pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **OXFORD PERSONAL CARE LLC**
LEGAL ENTITY

To operate **OXFORD CROSSINGS**
NAME OF FACILITY OR AGENCY

Located at **310 EAST WINCHESTER AVENUE, LANGHORNE, PA 19047**
(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 **116**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

PROVISIONAL

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 27**

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 **May 14, 2025** until **November 14, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **148581**

ISSUING OFFICER

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: MAY 14, 2025

Executive Director
Oxford Personal Care, LLC

RE: Oxford Crossings
310 East Winchester Avenue
Langhorne, Pennsylvania 19047
License #: 148581

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection September 16, 2024 and October 31, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 148580 dated February 16, 2025 to February 16, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST 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) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 14, 2025 to November 11, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST 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.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675

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 Summary

cc:

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

Facility Information

Name: *OXFORD CROSSINGS* **License #**: *14858* **License Expiration**: *02/16/2025*

Address: *310 EAST WINCHESTER AVENUE, LANGHORNE, PA 19047*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *OXFORD PERSONAL CARE LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type	Date	Issued By
C-1	11/22/1985	Commonwealth of PA
I-2	11/22/1985	Middletown Twp

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *147* **Waking Staff**: *110*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *09/16/2024*

Inspection Dates and Department Representative

09/16/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *116* **Residents Served**: *89*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Aria* **Capacity**: *27* **Residents Served**: *22*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *89*

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

Have Mobility Need: *58* **Have Physical Disability**: *0*

Inspections / Reviews

09/16/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/05/2024*

10/08/2024 - POC Submission

Submitted By: [redacted]
Date Submitted: *10/05/2024*
Reviewer: [redacted]
Follow-Up Type: *POC Submission*
Follow-Up Date: *10/13/2024*

12/13/2024 - POC Submission

Submitted By: [redacted]
Date Submitted: *10/15/2024*
Reviewer: [redacted]
Follow-Up Type: *Bypass Document Submission*

12/13/2024 - Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *12/13/2024*
Reviewer: [redacted]
Follow-Up Type: *Enforcement*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/8/2024 at 8 AM and 9/9/2024 at 9 PM, residents 1,2, and 3 did not receive their medications. The home did not report this incident to the department.

Plan of Correction ***Accept (- 10/08/2024)***

All Medication errors will be reported to the Department Regional Office within 24 hours by the Wellness Director and/or their designee. Education provided to Wellness Director and Wellness Coordinator on 10-1-24. All reportable incidents are being reviewed at daily morning meeting effective 10-1-24

Licensee's Proposed Overall Completion Date: *10/05/2024*

Not Implemented (- 12/13/2024)

54a - Direct Care Staff

3. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Accept (- 10/17/2024)***

Staff person A will provide copy of high school diploma, GED, or active registry on the Pennsylvania Nurse aide Registry by 10-15-24. If proper documentation is not provided, Staff person A will be removed from the schedule on 10-16-24 until documentation is received by the Wellness Director. The Director of Human Resources and/or their designee will review active employee files to ensure that all required documents are present. The audit process will be initiated and the results will be reported on at the November QAPI meeting scheduled for 11-20-24. The audits will be completed on a quarterly basis for all new hires within that quarter and the Director of Human Resources and/or their designee will report findings at the QAPI meetings.

Licensee's Proposed Overall Completion Date: *11/20/2024*

Not Implemented (- 12/13/2024)

65d - Initial Direct Care Training

4. Requirements

2600.

65d - Initial Direct Care Training *(continued)*

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   - i. Safe management techniques.
   - ii. ADLs and IADLs
   - iii. Personal hygiene.
   - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
   - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   - vi. Implementation of the initial assessment, annual assessment and support plan.
   - vii. Nutrition, food handling and sanitation.
   - viii. Recreation, socialization, community resources, social services and activities in the community.
   - ix. Gerontology.
   - x. Staff person supervision, if applicable.
   - xi. Care and needs of residents with special emphasis on the residents being served in the home.
   - xii. Safety management and hazard prevention.
   - xiii. Universal precautions.
   - xiv. The requirements of this chapter.
   - xv. Infection control.
   - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [redacted], began providing unsupervised ADL services on [redacted] and direct care staff person B, hired on [redacted] began providing unsupervised ADL services on [redacted]. However, both staff persons did not complete and pass the Department-approved direct care training course and pass the competency test, did not complete training that included a demonstration of job duties, followed by supervised practice and did not complete the following initial direct care staff person training.

