pennsylvania
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **LANCASTER PCH LLC**
LEGAL ENTITY

To operate **LEGEND PERSONAL CARE AND MEMORY CARE OF LANCASTER**
NAME OF FACILITY OR AGENCY

Located at **31 MILLERSVILLE ROAD, LANCASTER, PA 17603**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **100**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 11,** **2025** until **June 11,** **2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333062**

ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JANUARY 26, 2026

[redacted], Regional Director of Operations
Lancaster PCH LLC
31 Millersville Road
Lancaster, Pennsylvania 17603

RE: Legend Personal Care and Memory Care of Lancaster
License #: 33306

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on September 24, 2025, September 25, 2025, November 13, 2025, an November 14, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summaries (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) and 55 Pa. Code §20.71(a)(1);(4);(5) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed.

If you disagree with the decision to issue a SECOND PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[redacted]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summaries

cc: [redacted]

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

## Facility Information

**Name**: *LEGEND PERSONAL CARE AND MEMORY CARE OF LANCASTER* **License #**: *33306* **License Expiration**: *12/11/2025*

**Address**: *31 MILLERSVILLE ROAD, LANCASTER, PA 17603*

**County**: *LANCASTER* **Region**: *CENTRAL*

## Administrator

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

## Legal Entity

**Name**: *LANCASTER PCH LLC*

**Address**: [redacted]

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

## Certificate(s) of Occupancy

**Type**: *I 1* **Date**: *12/19/2006* **Issued By**: *Manor Township*

**Type**: *I 2* **Date**: *12/19/2006* **Issued By**: *Manor Township*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *100* **Waking Staff**: *75*

## Inspection Information

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

**Reason**: *Renewal* **Exit Conference Date**: *09/24/2025*

## Inspection Dates and Department Representative

*09/23/2025 On Site:* [redacted]

*09/24/2025 On Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *100* **Residents Served**: *75*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Reflections* **Capacity**: *40* **Residents Served**: *24*

### Hospice

**Current Residents**: *4*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *75*

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

**Have Mobility Need**: *25* **Have Physical Disability**: *1*

## Inspections / Reviews

**09/23/2025 Full**

**Lead Inspector:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/12/2025*

**10/15/2025 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *10/20/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/22/2025*

**01/22/2026 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *10/20/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *Enforcement*

## 25b - Contract Signatures

**1. Requirements**

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

*The resident-home contract, dated [redacted], for resident [redacted] was not signed by the resident.*

**Plan of Correction** ***Accept ([redacted] - 10/14/2025)***

*On 09.23.2025, The Customer Service Associate (CSA) presented Resident [redacted] with their contract for signing. Resident was not able to sign secondary to cognitive deficits. A notation was made by the CSA on the contract accordingly. (Exhibit A1 - copy of note)*

*On 10/02/2025, The Director of Compliance educated the Customer Service Associate **(CSA)** on Regulation 2600.25b. (Exhibit A2 - in-service)*

*By 10/24/25, the CSA or designee will audit current resident contracts to validate the presence of the resident's signature. For instances identified where their signature was omitted, the ROS or designee will present the resident with their contract for signing, along with "Late entry" and current date. In the instance the resident is unable to sign, a notation will be made on the resident's contract.*

*Beginning 10.13.2025, the CSA or designee will audit 3 newly admitted resident contracts weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 month to validate sustained compliance. (Exhibit A3)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

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

***Not Implemented ([redacted] - 01/13/2026)***

## 81b Resident Personal Equipment

**2. 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**

*The bedside mobility device on the left side of Resident [redacted] bed was not securely attached and shifted noticeably when weight was applied. The resident reported that [redacted] relies on the device to assist with transferring out of bed and stated that a piece was missing, which was needed to repair it.*

**Plan of Correction** ***Accept [redacted] 10/14/2025)***

*This violation was corrected at time of inspection by the Maintenance Director.*

*On 09.25.2025 the Director of Compliance and Maintenance Director audited the integrity of bedside mobility devices assigned to current residents, validating compliance.*

## 81b - Resident Personal Equipment (continued)

*On 10.02.2025, The Director of Compliance educated the Maintenance Director and associates on regulation 2600.81b. (Exhibit B1 - In-service)*

