



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: April 22, 2025

[REDACTED]
[REDACTED]
Columbia/Wegman Southampton LLC
[REDACTED]
[REDACTED]

RE: The Province of Southampton
1160 Street Road
Southampton, Pennsylvania 18966
License #: 145380

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on February 12 and 13, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

April 7, 2025

[REDACTED]
COLUMBIA/WEGMAN SOUTHAMPTON,LLC
[REDACTED]
[REDACTED]

RE: THE PROVINCE OF SOUTHAMPTON
1160 STREET ROAD
SOUTHAMPTON, PA, 18966
LICENSE/COC#: 14538

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2025, 02/13/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE PROVINCE OF SOUTHAMPTON License #: 14538 License Expiration: 04/04/2025
Address: 1160 STREET ROAD, SOUTHAMPTON, PA 18966
County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: COLUMBIA/WEGMAN SOUTHAMPTON,LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 09/20/2019 Issued By: Upper Southampton Township
Type: I-2 Date: 09/20/2019 Issued By: Upper Southampton Township
Type: Other Date: 09/20/2019 Issued By: Upper Southampton Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 104 Waking Staff: 78

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Provisional, Incident Exit Conference Date: 02/13/2025

Inspection Dates and Department Representative

02/12/2025 - On-Site: [REDACTED]
02/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 106		Residents Served: 82	
Secured Dementia Care Unit			
In Home: Yes	Area: Reflections	Capacity: 36	Residents Served: 22
Hospice			
Current Residents: 5			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 82	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 22		Have Physical Disability: 0	

Inspections / Reviews

02/12/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2025*

03/12/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/04/2025*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/07/2025*

04/07/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: *04/04/2025*
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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]/23, for resident 1 was not signed by the administrator or designee.

The resident-home contract, dated [REDACTED]/2024, for resident 2 was not signed by the resident.

Repeat violation: 7/8/2024 et al and 2/26/2024 et al.

Plan of Correction

Accept [REDACTED] - 03/12/2025)

- Administrator is no longer employed, therefore not able to sign resident 1 contract. Current administrator reviewed contract with resident and signed contract on 2/14/25.
- Administrator reviewed contract with resident 2 on 2/14/25, resident signature obtained.
- By 3/10/25, current contracts to be reviewed by Administrator or designee. Contracts without signatures will be reviewed with residents and signatures to be obtained by 3/15/25.
- By 3/10/25, administrator or designee shall educate Customer Service Associate on regulation 25b, documentation shall be kept. Customer Service Associate to review resident contracts for thoroughness prior to filing.
- To ensure consistent adherence to Regulation 25b, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 03/15/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [REDACTED] - 04/07/2025)

See attached.

54a - Direct Care Staff

2. 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 [REDACTED] - 03/12/2025)

- Administrator contacted staff person A on [REDACTED]/25 to request GED, diploma or current Pennsylvania nurse aide license. Employee is currently on a [REDACTED] and has failed to provide documents.
- By 3/17/25, current employee files to be reviewed by Administrator or designee for compliance with regulation 54a and credentials tracker to be updated if needed. Employees without a diploma, GED or active PA nurse aide

54a - Direct Care Staff (continued)

registry will not be permitted to work until documentation is received.

- By 3/17/25, Administrator shall educate Customer Service Associate on regulation 54a, documentation shall be kept. New hire checklist and credentials tracker currently in use, to be used on newly hired associate files going forward.

- Beginning 3/17/25, the Administrator shall review the new hire checklist on newly hired associates prior to filing. Administrator shall review credentials tracker weekly X 4 weeks.

- To ensure consistent adherence to Regulation 54a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/07/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Update: 03/12/2025

Please be sure to provide education to the appropriate persons regarding the need for waivers for non-US education verifications.

Evidence of Completion

Implemented [redacted] 04/07/2025)

See attached.

62 - Contact List

3. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person B, the [redacted] maintains a list of staff persons that does not include agency staff and the health care director.

Repeat violation: 4/29/2024

Plan of Correction

Accept [redacted] - 03/12/2025)

- On 2/15/25, the list of staff persons was updated by the Administrator to include agency staff and the Healthcare Director. The list will be updated as needed by the Administrator.

- By 3/4/25, the Administrator shall be educated by Director of Compliance on regulation 62; documentation shall be kept.

- Beginning 3/3/25, the administrator shall review the contact list weekly X 4 weeks for accuracy, documentation shall be kept.

- To ensure consistent adherence to Regulation 62, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability

Proposed Overall Completion Date: 03/24/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

62 - Contact List (*continued*)**Evidence of Completion**

Implemented (█) - 04/07/2025)

See attached.

63a - First Aid/CPR Training

4. 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 2/1/2025, from 3 PM to 11 PM, 82 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid.