Plan of Correction ***Accept ([redacted] - 10/17/2024)***

Staff member A and staff member B will complete the Department approved direct care training course and pass the competency test on or before 10-15-24. If they are unable to pass the competency test, they will be removed from the schedule on 10-16-24 until class and testing has been completed. The Director of Human Resources and/or their designee will review training completion for each active team member and report findings quarterly at QAPI meetings. The audit findings will be reported on at the QAPI meeting scheduled for 10-23-24, and this information will be shared via emailing of training report to all Department Managers.

Licensee's Proposed Overall Completion Date: *10/30/2024*

Not Implemented ([redacted] - 12/13/2024)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65g - Annual Training Content *(continued)*

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 1/1/2023-12/31/2023.

Plan of Correction ***Accept (- 10/17/2024)***

Staff person C will have fire safety training completed by a fire safety expert by 10-15-24. Completion of this training will be placed in their personnel record. Staff member C will be removed from the schedule on 10-16-24 if training is not completed and verified. The Director of Human Resources and/or their designee will review training completion for each active team member and report findings quarterly at QAPI meetings. The audit findings will be reported on at the QAPI meeting scheduled for 10-23-24.

Licensee's Proposed Overall Completion Date: *10/30/2024*

Not Implemented (- 12/13/2024)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 5's medical evaluation dated did not include a complete general physical examination by a

141a 1-10 Medical Evaluation Information (continued)

physician, physician's assistant or nurse practitioner. The resident's blood pressure was not documented.

Plan of Correction ***Accept (- 10/08/2024)***

All medical evaluations will be completed in full and all required documentation will be completed by the physician, physician assistant, or nurse practitioner. the Wellness Director and/or their designee will audit medical evaluations to ensure completion monthly for 3 months. Findings will be reported at monthly QAPI meetings beginning at the October meeting scheduled for October 23, 2024.

Licensee's Proposed Overall Completion Date: *10/30/2024*

Not Implemented (- 12/13/2024)

WITHDRAWN 12/24/24

183e - Storing Medications

9. 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 9/16/2024 at 1:36 PM resident 6's Breo Ellipita inhaler with an open date of 8/2/2024, and resident 7's Anoro Ellipita inhaler with an open date of 3/30/2024 were both in the top drawer of the memory care medication cart. According to the manufacturer's instructions these must be discarded 6 weeks after opening.

Plan of Correction ***Accepted (- 10/17/2024)***

Medications will be discarded according to manufacturer instructions. Medication cart audits will be completed monthly by the Wellness Director and/or their designee. The Wellness Director and/or their designee will report on findings of audits for the next 3 months. Initial audit findings will be reviewed at the QAPI meeting scheduled for 10-23-24 and will identify current medications that are not in compliance.

Directed Completion Date: *11/20/2024*

Not Implemented (- 12/13/2024)

185a - Implement Storage Procedures

10. 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 1 is prescribed Acetaminophen 325mg give 2 tablets by mouth every 6 hours as needed for pain and Nicotine patches 7mg/24 hour apply one patch every 24 hours as needed for smoking cessation.
On 9/16/2024 these medications were not available in the home.

Plan of Correction ***Accept (- 10/17/2024)***

All medications prescribed by the physician will be available to each resident. Medication cart audits will be completed monthly on an ongoing basis by the Wellness Director and/or their designee to ensure that all medications as prescribed are accessible. The Wellness Director and/or their designee will complete an initial audit and then weekly thereafter for 4 weeks and report on findings at the QAPI meeting scheduled for 10-23-24, and 11-11-20-24. If improvement is noted weekly audits will move to monthly audits beginning December 1, 2024. If areas of noncompliance persist weekly audits will continue through QAPI meet scheduled for 12-18-24 and reassess at that time. The Wellness Director will provide education on the process of monitoring medication carts for storage, access, and refilling order requests to ensure compliance to Medication Technicians and Nursing staff. This education will

185a - Implement Storage Procedures (continued)

be completed by 10-23-24 and reported on at the QAPI meeting scheduled for 10-23-24.