*Beginning 10.13.2025, the Maintenance Director or designee will audit three resident's bedside mobility devices weekly x 4 weeks, the bi-weekly x 4 weeks, then monthly x 1 month to validate sustained compliance (Exhibit B2- Audit tool)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

**Licensee's Proposed Overall Completion Date:** *10/08/2025*

***Implemented [redacted] - 01/13/2026)***

## 85a - Sanitary Conditions

**3. Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On [redacted] at about 10:15 AM, there were no paper towels or other method of drying hands present at the sinks in the spa room or the memory care activities room.*

**Plan of Correction** ***Accept [redacted] - 10/14/2025)***

*This violation was corrected at time of inspection by the Maintenance Director.*

*On 09.25.2025 the Director of Compliance and Maintenance Director completed a review of the hand washing areas and insured paper towels were present at each hand washing station, validating compliance.*

*On 10.02.2025 the Director of Compliance educated the Maintenance Director and housekeeping associates on regulation 2600.85a. (Exhibit C1- In-service).*

*Beginning 10.13.2025 , the Maintenance Director or designee will audit 3 hand washing stations weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 month to validate sustained compliance. (Exhibit C2 - Audit tool)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

**Licensee's Proposed Overall Completion Date:** *10/08/2025*

***Not Implemented [redacted] - 01/13/2026)***

## 126a - Furnace Inspection

**4. Requirements**

2600.
126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

**Description of Violation**

*The home has multiple natural gas furnaces and is unable to provide documentation that these furnaces have been inspected within the last year.*

*Repeated Violation - [redacted] et al.*

**Plan of Correction** ***Accept [redacted] - 10/14/2025)***

*The violation was corrected at time of inspection.*

*On 9.24.2025, at time of inspection, Trago Mechanical completed an inspection and cleaning of the community's furnaces. (Exhibit D1- Invoice)*

*By 11.30.2025, the Maintenance Director will schedule the same HVAC company to conduct the 2026 furnace inspections and cleanings.*

*On 10.02.2025, the Director of Compliance educated the Maintenance Director on regulation 2600.126.a and 126.b. (Exhibit D2)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

**Licensee's Proposed Overall Completion Date:** *10/08/2025*

***Implemented [redacted] - 10/22/2025)***

## 126b - Furnace Cleaning

**5. Requirements**

2600.
126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

**Description of Violation**

*The home has multiple natural gas furnaces and is unable to provide documentation that these furnaces have been cleaned within the last year.*

*Repeated Violation - [redacted] et al.*

**Plan of Correction** ***Accept [redacted] - 10/14/2025)***

*The violation was corrected at time of inspection*

## *126b - Furnace Cleaning (continued)*

*On 9.24.2025, at time of inspection, Trago Mechanical completed an inspection and cleaning of the community's furnaces. (Exhibit D1- Invoice)*

*By 11/30/2025, the Maintenance Director will schedule the same HVAC company to conduct the 2026 furnace inspections and cleanings.*

*On 10.02.2025, the Director of Compliance educated the Maintenance Director on regulation 2600.126.a and 2600.126.b. (Exhibit D2)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

**Licensee's Proposed Overall Completion Date:** *10/08/2025*

***Implemented [redacted] 10/22/2025)***

## 131f - Fire Extinguisher Inspection

**6. Requirements**

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

*The fire extinguisher in the Reflections secure dementia care unit mechanical room was last inspected in August 2024.*

**Plan of Correction** ***Accept ([redacted] - 10/14/2025)***

*On 9.24.2025, at time of inspection, Berkshire Fire Systems Group inspected and tagged the extinguisher. (Exhibit E1 -Tag)*

*On 9.24.2025, the Maintenance Director inspected the homes additional fire extinguishers and validated compliance.*

*On 10.02.2025, the Director of Compliance educated the Maintenance Director on regulation 2600.131.f. (Exhibit E2- In-service)*

*Beginning 10.15.2025, the Maintenance Director or designee will audit the community's fire extinguishers monthly x 3 months to validate sustained compliance. (Exhibit E3- Audit tool)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

