

Accept (█ - 09/25/2025)

The annual Quality Management Review for 2025 will be conducted on or before Friday, 10/10/25. This review will be documented in a formal report and submitted to the home's CEO for review. The CEO will sign off on the report on or before Friday, 10/10/25. The CEO, Personal Care Administrator and Personal Care Nursing Coordinator will review the 2600.26.a regulatory requirement that an annual quality management review be completed and kept with the Policy and Procedure Manual. This education will be completed on or before Friday, 10/10/25. The Personal Care Administrator will conduct a Quality Management Review annually, thereafter, prepare a formal report and submit it to the CEO for review and approval. The CEO will ensure the Quality Management Review is conducted annually by implementing a mandatory calendar reminder, requiring submission of the review report to the CEO.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline are not posted on or by the telephone in resident #1's bedroom.

Plan of Correction

Accept (█ - 10/01/2025)

Resident #1 Emergency number sticker was replaced 9/10/25. On or before Friday, 10/10/25, all Personal Care phones will be checked by Personal Care Administrator or designee to ensure they have the required emergency numbers. A log sheet will be completed with date of audit and name of staff person doing the audit. Personal Care Staff will be educated by the administrator, or licensed designee, on the requirement that the emergency numbers be placed on or near all personal care phones that have an outside line by Friday, 10/10/25. Starting Friday, 10/10/25, the administrator, licensed nurse or personal care staff designee will do a weekly audit of all personal care phones with an outside line to ensure on-going compliance using the audit log and phone checklist form.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

103f - Refrigerator/Freezer Temps

3. Requirements

103f - Refrigerator/Freezer Temps (continued)

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the refrigerator or freezer located in the secure dementia care unit.

Plan of Correction

Accept (█ - 10/01/2025)

Thermometers were replaced in the temporary refrigerator and freezer on 9/10/25. Personal Care Staff will be educated by the administrator, or licensed designee, on the requirement for the thermometers to be in all refrigerators and freezers where resident food is kept by Friday, 10/10/25. Starting Friday, 10/10/25, the administrator, licensed nurse or personal care staff designee will audit the presence of the thermometer in the SDU refrigerator and freezer daily and enter on an audit log with their signature starting Friday, 10/10/25 to ensure on-going compliance.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

107a - Emergency Preparedness

4. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

█ the administrator does not have and is not familiar with the emergency preparedness plan for the local municipality.

Plan of Correction

Accept (█ - 09/25/2025)

On 9/24/25, the Personal Care Administrator obtained the latest version of Carlisle Borough Emergency Operations Plan, 2023, from the Carlisle Borough. The Personal Care Administrator was educated on the regulatory requirement for the facility to have on file and be familiar with the local municipality emergency management plan on or before Friday 10/10/25. The Personal Care Administrator will review the plan obtained and file with the Emergency Management Plan for the facility on or before Friday, 10/10/25. Annually, the Personal Care Administrator will contact Carlisle Borough to obtain the most recent Emergency Operations Plan. The CEO will ensure the Emergency Management Plan is obtained annually by implementing a mandatory calendar reminder, requiring verification that the Carlisle Borough was contacted for the most recent report.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

107d - Procedure Emergency Management Agency Submission

5. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission (continued)

Description of Violation

The home's written emergency procedures have not been reviewed or updated since 2021.

Plan of Correction

Accept (█ - 09/25/2025)

The facility emergency management plan will be reviewed, update and submitted to the local emergency management agency on or before Friday, 10/10/25. This review will be documented in a formal report and submitted to the home's CEO for review. The CEO will sign off on the report on or before Friday, 10/10/25. The Personal Care Administrator will be educated on the regulatory compliance for 2600.107d reviewing, updating and submitting annual the facility emergency management plan to the local emergency management agency. This education will be completed on or before Friday, 10/10/25. Annually, the Personal Care Administrator will review the emergency management plan, update and submit to the local emergency management agency. The CEO will ensure the facility Emergency Management Plan is reviewed, updated and submitted annually by implementing a mandatory calendar reminder.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/10/25 at 9:10 AM, the egress door leading from the Secure Dementia Care Unit (SDCU) to the courtyard was locked with a locking device requiring a card to be swiped.

Plan of Correction

Accept (█ - 10/01/2025)

On 9/24/25 a keypad was installed at the egress door leading from the Secure Dementia Care Unit (SDCU) to the courtyard allowing egress via entering a code. On 9/24/25 directions for the keypad operation and code were conspicuously posted near the device and disguised in a manner that permits staff persons and visitors to obtain immediate egress in an emergency. The Personal Care Administrator, or designee will educate staff working in the Secure Dementia Unit on its operation by Friday, 10/10/25. Starting on Friday, 10/10/25, The Personal Care Administrator will test the keypad monthly for six months, quarterly thereafter, to ensure it unlocks the door leading from the SDCU to the courtyard and that directions for the keypad operation and code are conspicuously posted near the device.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

171b4 - Staff Training

7. Requirements

2600.

171b4 - Staff Training (continued)

- 171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
 - 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff member B transports residents independently to medical appointments and community outings. However, staff member B has not completed the Department-approved direct care training course and competency test.

Plan of Correction

Accept (█ - 10/01/2025)

Drivers, driver supervisors and the Administrative Assistant will be educated by the administrator on the regulatory requirement for drivers to complete the department-approved direct care training course and competency test in order to transport personal care residents without a nursing staff member present by Friday, 10/10/25. Drivers will have completed the direct care training course and competency test by Friday, 10/10/25. Drivers will not transport personal care residents without a direct care certified aide or licensed staff until they have completed the direct care training. The Administrative Assistant will ensure that new drivers complete the Direct Care training course prior to transporting residents. The Administrative Assistant will use a log sheet to list current drivers, date of completion of training and copy of training and complete the log sheet. New hire drivers will be entered into the log sheet and have date of completion of the training and a copy of the training completion attached to ensure on-going compliance documentation.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

183e - Storing Medications

8. Requirements

- 2600.
- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 9/10/25, resident #2's Lantus Solostar insulin autoinjector pen was open and in use; however, the pen was not labeled with the date it was opened.