Licensee's Proposed Overall Completion Date: *11/20/2024*

Not Implemented (- 12/13/2024)

Withdrawn 5/8/25

188b - Medication Error Reporting

12. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident's 1, 2, and 3 did not receive any prescribed medications on 9/8/2024 during morning and afternoon medication passes and 9/9/2024 during evening medication pass. These medication errors were not reported to the resident, the resident's designated person, and the resident's prescriber.

Plan of Correction ***Accept (- 10/17/2024)***

Medication Administration, documentation, and reporting process for any errors will be reviewed with all certified medication technicians and nursing staff by the Wellness Director and/or their designee by October 23, 2024. Education session will be verified by staff signature indicating that education was provided and understood. The Wellness Director and/or their designee will complete a review of any Medication errors that occurred within the past 24 hours daily beginning 10-16-24. This will be discussed during clinical meeting and proper reporting and documentation will be completed at time of discovery. The Wellness Director and/or their designee will report findings at monthly QAPI meeting. The first QAPI meeting to review the findings will be 11-20-24.

Licensee's Proposed Overall Completion Date: *11/20/2024*

Not Implemented (- 12/13/2024)

190c - Record of Training

13. 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

The home's initial medication administration training record for staff person B does not include the required online user report. Record includes paper documentation completed

The home's initial medication administration training record for staff person C does not include the required online user . Record includes paper documentation completed

Plan of Correction ***Accept (- 10/17/2024)***

Staff member B and Staff member C will successfully complete the online medication administration training by

190c - Record of Training (continued)

October 30, 2024. If Staff member B and C do not complete online training by 10-30-24, they will be removed from the schedule until completed. The Director of Human Resources and/or their designee will review training completion for each active team member requiring medication administration training and report findings quarterly at QAPI meetings. The audit findings will be reported on at the QAPI meeting scheduled for 11-20-24, and this information will be shared via emailing of training report to the Wellness Director. Audit findings will be reported on monthly at QAPI meetings by the Director of Human Resources and/or their designee.

Licensee's Proposed Overall Completion Date: *11/20/2024*

Not Implemented (- 12/13/2024)

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Withdrawn 5/8/25

224a - Preadmission Screen Form

15. 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 1's preadmission screening form, dated does not include a determination that the needs of the resident can be met by the services provided by the home. Part III: "Based on this screening, I verify that the needs of this applicant can be met in this personal care home:" is checked as no.

Resident 2's preadmission screening form, dated does not include a determination that the needs of the resident can be met by the services provided by the home. Additionally, Part I: Screener information does not include the name or information of the person completing this form. Part II applicant information does not include the name, date or birth, primary language spoken, ADLs, IADLs, sensory needs, medical psychological and behavioral diagnoses,

224a - Preadmission Screen Form (continued)

and history of problematic behavior of the applicant.

Plan of Correction ***Accept (- 10/08/2024)***

All preadmission screening forms will be reviewed by the Wellness Director and /or their designee to ensure that all information has been entered and is complete. The Wellness Director and /or their designee will audit the preadmission screening forms weekly for the next 4 weeks and will report on findings at the October Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: *10/30/2024*

Not Implemented (- 12/13/2024)

231c - Preadmission Screening

17. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on However, the resident 1's written cognitive preadmission screening was completed on

Plan of Correction ***Accept (- 10/08/2024)***

A written cognitive preadmission screening will be completed by physician or geriatric assessment team 72 hours prior to admission to the secured dementia unit. The Wellness Director and/or their designee will review each preadmission screening form to ensure that it is completed in full and done in a timely manner. The Wellness

231c - Preadmission Screening (continued)

Director and/or their designee will audit all preadmission screenings for three months. Findings will be reported on at the October Quality Assurance meeting and end in December 2024.