## 131f - Fire Extinguisher Inspection *(continued)*

**Licensee's Proposed Overall Completion Date:** *10/08/2025*

***Implemented [redacted] - 10/22/2025)***

## 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**

*On [redacted] at 11:03 AM, there were more than 5 cigarette butts on the ground in front of the home's dumpsters. This area is not a designated smoking area.*

*Repeated Violation - [redacted], et al. , [redacted] et al.*

**Plan of Correction** ***Accept [redacted] - 10/14/2025)***

*On 9/23/2025 - the Maintenance Director discarded the cigarette butts.*

*Root cause analysis revealed that smoker's outpost contents were not bagged when being discarded into the dumpster. During routine trash pick up these contents would fall to the ground as the dumpster was emptied into the garbage truck.*

*On 10.02.2025 and 10.09.2025, the Maintenance Director educated current associates on the requirements set within regulation 2600.144.c and RCA findings, informing staff to now bag outpost contents prior to discarding in the dumpster. (Exhibit F1 - In-service)*

*Beginning 10.13.2025 the Maintenance Director or designee will audit the perimeter of the dumpster areas twice weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 month to validate sustained compliance. (Exhibit F2 - Audit tool)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

**Licensee's Proposed Overall Completion Date:** *10/08/2025*

***Implemented [redacted] - 10/22/2025)***

## 184b - Labeling OTC/CAM

**9. Requirements**

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

## 184b - Labeling OTC/CAM *(continued)*

**Description of Violation**

*On [redacted] two bottles of [redacted] tablets belonging to resident [redacted] were in the medication cart and were not labeled with the resident's name.*

**Plan of Correction** ***Accept [redacted] - 10/14/2025)***

*On 9/23/2025, at the time of the inspection, the Health Care Director properly labeled the medication bottles with the corresponding resident's name.*

*On 9/23/2025, the Health Care Director and Director of Compliance audited the contents of the community's medication carts, no additional instances of unlabeled OTC medications were noted.*

*Between 10.02.2025 and 10.08.2025 the Regional Healthcare Specialist educated the Wellness Center nurses and Medication Technicians on the requirements set within regulation 2600.184.b. (Exhibit H1 - In-service)*

*Beginning 10.13.2025 the Healthcare Director or Designee will audit the medications belonging to 3 residents, weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 month to validate sustained compliance. (Exhibit H2 - Audit tool)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

**Licensee's Proposed Overall Completion Date:** *10/08/2025*

***Not Implemented [redacted] - 01/13/2026)***

## 187a - Medication Record

**10. Requirements**

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*Resident [redacted] is prescribed [redacted], apply topically to affected area on lower extremity twice daily for 2 weeks. However, resident [redacted]s medication administration record does not indicate the diagnosis or purpose for this medication.*

**Plan of Correction** ***Accept [redacted] - 10/14/2025)***

*On 9.24.2025, the Health Care Director amended Resident [redacted]s electronic medication administration record (eMAR) to include the indication for use.*

*On 9.25.2025, the Health Care Director and Director of Compliance audited current resident eMAR's. For additional instances identified of omitted indications for use, such as diagnosis, were added accordingly.*

*Between 10.02.2025 and 10.08.2025 the Regional Healthcare Specialist educated the Wellness Center nurses and Medication Technicians on the requirements set within regulation 2600.187.a. (Exhibit I1 - In-service)*

## 187a - Medication Record (continued)

*Beginning 10.13.2025, the Health Care Director or designee will audit three resident eMARs weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance. (Exhibit I2 - Audit tool)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

**Licensee's Proposed Overall Completion Date:** *10/08/2025*

***Not Implemented [redacted] 01/13/2026)***

## 236 - Staff Training

**11. Requirements**

2600.
236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

**Description of Violation**

*Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had only 5 hours of training in dementia care during the 2024 calendar training year.*

**Plan of Correction** ***Accept[redacted] - 10/15/2025)***

*The community is not able to correct this violation pertaining to 2024.*

*On 09.25.2025 the Operations Specialist audited the community's currently employed direct care staff training records, ensuring they have or are on track to receive 12 hours of annual training for 2025.*

*Beginning 10.15.2025, the Operations Specialist or designee will audit currently employed Direct Care Staff annual training records weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance (Exhibit J1)*

