

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

April 2, 2025

[REDACTED], OWNER
EMERALD 320 OPERATIONS LLC

RE: EMERALD PERSONAL CARE
320 MARKET STREET
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33886

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2025, 01/30/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: EMERALD PERSONAL CARE License #: 33886 License Expiration: 08/08/2025
 Address: 320 MARKET STREET, ELIZABETHTOWN, PA 17022
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: ER 320 OPERATIONS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 05/20/1996 Issued By: Dept of Health

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 21 Waking Staff: 16

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal, Complaint, Incident Exit Conference Date: 01/30/2025

Inspection Dates and Department Representative

01/29/2025 - On-Site: [REDACTED]
 01/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 26 Residents Served: 21
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 19
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/29/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/22/2025

02/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/31/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/31/2025

Inspections / Reviews *(continued)*

04/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 1/29/25, at approximately 10:14AM, a document containing resident names, prescription numbers and medications was unlocked, unattended, and accessible on the dining room refrigerator.

Plan of Correction

Accept (█) - 02/24/2025)

1. Resident record document identified on 2nd floor resident refrigerator and removed on 1/31/2025.
2. Routine rounds will be conducted by Personal Care Administrator/Designee to ensure that identifiable resident information is not displayed in common areas.
3. Staff education initiated on 2/3/2025 by the Personal Care Home Administrator/Designee on the importance of ensuring resident records are kept confidential.
4. Weekly audits will be conducted on facilities refrigerators by Personal Care Home Coordinator/Designee to ensure compliance with Regulation 2600.17 for 1 month then bi-weekly for 3 months.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented (█) - 04/02/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's boiler certificate expired on 12/21/24.

Plan of Correction

Accept (█) - 02/24/2025)

1. A licensed technician/boiler inspector conducted the required safety check, testing, and inspection on 2/7/2025. Facility currently awaiting new boiler certificate with new expiration date for display.
2. A new system (calendar, software) was put into place on 2/5/2025 to track boiler certifications, inspections, and maintenance schedules to ensure it's clear when the next inspection or renewal date is due.
3. Maintenance Director and relevant staff educated/trained on the importance of keeping certifications current and understanding the new renewal process to ensure compliance with Regulation 2600.18 on 2/5/2025 by Personal Care Home Administrator.
4. An annual audit and review of the facilities boiler inspections and certifications will be conducted to ensure compliance is maintained moving forward.

Proposed Overall Completion Date: 03/30/2025

18 - Compliance With Laws (continued)

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented () - 04/02/2025)

54a - Direct Care Staff

3. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care Staff Person B and Staff Person C do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 02/24/2025)

- 1. High School Diploma/GED obtained from sample employees B and C and placed in employee record file on 2/1/2025.
- 2. Personal Care Home Administrator will review all employee files to ensure that verification of all qualifications are within each employee record file.
- 3. Education provided to Human Resources Director on 2/3/2025 to ensure that High Schol Diploma or equivalent is obtained prior to hire on all new medication administration employees.
- 4. A monthly audit of new employees will be conducted by the Director of Human Resources for 3 months, audit results will be reviewed during the Quality Assessment and Assurance monthly meeting to ensure compliance.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented () - 04/02/2025)

60a - Staff/Support Plan

4. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home did not have staff trained in Medication Administration during overnight shifts from 10:00PM – 6:00AM on 1/12/25, 1/14-1/17/25, 1/19-1/21/25, and 1/23-1/24/25. As a result, the home was unable to provide medication administration services to residents who are prescribed medications on an as needed basis during this time

Plan of Correction

Accept () - 02/24/2025)

- 1. Deficiency cannot be retroactively corrected.
- 2. The Train the Trainer Course was initiated on 2/6/25 for Personal Care Coordinator (). Personal Care Home Administrator will conduct an initial audit on all staff records to ensure that all employees have completed an approved Medication Administration Course as well as any annual practicum that is required by the Department. All employees found not to be in compliance will receive the required training from an certified train

60a - Staff/Support Plan (continued)

the Trainer with an anticipated start date of 2/17/2025.

3. Education provided to the Director of Human Services and the Personal Care Home Coordinator on the proper medication administration training and annual practicum requirements set forth by the Department on 2/6/2025 by the Personal Care Home Administrator.

4. New Hire file audits will be conducted by the Director of Human Services for 3 months to ensure compliance and reported to the Personal Care Home Administrator and/or Personal Care Home Coordinator.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented () - 04/02/2025

63a - First Aid/CPR Training

5. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 1/12/25, 1/14-1/17/25, 1/19-1/21/25, and 1/23-1/24/25, from 10:00PM - 6:00AM, 19 residents were present in the home. During this time no staff was present in the home who was certified in both CPR and First Aid.