On 2/2/2025, from 3 PM to 7 AM on 2/3/2025, 82 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid.

Plan of Correction

Accept (█) - 03/12/2025)

-A CPR/First Aid class is scheduled for 3/13/25.

-By 3/10/25, the Administrator shall educate the Healthcare Director and Assistant Healthcare Director on regulation 63a, documentation shall be kept.

-Beginning 3/17/25, the Healthcare Director or designee shall review the schedule weekly X 4 weeks to ensure adequate CPR/First Aid trained employees are scheduled, documentation shall be kept.

- To ensure consistent adherence to Regulation 63a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/07/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented (█) - 04/07/2025)

See attached.

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics (continued)

Description of Violation

Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during training year 1/1/2024- 12/31/2024.

Repeat violation: 2/26/2024 et al

Plan of Correction

Accept [REDACTED] - 03/12/2025)

-By 3/17/25, the Administrator shall train staff person C on the missing topics for 2024. Documentation shall be kept.

-By 3/21/25, the Customer Service Associate shall audit current employee's 2024 trainings for completion; employees in need of training will receive required trainings by 3/31/25.

-By 3/17/25, the Administrator shall educate the Customer Service Associate on regulation 65f, documentation shall be kept.

-Beginning 3/6/25, the Administrator or designee shall run a Relias completion report monthly to ensure employees are completing required trainings timely.

- To ensure consistent adherence to Regulation 65f, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 03/31/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [REDACTED] - 04/07/2025)

See attached.

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:

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 emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights during training year 1/1/2024 to 12/31/2024.

Repeat violation: 2/26/2024 et al

65g - Annual Training Content (*continued*)**Plan of Correction**

Accept [REDACTED] - 03/12/2025)

-By 3/17/25, the Administrator shall train staff person C on the missing topics for 2024. Documentation shall be kept.

-By 3/21/25, the Customer Service Associate shall audit current employee's 2024 trainings for completion; employees in need of training will receive required trainings by 3/31/25.

-By 3/17/25, the Administrator shall educate the Customer Service Associate on regulation 65f, documentation shall be kept.

-Beginning 3/6/25, the Administrator or designee shall run a Relias completion report monthly to ensure employees are completing required trainings timely.

- To ensure consistent adherence to Regulation 65g, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability

Proposed Overall Completion Date: 03/31/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [REDACTED] - 04/07/2025)

See attached.

96b - First Aid Location

7. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff persons D and E, did not know the location of the first aid kit.

Plan of Correction

Accept [REDACTED] - 03/12/2025)

-By 3/21/25, the Administrator shall educate current staff, including staff persons D and E, on the location of First Aid kit and regulation 96b, documentation shall be kept.

-Beginning 4/9/25, at the next monthly staff meeting, the Administrator will remind staff of the location of the first aid kit.

-Beginning 3/10/25, the Administrator to question 5 staff members monthly X 2 months on the location of First Aid kit. Documentation shall be kept.

- To ensure consistent adherence to Regulation 96b, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/09/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [REDACTED] - 04/07/2025)

See attached.

107b - Emergency Procedures

8. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include contact information for each resident's designated person, including resident 3 admitted [redacted]/2024 and resident 4 admitted [redacted] 2025.

Repeat violation: 2/26/2024 et al.

Plan of Correction

Accept [redacted] - 03/12/2025)

-On 2/15/25, the concierge updated the emergency procedure binder to include contact information for resident 3 and 4's designated person.

-On 2/15/25, the concierge updated emergency procedure binder to include current resident, discharged residents removed.

-On 2/15/25, the concierge was educated on regulation 107b by the Administrator. Documentation shall be kept.

-Beginning 3/6/25, the Administrator or designee shall review the Emergency Procedure Binder information on newly admitted residents weekly X 4 weeks. Documentation shall be kept.

- To ensure consistent adherence to Regulation 107b, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/6/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 03/27/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented ([redacted] - 04/07/2025)

See attached.

141b1 - Annual Medical Evaluation

9. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 5's most recent medical evaluation was completed on [redacted]/2023.

Plan of Correction

Accept [redacted] - 03/12/2025)

-A current Medical Evaluation for resident 5 was obtained from the provider on 2/13/25.

-By 3/17/25 , the Healthcare Director shall audit current resident files for current DMEs; files in need of a DME will

141b1 - Annual Medical Evaluation (continued)

be brought into compliance by 3/31/25. On 2/17/25, DME tracker created by Healthcare Director.

-By 3/10/25, the Administrator shall educate the Healthcare Director and Assistant Healthcare Director on regulation 141b1, documentation shall be kept.

-Beginning 3/17/25, the Administrator or designee will review newly admitted resident files weekly X 4 weeks for DME completion. Documentation shall be kept.