*The findings will be reviewed by the Residence Director as part of the October, November, and December 2025 monthly Quality Management Plan meetings and documentation will be maintained.*

**Licensee's Proposed Overall Completion Date:** *10/08/2025*

***Implemented [redacted] - 10/22/2025)***

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

## Facility Information

**Name**: *LEGEND PERSONAL CARE AND MEMORY CARE OF LANCASTER* **License #**: *33306* **License Expiration**: *12/11/2025*

**Address**: *31 MILLERSVILLE ROAD, LANCASTER, PA 17603*

**County**: *LANCASTER* **Region**: *CENTRAL*

## Administrator

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

## Legal Entity

**Name**: *LANCASTER PCH LLC*

**Address**: [redacted]

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

## Certificate(s) of Occupancy

**Type**: *I 1* **Date**: *12/19/2006* **Issued By**: *Manor Township*

**Type**: *I 2* **Date**: *12/19/2006* **Issued By**: *Manor Township*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *100* **Waking Staff**: *75*

## Inspection Information

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

**Reason**: *Complaint, Incident, Interim* **Exit Conference Date**: *11/26/2025*

## Inspection Dates and Department Representative

*11/14/2025 On Site* [redacted]

*11/13/2025 On Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *100* **Residents Served**: *75*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Reflections* **Capacity**: *40* **Residents Served**: *24*

### Hospice

**Current Residents**: *5*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *75*

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

**Have Mobility Need**: *25* **Have Physical Disability**: *1*

## Inspections / Reviews

**11/14/2025 Partial**

**Lead Inspector:** [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *12/08/2025*

**12/11/2025 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *12/18/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/18/2025*

**01/22/2026 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *12/18/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *Enforcement*

## 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 11/12/25 at 4:05 PM, the electronic medication administration record (eMAR) terminal was unlocked, unattended, and accessible atop a medication cart in the back hallway by the common bathrooms. Information including resident names, prescribed medications, and medical diagnosis for residents was accessible including:*
*- Resident [redacted], 5:00 PM*
*- Resident [redacted], 5:00 PM*
*- Resident [redacted], 4:00 PM; [redacted], 5:00 PM*

*Repeated Violation - [redacted] et al.*

**Plan of Correction** ***Accept [redacted] - 12/11/2025)***

*On 11/12/25, the confidential records were immediately secured by Health Care Specialist. The associates administering medication on duty were verbally addressed by Health Care Specialist.*
*On 11/12/25, the remaining medication carts were observed, no further findings.*
*On 11/12/25, following survey exit, staff on duty were verbally trained on Privacy by Health Care Specialist.*
*On 11/26/25, the HealthCare Specialist educated direct care staff, medication technicians and nurses on 2600.17. Documentation shall be kept.*
*Beginning 12/3/2025, the Healthcare Director or designee shall audit medication carts for record confidentially at various times 5X weekly for 6 weeks, then weekly X 6 weeks, then monthly.*
*To ensure consistent adherence to Regulation 2600.17, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting by 12/31/2025 documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.26.*

**Licensee's Proposed Overall Completion Date:** *12/30/2025*

***Implemented [redacted] - 01/13/2026)***

## 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**

*The assessment and support plan for Resident [redacted] completed [redacted] states that the resident requires "some assistance" from direct care staff for bladder and bowel incontinence. As of [redacted] Resident [redacted] was assessed to have a stage II pressure ulcer, was prescribed a puree diet, and was noted to be at the end of life.*

## 42b - Abuse (continued)

Multiple staff described seeing the resident in a state of extreme incontinence with saturated undergarments and occasional puddles of urine seen beneath [redacted] chair. Additionally, the resident was observed to have been served a regular diet or with crumbs or other food items indicating the resident was being served a regular diet. Examples of the home's failure to provide for the safety and well being of Resident 1 include:

[redacted] afternoon observation that the resident's brief was saturated in urine that was seeping through to [redacted] pants and bed pad and to the rolled up blanket that was being used to assist with positioning

[redacted] afternoon observation that the resident's brief was saturated with urine and bowel movement. The cotton in the brief was described as disintegrating and urine was seeping through the middle of the pants and onto the disposable incontinence pad underneath the resident