Licensee's Proposed Overall Completion Date: *10/31/2024*

Not Implemented (- 12/13/2024)

234a - Admission Support Plan

18. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on However, the resident's initial support plan was completed on

Plan of Correction ***Accept (- 10/08/2024)***

Support plans will be developed, implemented, and documented in the resident record within 72 hours of admission to the secured dementia unit. The Wellness Director and/or their designee will audit support plan completion dates weekly for 4 weeks beginning the week of 10-14-24 and ending the week of November 4, 2024. Audit findings will be reported on at the monthly Quality Assurance meeting beginning with the October meeting.

Licensee's Proposed Overall Completion Date: *11/08/2024*

Not Implemented (- 12/13/2024)

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

Facility Information

Name: *OXFORD CROSSINGS* **License #**: *14858* **License Expiration**: *02/16/2025*

Address: *310 EAST WINCHESTER AVENUE, LANGHORNE, PA 19047*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *OXFORD PERSONAL CARE LLC*
Address: [redacted]
Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type	Date	Issued By
C-1	11/22/1985	Commonwealth of PA
I-2	11/22/1985	Middletown Twp

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *170* **Waking Staff**: *128*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *10/31/2024*

Inspection Dates and Department Representative

10/31/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *116* **Residents Served**: *91*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Aria* **Capacity**: *27* **Residents Served**: *20*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *88*
Diagnosed with Mental Illness: *48* **Diagnosed with Intellectual Disability**: *1*
Have Mobility Need: *79* **Have Physical Disability**: *4*

Inspections / Reviews

10/31/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/25/2024*

12/03/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *11/26/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *12/08/2024*

04/14/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *12/09/2024*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

04/16/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *04/14/2025*

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 1 was not signed by the resident. There was no indication resident was given the opportunity to sign.

Plan of Correction ***Accept ([redacted] - 12/03/2024)***

The Senior Living Advisor and/or their designee will meet with every new admission and their responsible party to review the resident services agreement. If the resident is unable to sign this will be noted on the contracted and initialed by the Senior Living Advisor and/or their designee. The Senior living Advisor will devise and implement an admissions checklist to ensure that all steps of the admission process have been completed. This admissions checklist will be given to the Executive Director monthly for all new admissions and information will be reviewed at the monthly QAPI meeting beginning at the meeting scheduled for January 22, 2024

Licensee's Proposed Overall Completion Date: *01/22/2025*

Not Implemented ([redacted] - 04/14/2025)

65i - Training Record

2. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training completed on [redacted] does not include length of training or source.

The home's record of direct care staff training completed on [redacted] does not include length of training.

Plan of Correction ***Accept ([redacted] - 12/03/2024)***

The Director of Human Resources will review online training profiles upon completion of new employee orientation and monthly for each employee to ensure that direct care staff training documentation is completed and verifies length of training and source. Findings will be reported at QAPI meetings beginning at the meeting scheduled for 1-22-25.

Licensee's Proposed Overall Completion Date: *01/22/2025*

Not Implemented ([redacted] - 04/14/2025)

Withdrawn 5/8/25

85a - Sanitary Conditions

4. Requirements

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

Description of Violation

On 10/31/2024 at the toilet in room A14 was backed up and overflowing. It was wet on the floor, part of the rug by the bathroom door, through the wall and behind the toilet.

In room A10 there was a stale odor of urine.

Plan of Correction ***Accept (- 12/11/2024)***

Apartment A10 has had stained carpeting removed and new laminate flooring has been installed. Resident has been provided urinal, incontinence products and instructed by nursing on how to use them properly. Will also be requesting urology consult to rule out any changes in resident health condition.

Room A14 has had toilet repairs completed at the time of finding on 10-31-24. Resident instructed to report any maintenance concerns to Nursing staff or the Concierge at the front desk and a work order will be put in for proper response from the Maintenance team. Executive Director completed a walk through A14 on 11-25-25. The toilet was in proper working order
The housekeeping department will complete TLC room audits weekly and provide findings and remediations put in place to QAPI committee. Initial audit findings will be reported on at the QAPI meeting on December 18, 2024

Licensee's Proposed Overall Completion Date: *12/18/2024*

Not Implemented (- 04/14/2025)

91 - Telephone Numbers

5. Requirements

2600.