Resident #3's Novolog insulin autoinjector pen was opened on 8/8/25 and had manufacturer's instructions indicating the medication expires 28 days after opening. On 9/10/25, resident #3's insulin was in the home's medication cart.

Plan of Correction

Accept (█ - 09/25/2025)

Resident #2 unlabeled autoinjector pen and resident #3 expired autoinjector pen were replaced on 9/10/25 and properly labeled with the date opened when placed in the medication cart for use. All personal care Licensed nurses and med techs will be educated by the administrator, or licensed designee, on storing prescription medications according to 2600.183.e by Friday 10/10/25 and all staff who administer medications will audit insulin autoinjector pens at change of shift using the Verification of Insulin Autoinjector Pens shift audit form starting Friday, 10/10/25.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

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 #4 is prescribed nitroglycerin as needed. On 9/10/25 this medication was not available in the home.

Plan of Correction

Accept (█ - 10/01/2025)

Resident PRN was located and placed in the med cart on 9/10/25. All personal care Licensed nurses and med techs will be educated by the administrator, or licensed designee, on the importance of all resident PRN medications being in the med cart and available at all times according to physician orders and regulation by Friday 10/10/25 and will begin weekly PRN medication audits starting Friday, 10/10/25 using a Personal Care Med Cart PRN Weekly Audit Log. Licensed nurses completed a full audit of all PRN medications on Tuesday, 9/23/25 and Wednesday, 9/24/25. Licensed nurses who completed the audit will sign audit form.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

190c - Record of Training

10. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff member C's 2024 annual medication administration training record did not include if the staff member requalified, the student's signature, the trainer's signature or corresponding dates as these areas were blank.

Plan of Correction

Accept (█ - 10/01/2025)

Med Tech and med tech trainer signed the 2024 annual medication administration training record on 9/11/25 and placed in the med tech's training file. Med Tech trainers will be educated by the administrator, or licensed designee, in the requirement for annual medication administration training record forms be signed at the bottom by the med tech and the trainer by Friday, 10/10/25. Beginning Friday, 10/10/25 the Nursing Coordinator/Lead Med Tech Trainer, using the Med Tech Annual Training Audit form, will audit completed form before filing. An audit will be completed of all current med tech training documentation by the licensed nurse med tech trainers on or by Friday, 10/10/25 using the Personal Care Current Full Audit of Med Tech Training Records Form.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #5, dated [REDACTED], indicated the resident has a need for total physical assistance with laundry. The resident's support plan, dated [REDACTED] did not document how this need will be met.

The assessment for resident #6, dated [REDACTED] indicated the resident has a need for a halo bed mobility device to assist with transferring in/out of bed/chair. The resident's support plan, dated [REDACTED] did not include the intended use, any risks associated with the use and whether a cover is required to meet FDA guidelines, or that there are two halo devices attached to either side of the resident's bed.

Repeated Violation - 9/5/24.

Plan of Correction

Accept [REDACTED] - 10/01/2025)

Resident #5 RASP updated on 9/11/25 to reflect that the facility will be doing their laundry and Resident #6 RASP was updated to reflect the additional language requested for the bedside mobility device. All RASPs will be audited for compliance on or by Friday, 10/10/25 by the Administrator or licensed designee. Licensed staff who do admissions and annual RASPs will be educated by the administrator, or licensed designee, on the completion of the RASP according to regulation regarding laundry and bed mobility devices by Friday, 10/10/25. Also on Friday, 10/10/15, will begin using a RASP Proofreading Worksheet for RASP Part III Item 3 Transferring in/out of bed/chair if a bed mobility device is used and that it is documented according within compliance and Item 12 Laundry are within compliance.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented [REDACTED] - 10/14/2025)

233a - Lock Approval

12. Requirements

2600.

233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the use of the magnetic door lock and key card locking system, used on the exit doors from the SDCU.

Plan of Correction

Accept [REDACTED] - 09/25/2025)

On September 19, 2025, the CEO obtained written approval from the local building authority, Borough of Carlisle, permitting use of the door and key card locking system used by the Chapel Pointe at Carlisle, Personal Care Home Secured Dementia Care Unit, referred to as Garden View. The CEO or designee will file this written approval with

233a - Lock Approval (continued)

the Certificate of Occupancy. Annually thereafter, the CEO or designee will inspect the file to confirm that both the Certificate of Occupancy and the written approval for the door and key card locking system are available for inspection by the Licensing Inspector upon request. A copy of the letter is included with this Plan of Correction.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)

233b - Lock Manufacturer Statement

13. Requirements

2600.

233.b. A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs:

1. Upon a signal from an activated fire alarm system, heat or smoke detector.
2. Power failure to the home.
3. Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

Description of Violation

The home does not have a statement from the manufacturer of the magnetic door locking system verifying that the locks will release when the home's power fails.

Plan of Correction

Accept (█ - 09/25/2025)

On September 23, 2025, the Executive Director obtained a statement from the manufacturer of the magnetic door locking system verifying that the locks will release when one or more of the following occurs: upon a signal from an activated fire alarm system, heat or smoke detector, power failure and overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device. The Personal Care Administrator will file this statement with the Certificate of Occupancy. Annually thereafter, the Personal Care Administrator will inspect the file to confirm that both the Certificate of Occupancy and this statement are available for inspection by the Licensing Inspector upon request. A copy of the letter is included with this Plan of Correction.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented (█ - 10/14/2025)