[redacted] afternoon observation that the resident was noted to be very wet with urine which soaked the upper part of [redacted] pants and lower part of [redacted] shirt

[redacted] morning observation that the resident's brief was saturated with stool

[redacted] afternoon observation that the resident was soiled in urine and loose stool that was soaked through [redacted] brief, sheet, and pants. When changing the brief, dried stool was noted at the top of the brief and the underside of the resident's foam dressing was touching the stage II wound and was saturated with stool. While changing the resident's clothing a piece of bacon was observed in the sleeve of the resident's sweater

[redacted] afternoon observation that the resident's brief was saturated in urine and loose bowel movement and that there were food crumbs over [redacted] clothing and on the bedroom floor

[redacted] afternoon observation that the resident was served a regular meal and that [redacted] was saturated with urine. When changed, two small open areas on the resident's sacrum were noted to have worsened into one larger wound

Repeated Violation - [redacted] et al. , [redacted], et al.

**Plan of Correction** ***Accept [redacted] - 12/11/2025)***

By 12/15,2025, current staff to be educated on 2600.42b, care of residents including assisting with ADLs and incontinence care by the Residence Director or designee. Documentation shall be kept.

Beginning 11/01/2025, the Healthcare Specialist implemented a shift-to-shift rounding process. The oncoming care aide and the off-going care aide round together and observe each resident on their assignment. Any change in resident status or concern with a resident is verbally reported to the nurse or med tech on duty, as well as captured in 24-hour shift to shift communication.

Beginning 11/13/2025, the med tech/nurse on duty will round mid shift daily to ensure incontinence care is provided to those residents in need.

-Beginning 12/3/2025, the Healthcare Director or designee shall observe residents who have incontinence at various times 5 X weekly X 6 weeks, then weekly X 6 weeks, then monthly.

To ensure consistent adherence to Regulation 2600.42b, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 12/31/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.26.

## 42b - Abuse *(continued)*

**Licensee's Proposed Overall Completion Date:** *12/30/2025*

***Not Implemented [redacted] - 01/13/2026)***

## 85a - Sanitary Conditions

**3. Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On [redacted] at approximately 9:30 AM, there were no paper towels or other hand drying options available at the sinks in the memory care activity room nearest the dining room; the bistro area at the front of the home; and the resident laundry rooms nearest bedroom [redacted] and [redacted]*

**Plan of Correction** ***Accept [redacted] - 12/11/2025)***

*On 11/12/25 Maintenance Director immediately placed paper towels in the memory care activity room, bistro and the laundry room near apartment 106.*
*On 11/12/25, Maintenance Director inspected the remaining common area sinks for compliance, no further findings noted.*
*By 12/15/2025, the Residence Director shall educate current associates including housekeeping staff on regulation 2600.85a, documentation shall be kept.*
*By 12/4/2025, the maintenance director or designee shall install paper towel dispensers at each sink.*
*Beginning 12/4/2025, the housekeeping staff shall inspect common area sinks twice per shift to ensure adequate supply of paper towels are available.*
*Beginning 12/4/2025, the Residence Director or designee shall audit common area sinks for paper towels daily X 6 weeks, then weekly X6 weeks.*
*To ensure consistent adherence to Regulation 2600.85a, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting by 12/31/2025 documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.26.*

**Licensee's Proposed Overall Completion Date:** *12/30/2025*

***Not Implemented [redacted] - 01/13/2026)***

## 183d - Prescription Current

**4. 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**

*- A [redacted] prescribed to Resident [redacted] has instructions to discard 90 days after opening. The bottle was in the home's medication cart, however, it was opened [redacted]*
*- A bottle of [redacted] belonging to Resident [redacted] was in the home's medication cart, however, it had an expiration date of [redacted].*
*- A box of [redacted] prescribed for Resident [redacted] was in the home's medication cart, however, had an expiration date of [redacted].*

## 183d - Prescription Current (continued)

*- A house-stock bottle of Skintegrity Wound Cleanser was in the home's medication cart, however, had an expiration date of [redacted].*