91 - Telephone Numbers *(continued)*

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

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in in rooms A37 and A31.

Plan of Correction ***Accept (- 12/11/2024)***

The Director of Maintenance completed a room by room walk through and posted emergency numbers in each room including rooms A37 and A31 during the week of December 2, 2024. The Director of Maintenance will complete routine spot checks weekly during building rounds and replace emergency numbers listing at time of walk through. The Director of Marketing and Sales will complete checklist for each new admission prior to their residency which will include visible placement of emergency numbers in their apartment. This preadmission checklist and walk through will begin the week of December 16, 2024.

Licensee's Proposed Overall Completion Date: *12/31/2024*

Not Implemented (- 04/14/2025)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in rooms A43, B11, and B17 do not have access to a source of light that can be turned on/off at bedside. In room A43, a touch light was next to the bed but was not operable because it did not have batteries.

Plan of Correction ***Accept (- 12/11/2024)***

The Director of Maintenance has placed operable lamps in room A43, B11, and B17 as of December 2, 2024.Tap light in room A43 has had batteries replaced as of December 2, 2024. The Director of Maintenance and/or their designee will complete monthly walk throughs of each room to ensure that tap lights are working and replace batteries as needed. The Concierge will put in an immediate work order request for any resident and/or family member/visitor/staff member that reports burnt out light bulbs or non-working battery-operated tap lights. The monthly walk though will begin the week of December 16, 2024.

Licensee's Proposed Overall Completion Date: *12/21/2024*

Not Implemented (- 04/14/2025)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident 1's medical evaluation dated [redacted] did not include special health or dietary needs of the resident, this area was left blank.

The resident 2's medical evaluation dated [redacted] did not include special health or dietary needs of the resident, this area was left blank.

Plan of Correction ***Accept ([redacted] - 12/03/2024)***

The Director of wellness and/or their designee will review every medical evaluation to ensure that all areas are completed and include special health care needs and any special dietary needs. The Director of Wellness will report on all new admissions each month during the QAPI meeting and report on findings of medical evaluation audits and the correction made. The [redacted] Director will report on this beginning at the scheduled 1-22-25 meeting.

Licensee's Proposed Overall Completion Date: *01/[redacted]/2025*

Not Implemented ([redacted] - 04/14/2025)

162c - Menus Posted

8. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept ([redacted] - 12/11/2024)***

Menus will be posted in a public place each week. The Food Service Director is responsible for posting the menus each week. The Food Service Director will make daily rounds and ensure that the menus remain intact. If menu is noted to be missing, the Food Service Director will replace it. The Food Service Director will note presence of menus in the weekly report. Daily rounds will begin the week of December 16, 2024, and findings will be reported in weekly dining services report and reviewed by the Executive director and the Regional Dining Servies Director beginning

162c - Menus Posted (continued)

the week of December 23, 2024.

Licensee's Proposed Overall Completion Date: *12/28/2024*

Not Implemented (- 04/14/2025)

171b4 - Staff Training

9. Requirements

2600.
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

On 10/31/2024, staff person A stated during an interview that "99%" of the time transports residents, it is done alone unless the resident is "problematic". Staff person A stated that assists or wheels residents on and off a wheel-chair accessible van, buckles them in, and take them to appointments. Staff person A has not completed the initial new hire direct care staff person training.

Plan of Correction ***Accept (- 12/11/2024)***

Staff person A will complete the direct care staff training by December 31, 2024. The Transportation Coordinator will ensure that the training is completed by December 31, 2024. The Wellness Director will assign a personal care assistant to accompany the resident and driver until the training has been successfully completed. The Transportation Coordinator will review training reports weekly on all drivers to ensure that training is completed for all drivers by January 31, 2025. Findings will be reported to the Director of Human Resources. The Transportation Coordinator will audit training reports at the end of each quarter to ensure that all training requirements are met. Any drivers not in compliance will be removed from the schedule on January 31. 2025, until training is completed and verified.

Licensee's Proposed Overall Completion Date: *01/31/2025*

Not Implemented (- 04/14/2025)

171b7 - Transportation Assistant

10. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

7. Transportation shall include, when necessary, an assistant to the driver who assists the driver to escort residents in and out of the home and provides assistance during the trip.