Repeated Violation - 4/4/24, et al

Plan of Correction

Accept () - 02/24/2025

1. Anticipated date of certification for identified employee is 2/25/2025.

2. All Personal Care Home employee files reviewed by Personal Care Home Administrator to ensure staff are certified in first aid, obstructed airway techniques, and CPR on 2/1/2025. Any affected employees identified in audit by this deficiency will receive CPR/AED/First Aid training on anticipated start date of 2/25/2025.

3. Human Resources Director and Personal Care Home Coordinator educated by the Personal Care Home Administrator on the importance of each new hire employee obtaining their CPR/First Aid certification prior to hire to complete the onboarding process as required by the Department on 2/3/2025.

4. Monthly audits will be conducted on employee files by Human Resources Director for 3 months to ensure compliance with regulation 2600.63 (a) and will be reviewed at monthly Quality Assessment and Assurance meeting.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented () - 04/02/2025

65g - Annual Training Content

6. 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.

Description of Violation

Staff Person A and Staff Person D did not receive the following training during the 2024 training year:

- 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.

Repeated Violation - 4/4/24, et al

Plan of Correction

Accept () - 02/24/2025

- 1. Staff member A and staff member D educated on the importance of participating and completing annual fire safety training by a fire expert.
- 2. Director of Human Services conducted a facility wide audit of all Personal Care Home employees to ensure new hire orientation has been obtained and reviewed for current employees.
- 3. Director of Maintenance educated on Regulation 2600.65 (g) and the importance of staff being trained by a fire safety expert annually by the Personal Care Home Administrator on 2/3/2025.
- 4. An annual audit and review of the facilities annual fire inspections/assessments will be conducted to ensure compliance is maintained moving forward

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented () - 04/02/2025

88a - Surfaces

7. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 1/29/25, at approximately 10:30AM, the freezer portion of the refrigerator on the second floor was soiled with ice-cream stains.

Plan of Correction

Accept () - 02/24/2025

- 1. Identified refrigerator cleaned on 1/29/25.
- 2. Weekly cleaning round checklist initiated to ensure compliance with Department. Weekly rounds will be conducted by the Personal Care Home Coordinator/Designee.
- 3. Personal Care Home Staff education initiated by the Personal Care Home Administrator/Designee on 2/3/2025 on the importance of cleaning refrigerators/freezers routinely and immediately when an identified spillage takes place.
- 4. Weekly audits will be conducted by Personal Care Home Administrator/Designee on each resident communal

88a - Surfaces (continued)

refrigerator cleaning schedule. Audits will be conducted weekly for 1 month then bi-weekly for 3 months. Audit findings will be presented at monthly Quality Assessment and Assurance monthly meeting.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented (█) - 04/02/2025

95 - Furniture and Equipment

8. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 1/30/25, at approximately 10:59AM, the tub spout in resident bathroom 52 was observed to be heavily rusted, causing jagged edges which poses a safety risk for the resident when taking a bath.

Repeated Violation - 5/29/24

Plan of Correction

Accept (█) - 02/24/2025

1. On 2/13/2025 defective equipment ordered for replacement and replaced on 2/16/2025 in resident room 52.

2. Weekly rooms rounds will be conducted by Personal Care Home Administrator/Designee to ensure all equipment in resident rooms are safe to use. If deficiencies are noted these finding will be immediately shared with the Director of Maintenance for immediate repair.

3. Maintenance Director and Personal Care Home Staff employees education initiated on 2/4/2025 by the Personal Care Home Administrator on ensuring all equipment in resident rooms are safe to use and if defective equipment is identified to alert the appropriate staff immediately or by placing a work order for repair.

4. Weekly audits will be conducted for 1 month then bi-weekly for 3 months to ensure compliance. Findings will be discussed during Quality Assessment and Assurance monthly meetings.

Proposed Overall Completion Date: 02/18/2025

Licensee's Proposed Overall Completion Date: 02/18/2025

Implemented (█) - 04/02/2025

107d - Procedure Emergency Management Agency Submission

9. Requirements

2600.

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

Description of Violation

The home's written emergency procedures were not reviewed, updated and submitted to the local emergency management agency in 2024.