*Repeated Violation [redacted], et al.*

**Plan of Correction** ***Accept ([redacted] 12/11/2025)***

*At time of inspection, Resident 8's Refresh Tears were disposed of and reordered from pharmacy by Health Care Specialist*
*At time of inspection, Resident 9's Milk of Magnesia was disposed of and reordered from the pharmacy by Health Care Specialist.*
*At time of inspection, Resident 10's Imodium was disposed of and reordered from the pharmacy by Health Care Specialist.*
*At time of inspection, the expired bottle of Skintegrity Wound Cleanser was disposed of by Health Care Specialist.*
*On 11/12/25, following survey exit, staff on duty were verbally trained on 183 (d) by Health Care Specialist.*
*On 11/19/25, medication carts were audited by the Health Care*
*Specialist and Director of Compliance, any further findings corrected at time of audit.*
*On 11/26/25, the Healthcare Specialist educated staff who administer medications on regulation 2600.183d, documentation shall be kept. ***include all topics on the sign in sheet*
*Beginning 11/13/2025, the HealthCare Specialist implemented a cart audit process where each med tech/nurse audits 5 resident's medications per shift. Audits are reviewed by the Healthcare Director or designee, and corrections are made if necessary.*
*Beginning 12/3/2025, the Healthcare Director or designee shall audit the medication carts weekly x 6 weeks, then monthly.*
*To ensure consistent adherence to Regulation 2600.183d, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on by 12/31/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.26.*

**Licensee's Proposed Overall Completion Date:** *12/30/2025*

***Implemented ([redacted] - 01/13/2026)***

## 184a - Resident's Meds Labeled

**6. Requirements**

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

**Description of Violation**

*The pharmacy label for Resident [redacted]s [redacted] and [redacted], does not include instructions for administration.*

## 184a - Resident's Meds Labeled *(continued)*

**Plan of Correction** ***Accept[redacted] - 12/11/2025)***

*At time of inspection, Resident 12's Sacubitril and Valsartan Tablets removed from medication cart and discarded by Health Care Specialist. Medication reordered from pharmacy.*
*On 11/12/25, following survey exit, staff on duty were verbally trained on 184 (a) by Health Care Specialist.*
*On 11/19/25, medication carts were audited by the Health Care Specialist and Director of Compliance, any further findings corrected at time of audit.*
*On 11/26/25, the Healthcare Specialist educated staff who administer medications on regulation 2600.184a, documentation shall be kept. ***include all topics on the sign in sheet*
*Beginning 11/13/2025 the HealthCare Specialist implemented a cart audit process where each med tech/nurse audits 5 resident's medications per shift. Audits are reviewed by the Healthcare Director or designee, and corrections are made if necessary.*
*Beginning 12/3/2025, the Healthcare Director or designee shall audit the medication carts weekly x 6 weeks, then monthly.*
*To ensure consistent adherence to Regulation 2600.184a, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting by 12/31/2025 documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.26*

**Licensee's Proposed Overall Completion Date:** *12/30/2025*

***Implemented[redacted] - 01/13/2026)***

## 184b - Labeling OTC/CAM

**7. Requirements**

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

*On[redacted], two boxes of[redacted] tablets belonging to Resident[redacted] were not labeled with the resident's name.*

**Plan of Correction** ***Accept[redacted] 12/11/2025)***

*At time of inspection, Resident 13's Omeprazole was properly labeled by Healthcare Specialist.*
*On 11/19/25, medication carts were audited by the Health Care Specialist and Director of Compliance, any further findings corrected at time of audit.*
*On 11/26/25, the Healthcare Specialist educated staff who administer medications on regulation 2600.184b, documentation shall be kept. ***include all topics on the sign in sheet*
*Beginning 11/13/2025, the HealthCare Specialist implemented a cart audit process where each med tech/nurse audits 5 resident's medications per shift. Audits are reviewed by the Healthcare Director or designee, and corrections are made if necessary.*
*Beginning 12/3/2025, the Healthcare Director or designee shall audit the medication carts weekly x 6 weeks, then monthly.*
*To ensure consistent adherence to Regulation 2600.184b, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting by 12/31/2025 documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.26*