Description of Violation

On 10/31/2024, staff person A stated during an interview that "99%" of the time transports residents, it is done alone unless the resident is "problematic". Staff person A stated that residents have stood up during transportation, causing to have to yell at the residents to sit down and pull over the van because there is no other persons

171b7 - Transportation Assistant (continued)

traveling in the van to assure resident safety,

Plan of Correction ***Accept (█ - 12/11/2024)***

A personal care assistant will be present on the vehicle with the driver when a resident is identified as requiring additional supervision as per their support plan or by family/responsible party request beginning December 5, 2024. The Transporation Coordinator and the Wellness Director and/or their designee will coordinate need for assistant during transport. This will be noted on the transportation request form. The Transportaion Coordinator will complete quarterly audit of transportation request forms to ensure that assistance was provided. The first quarterly audit will be due at the end of February 2025.

Licensee's Proposed Overall Completion Date: *02/28/2025*

Not Implemented (█ - 04/14/2025)

183e - Storing Medications

11. 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 10/31/2024 resident 3's Breo Ellipta Inhaler was opened and undated in the top drawer of the memory care medication cart. According to the manufacturer's instructions this must be discarded 6 weeks after opening.

Resident 3's blister pack of lorazepam .5 mg had broken foil on pill 5 and 24, the pills were still in the package.

There was a small white round loose pill in the second drawer of the memory care medication cart.

There were 4 loose pills found in the top drawer of the 3rd floor medication cart.

In resident's 4's glucometer bag there was a Humulin insulin pen with a date of 7/9/2024. According to the manufacturer's instructions this must be discarded 28 days after opening.

Plan of Correction ***Accept (█ - 12/03/2024)***

The Wellness Director and/or their designee will complete medication carts each month. These audits will review disposal of expired medications, integrity of blister packs, disposal of any loose medications. The results of these cart audits will be reported on at monthly QAPI meetings beginning with the scheduled meeting on 12-28-24

Licensee's Proposed Overall Completion Date: *12/18/2024*

Not Implemented (█ - 04/14/2025)

185a - Implement Storage Procedures

12. Requirements

185a - Implement Storage Procedures *(continued)*

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

On the following dates and times there were no readings in resident 5's glucometer, however the following readings were recorded in the resident's medication administration record (MAR):
10/30/2024 at 08:00, MAR reads 226.
10/22/2024 at 18:00, MAR reads 224.
10/19/2024 at 11:00, MAR reads 265.

Plan of Correction ***Accept (- 12/03/2024)***

The Wellness Director will conduct education with the nursing staff responsible for medication administration with focus on usage of glucometers and subsequent documentation on the MAR. The Wellness Director and/or their designee will conduct random monthly audit on glucometer readings, and the MAR to ensure that the readings match and appear both in the glucometer memory and the MAR. The findings of the audit will be reported on at monthly QAPI meetings. this will begin with the meeting scheduled on 12-28-24.

Licensee's Proposed Overall Completion Date: *12/18/2024*

Not Implemented (- 04/14/2025)

187d - Follow Prescriber's Orders

13. Requirements

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

Description of Violation

Resident 5 is prescribed to have glucometer readings taken before meals. However, resident 5 had no readings found in glucometer on 10/30/2024 at 08:00, 10/22/2024 at 18:00, and 10/19/2024 at 11:00.

Plan of Correction ***Accept (- 12/03/2024)***

The Wellness Director will provide education to all nursing staff that administer medication with focus on following the directions of the prescriber. The Wellness Director and/or their designee will complete random monthly audits on those residents that are prescribed blood sugar readings to ensure that the physician orders are being followed. The findings of the audits will be reported on at the monthly QAPI meetings beginning with the meeting scheduled for 12-18-24.

Licensee's Proposed Overall Completion Date: *12/18/2024*

Not Implemented (- 04/14/2025)

. **Withdrawn 5/8/25**

Plan of Correction

224a - Preadmission Screen Form

15. 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 6 was admitted to the home on however, the resident's preadmission screening form was not completed.