107d - Procedure Emergency Management Agency Submission (continued)

Repeated Violation - 4/4/24, et al

Plan of Correction

Accept (█) - 02/24/2025)

1. The written emergency procedure plan was updated and submitted to the local emergency management agency on 1/29/2025. Verification of email was obtained and placed in emergency preparedness binder on 1/29/2025.
2. Facility written emergency procedure binder was audited to ensure accuracy of all relevant documentation. No new findings were found.
3. Education provided to the Maintenance Director by the Personal Care Home Administrator on the importance of ensuring that the written emergency procedure plan is reviewed annually and submitted for approval timely on 1/29/2025.
4. An annual audit and review of the emergency procedure plan will be conducted to ensure compliance is maintained moving forward.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented (█) - 04/02/2025)

132a - Monthly Fire Drill

10. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of September in 2024.

Plan of Correction

Accept (█) - 02/24/2025)

1. Deficiency unable to be retroactively corrected.
2. All monthly drills will be unannounced and will be recorded to track for completion and will be monitored by the Director of Maintenance and then reported to the Personal Care Administrator for completion and compliance.
3. Personal Care Administrator provided training to Maintenance Director on 1/31/2025 regarding facilities fire drill protocol/procedure and the importance of maintaining a monthly fire drill schedule.
4. Director of Maintenance will monitor monthly drill reporting logs and include tracking data in the monthly Quality Assessment and Assurance meeting.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented (█) - 04/02/2025)

132b - Safety Inspection/Fire Drill

11. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill (continued)

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 2/28/23.

Plan of Correction

Accept (█) - 02/24/2025)

1. A licensed inspector is anticipated to conduct the required fire and safety check, testing, and inspection on 2/24/2025. Facility anticipated to obtain new fire assessment documentation on or after 2/24/2025.
2. A new system (calendar, software) was put into place to track certifications and inspections, to ensure it's clear when the next inspection or renewal is due on 2/3/2025.
3. Maintenance Director and relevant staff trained on the importance of keeping certifications current and understanding the renewal process on 2/3/2025 by the Personal Care Home Administrator.
4. An annual audit/review of fire assessment inspections and certifications will be conducted to ensure compliance is maintained moving forward.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented (█) - 04/02/2025)

132d - Evacuation

12. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- On 1/27/25, at 10:56AM, the evacuation time was 3 minutes 20 seconds.
- On 12/14/24, at 2:09AM, the evacuation time was 4 minutes 0 seconds.
- On 11/14/24, at 2:50PM, the evacuation time was 3 minutes 20 seconds.
- On 10/11/24, at 1:37PM, the evacuation time was 3 minutes 20 seconds
- On 8/29/24, at 7:08PM, the evacuation time was 3 minutes 50 seconds.

Plan of Correction

Accept (█) - 02/24/2025)

1. Deficiency cannot be retroactively corrected.
2. A licensed inspector anticipated to conduct the required fire and safety check, testing, and inspection on 2/24/2025. A new system (calendar) was put into place to track certifications and inspections, to ensure it's clear when the next inspection or renewal is due on 2/3/2025.
3. Maintenance Director and relevant staff trained on the importance of keeping certifications current and understanding the renewal process on 2/3/2025 by the Personal Care Home Administrator.
4. An annual audit/review of fire assessment inspections and certifications will be conducted to ensure compliance

132d - Evacuation (continued)

is maintained moving forward.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented () - 04/02/2025

132h - Designated Meeting Place

13. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 6/26/24, at 11:37PM, none of the residents in the home evacuated to a designated meeting place away from the building or within the fire-safe area.

Repeated Violation - 4/4/24, et al

Plan of Correction

Accept () - 02/24/2025

1. Personal Care Home residents educated that all residents are to evacuate the facility to a designated meeting place away from the building or within the fire safe area during each fire drill on 2/8/25
2. All monthly drill wills be recorded to track for completion and will be monitored by the Director of Maintenance and then reported to the Personal Care Administrator for completion and compliance.
3. Maintenance director/Designee initiated training/education to all Personal Care Home residents and staff that all residents are evacuate the building at an established meeting place away from the building or within a fire safe area during a fire drill or actual emergency on 2/6/2025.
4. Director of Maintenance will monitor monthly fire drill reporting/recording and include tracking data in the monthly Quality Assessment and Assurance meeting

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented () - 04/02/2025

185a - Implement Storage Procedures

14. 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

On 1/30/25, the following discrepancies were observed between the blood sugar readings in Resident 2's glucometer and the blood sugar reading documented on Resident 2's medication administration record (MAR):

- On 1/16/25, at 4:30PM, the blood sugar reading in the resident's glucometer was 227. However, the blood sugar reading documented in the resident's MAR was 127.