## 184b - Labeling OTC/CAM (continued)

**Licensee's Proposed Overall Completion Date:** *12/30/2025*

***Not Implemented [redacted] - 01/13/2026)***

## 187a - Medication Record

**8. Requirements**

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

**Description of Violation**

*- Resident [redacted] is prescribed [redacted], however, the resident's medication administration record does not indicate the diagnosis or purpose of this medication.*
*- Resident [redacted] is prescribed [redacted] capsules, take 2 capsules by mouth after first loose stool, then 1 capsule by mouth after each subsequent loose stool *max 4 caps/per day*, however, the resident's medication administration record does not indicate the diagnosis or purpose of this medication.*
*- Resident [redacted] is prescribed [redacted] 100 unit / ml pen [redacted]) SS Three Times Daily (followed by sliding scale ranges), however, the resident's medication administration record does not indicate the diagnosis or purpose of this medication.*
*- Resident [redacted] is prescribed [redacted] Inhale 1 puff by mouth daily, however, the resident's medication administration record does not indicate the diagnosis or purpose of this medication.*
*- Resident [redacted] is prescribed [redacted] subcutaneously every morning, however, the resident's medication administration record does not indicate the diagnosis or purpose of this medication.*
*- Resident [redacted] is prescribed [redacted] per minute per nasal canula as needed, however, the resident's medication administration record does not indicate a diagnosis or purpose for this treatment.*

**Plan of Correction** ***Accept [redacted] - 12/11/2025)***

*At time of inspection, the medication records had the diagnosis entered in the EMAR under the "reason for use" or "notes" section of the order in EMAR; therefore, does not show on the printed MAR. It was learned that diagnosis for orders will only show on the printed MAR if entered by the pharmacy with the directions from the prescriber. The cited MARs without diagnosis were communicated to the pharmacy for revision by Health Care Specialist.*
*On 11/12/25, following survey exit, staff on duty were verbally trained on 187 (a) by Health Care Specialist.*
*On 11/26/25, the Healthcare Specialist educated staff who administer medications on regulation 2600.187a, documentation shall be kept. ***include all topics on the sign in sheet*
*Beginning 11/13/2025, the HealthCare Specialist implemented a cart/MAR audit process where each med tech/nurse audits 5 resident's medications and MARs per shift. Audits are reviewed by the Healthcare Director or designee, and corrections are made if necessary.*
*Beginning 12/3/2025, the Healthcare Director or designee shall audit the medication carts and MARs weekly x 6 weeks, then monthly.*
*To ensure consistent adherence to Regulation 2600.187a, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting by 12/31/2025 documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.26.*

**Licensee's Proposed Overall Completion Date:** *12/30/2025*

## 187a - Medication Record *(continued)*

***Not Implemented [redacted] - 01/13/2026)***

## 187d - Follow Prescriber's Orders

**9. Requirements**

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

**Description of Violation**

*Resident [redacted] is prescribed [redacted] take half-tab by mouth at bedtime *Hold for HR less than 55 or SBP less than 90. On [redacted], the resident's heartrate was [redacted] and blood pressure measured [redacted] however, the medication was not administered.*

**Plan of Correction** ***Directed [redacted] - 12/11/2025)***

*On 12/4/2025 Med Error found for Resident #14 was reported to DHS.*
*On 12/4/2025, the staff member administering medications to resident 14 on 11/6/25 was counselled on the medication error.*
*On 11/19/25, medication carts and MARs were audited by the Health Care Specialist and Director of Compliance, any further findings corrected at time of audit, pharmacy notified of needed revisions.*
*On 11/26/25, the Healthcare Specialist educated staff who administer medications on regulation 2600.187d documentation shall be kept. ***include all topics on the sign in sheet*
*Beginning 11/13/25, the HealthCare Specialist implemented a cart/MAR audit process where each med tech/nurse audits 5 resident's medications and MARs per shift. Audits are reviewed by the Healthcare Director or designee, and corrections are made if necessary.*
*Beginning 12/3/2025, the Healthcare Director or designee shall audit the medication carts and MARs weekly x 6 weeks, then monthly.*
*To ensure consistent adherence to Regulation 2600.187d, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting by 12/31/2025 documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.26.*

*Proposed Overall Completion Date: 12/30/2025*

**Directed Completion Date:** *12/30/2025*

***Implemented [redacted] - 01/13/2026)***