Plan of Correction ***Accept (- 12/03/2024)***

All preadmission screening forms will be completed within required timeframes. The Wellness Director will review the admissions checklist to ensure that preadmission screening form is present and completed. The Wellness Director and/or their designee will report each month at QAPI meetings on new admissions and all elements on the admissions checklist. This will begin with the QAPI meeting scheduled for 1-22-25

Licensee's Proposed Overall Completion Date: *01/22/2025*

Not Implemented (- 04/14/2025)

227g -Support Plan Signatures

16. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of support plan on However, the resident and the assessor did not sign the support plan.

Plan of Correction ***Accept (- 12/03/2024)***

All support plans will have documented signature from the assessor and the resident. the Wellness Director and/or their designee will complete monthly audits and report on findings at monthly QAPI meetings. this will begin at the

227g -Support Plan Signatures (continued)

QAPI meeting scheduled for 1-22-25.

Licensee's Proposed Overall Completion Date: *01/22/2025*

Not Implemented (█ - 04/14/2025)

231b - Medical Evaluation

17. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on █ however, the resident's medical evaluation was completed on █.

Plan of Correction ***Accept (█ - 12/11/2024)***

Each medical evaluation will be completed within 60 days prior to admission for each new resident. The Wellness Director and/or their designee will review the admissions checklist for each new admission to ensure that the preadmission screening is present and completed within prescribed time frame. The Wellness Director will provide quarterly report at QAPI committee to report on findings. The admission checklists will be reviewed beginning the week of December 16, 2024, and the first quarterly audit finding will be presented at the QAPI meeting scheduled for February 2025.

Licensee's Proposed Overall Completion Date: *02/28/2025*

Not Implemented (█ - 04/14/2025)

231c - Preadmission Screening

18. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on █ However, the resident 1's written cognitive preadmission screening was not completed.

Plan of Correction ***Accept (█ - 12/11/2024)***

Each preadmission screening form will be completed within prescribed time frame of 72 hours of admission to the secured memory care dementia unit. The Wellness Director and/or their designee will review the admissions checklist for each new admission to ensure that the preadmission screening is present and completed within prescribed time frame. The Wellness Director will provide quarterly report at QAPI committee to report on findings. The admission checklists will be reviewed beginning the week of December 16, 2024, and the first quarterly audit

231c - Preadmission Screening (continued)

finding will be presented at the QAPI meeting scheduled for February 2025.

Licensee's Proposed Overall Completion Date: *02/28/2025*

Not Implemented (- 04/14/2025)

234b - Support Plan Needs Elements

19. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated for resident 1 does not address drinking, transferring in and out of bed, toileting, bladder and bowel management, ambulating, personal hygiene, managing and securing health care, turning and positioning, doing laundry, transportation, managing finances, using the telephone, appointments, caring for personal possessions, writing correspondence, engaging in activities, using a prosthetic device, obtaining seasonal clothing, supervision, mobility, and medications. .

Plan of Correction ***Accept (- 12/03/2024)***

The support plan will identify the resident's physical, medical, social, and safety needs based on assessment. The Wellness Director and/or their designee will review each completed support plan to ensure that all identified needs are addressed. Random audits will be completed monthly by the Wellness Director and/or their designee on support plans completed within the previous 30 days and report findings at monthly QAPI meetings beginning at meeting scheduled for 1-22-24.

Licensee's Proposed Overall Completion Date: *01/22/2025*

Not Implemented (- 04/14/2025)

252 - Record Content

20. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.

252 - Record Content *(continued)*

15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 1's record does not include race, height, weight, color of hair, color of eyes, religious affiliation, if any, identifying marks, and a photograph of the resident that is no more than 2 years old.

Plan of Correction ***Accept (- 12/11/2024)***

The Business Office Manager will complete a chart audit on all new admissions each month to ensure that the content of resident records contains all information as noted in regulation 2600.252. Chart audits will be initiated beginning December 1, 2024. Any missing information found at the time of audit will be completed. Findings of chart audits will be reported on at monthly QAPI meetings beginning at the meeting scheduled for 1-22-25

Licensee's Proposed Overall Completion Date: *01/22/2025*

Not Implemented (- 04/14/2025)