185a - Implement Storage Procedures (continued)

- On 1/16/25, at 8:00PM, the blood sugar reading in the resident's glucometer was 157. However, the blood sugar reading documented in the resident's MAR was 286.
- On 1/19/25, at 8:00 PM, the blood sugar reading in the resident's glucometer was 210. However, the blood sugar reading documented in the resident's MAR was 280.
- On 1/23/25, at 4:30PM, the blood sugar reading in the resident's glucometer was 170. However, the blood sugar reading documented in the resident's MAR was 180.

Plan of Correction

Accept (█) - 02/24/2025)

1. Identified Resident Record for documenting glucometer readings was replaced with a new documentation tool that has the ability for the glucometer readings to be easily accessed and read.
2. All resident records were reviewed and identified residents who receive glucometer reading chart were replaced with new tool. All glucometers were calibrated according to manufactures specifications to ensure accurate reading are provided.
3. Personal Care Home Coordinator and staff education was initiated on 2/3/2025 by the Personal Care Home Administrator on ensuring that all resident records are legible and are to be easily read and accessible to practitioners and staff.
4. Monthly audits will be conducted by Personal Care Home Coordinator on the use of the new tool process and calibration of glucometer meters for 3 months. These audits will be conducted monthly for 3 months. Findings will be discussed at monthly Quality Assessment and Assurance committee meeting.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented (█) - 04/02/2025)

190a - Completion Medication Course**15. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person A, who has not successfully completed the Department-approved medications administration course, has administered medications to residents, including Resident 1 on 1/2/25 at 7:30AM.

Staff Person B, who has not successfully completed the Department-approved medications administration course, has administered medications to residents, including to Resident 1 on 1/5/25 at 7:30PM.

Staff Person D, who has not successfully completed the Department-approved medications administration course, has administered medications to residents, including to Resident 1 on 1/1/25 at 7:30AM.

190a - Completion Medication Course (continued)

Repeated Violation - 5/29/24 and 4/4/24, et al

Plan of Correction

Accept ([redacted]) - 02/24/2025)

1. Staff person A, B, and D educated on the importance of completing the Departments- approved medication administration course requirements.
2. The Train the Trainer Course was initiated on 2/6/25 for Personal Care Coordinator [redacted]. Personal Care Home Administrator will conduct an initial audit on all staff records to ensure that all employees have completed an approved Medication Administration Course as well as any annual practicum that is required by the Department. All employees found not to be in compliance will receive the required training from an certified train the Trainer with an anticipated start date of 2/17/2025.
3. Education provided to the Director of Human Services and the Personal Care Home Coordinator on the proper medication administration training and annual practicum requirements set forth by the Department on 2/6/2025 by the Personal Care Home Administrator.
4. New Hire audits will be conducted monthly by the Director of Human Services for 3 months to ensure compliance and reported to the Personal Care Home Administrator and/or Personal Care Home Coordinator.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented ([redacted]) - 04/02/2025)

252 - Record Content

16. Requirements

2600.

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

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident 1, Resident 3 and Resident 4's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept ([redacted]) - 02/24/2025)

1. Sample resident pictures identified and updated in resident record on 2/1/2025
2. All resident pictures audited and updated as per requirements on 2/5/2025.
3. Personal Care Coordinator educated on accuracy of resident records and ensuring all pictures of residents do not exceed a 2-year time frame on 2/3/2025 by the Personal Care Home Administrator.
4. Monthly audit of all resident pictures will be conducted by Personal Care Home Administrator/Designee for 3 months; findings will be reviewed at monthly Quality Assessment and Assurance monthly meeting.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented ([redacted]) - 04/02/2025)

254b - Policy and Procedures

17. Requirements

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have policies and procedures for managing records.

Plan of Correction

Accept ([redacted]) - 02/24/2025)

- 1. Resident record and storage security and accessibility policy printed and placed into facility binder on 2/1/2025.
- 2. Personal Care Home Administrator will conduct random audits of facility polices to ensure all relevant polices and procedures are accessible to personal care home staff.
- 3. Personal Care Director and Personal Care Administrator educated by owner of facility on importance of ensuring polices are updated and placed into facility binder to ensure compliance with regulation 2600.254 (b) on 2/3/2025
- 4. Randon sample audit (5 Policies) of facility compliance binder will be conducted quarterly by Personal Care Administrator to ensure compliance with Department's standards.

Proposed Overall Completion Date: 03/30/2025

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented ([redacted]) - 04/02/2025)