- To ensure consistent adherence to Regulation 141b1, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/07/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [redacted] - 04/07/2025)

See attached.

183d - Prescription Current

10. 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

On 2/13/2025, Clonazepam 0.5 mg prescribed for resident 6, was in the home's second floor medication cart; however, the medication was discontinued on 1/15/2025.

Plan of Correction

Accept [redacted] - 03/12/2025)

-On 2/13/25, at time of survey, resident 6 Clonazepam was removed from the med cart by Healthcare Director.

-By 3/21/25, the Healthcare Director or designee shall audit med carts for removal of discontinued medications. Documentation shall be kept.

-By 3/10/25, the Administrator shall educate the Healthcare Director and Assistant Healthcare Director on regulation 183d, documentation shall be kept.

-Beginning 3/21/25, the Healthcare Director or designee shall run a discontinued medication report and audit medication carts weekly X 4 weeks, documentation shall be kept.

- To ensure consistent adherence to Regulation 183d, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/18/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [redacted] - 04/07/2025)

See attached.

183e - Storing Medications

11. Requirements

183e - Storing Medications (continued)

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 2/13/2025 there was a loose pink round pill in the second drawer of the second-floor medication cart.

Resident 7's blister pack of Tramadol 50 mg tablet- take one tablet by mouth every 6 hours as needed, had punctures or tears in the foil backing at pills 1 and 16. The pills were still inside the package.

Repeat violation: 4/29/2024 and 2/26/2024 et al

Plan of Correction**Accept** [REDACTED] - 03/12/2025)

-On 2/13/25 at time of survey, the loose pill was removed and discarded by Healthcare Director.

-On 2/13/25 at time of survey, pill 1 and 16 were removed from resident 7 blister card of Tramadol and properly discarded by Healthcare Director.

-By 3/21/25, the Healthcare Director or designee shall audit med carts for loose pills and punctured blister cards. Documentation shall be kept.

-By 3/21/25, the Healthcare Director shall educate employees who administer medications on regulation 183e, documentation shall be kept.

-Beginning 3/21/25, the Healthcare Director or designee shall audit med carts weekly X 4weeks, documentation shall be kept.

- To ensure consistent adherence to Regulation 183e, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/18/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion**Implemented** [REDACTED] - 04/07/2025)

See attached.

184a - Resident's Meds Labeled**12. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident 8's Lidocaine 5% patches has instructions of "Apply 1 patch to skin twice a day, leave on for 12 hours and off for 12 hours". However, the prescriber's orders and the MAR instructions are to apply a 1/2 patch to each knee in the morning and remove at bedtime. There was no 'Change of Directions' indication or sticker

184a - Resident's Meds Labeled (continued)

on the pharmacy label.

The pharmacy label for resident 9's Fluocinolone oil .01% shows as "Place 2-3 drops into affected ear 1-2 times per week at bedtime for itching". However, the prescriber's orders are "instill 2 drops into affected ear once weekly on Wednesdays at bedtime for itching". There was no 'Change of Directions' indication or sticker on the pharmacy label.

Resident 12 is prescribed prefilled Morphine syringes 5 mg/.25 ml -give 0.25ml every 3 hours as needed, as ordered on 1/30/25. However, the pharmacy label for this medication indicates to take 0.25ml by mouth every 4 hours as needed.

Plan of Correction

Accept [REDACTED] - 03/12/2025)

-At time of survey, "change of direction" stickers were placed on resident 8's lidocaine patches, resident 9's Fluocinolone oil and resident 12's Morphine syringes by Healthcare Director and Assistant Healthcare Director.

-By 3/21/25, the Healthcare Director or designee shall audit the med carts for proper labeling or change in direction stickers, documentation shall be kept.

-By 3/21/25, the Healthcare Director shall educate employees who administer medications on regulation 184a, documentation shall be kept.

-Beginning 3/21/25, the Healthcare Director or designee shall audit med carts weekly X 4 weeks, documentation shall be kept.

- To ensure consistent adherence to Regulation 184a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/18/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [REDACTED] - 04/07/2025)

See attached.

185a - Implement Storage Procedures**13. 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 9's glucometer is not calibrated to the correct time. On 2/13/2025 at 10:36 AM resident 9's glucometer was set to 9:40 AM.

Resident 9's 2/2025 MAR indicted two separate orders for glucometer reading to be taken. Accucheck check blood sugar every morning before breakfast effective 9/12/2024 and Glucocard vital test use for blood glucose testing twice daily effective 8/13/2024. The home verified that only Accu-Chek check blood sugar every morning before breakfast was the correct order.

On 2/13/2025 at 6:39 AM resident 9 had a glucometer reading of 134 transcribed as 137 in [REDACTED] 2/2025

185a - Implement Storage Procedures (continued)

medication administration record (MAR). On 2/9/2025 at 6:27 AM resident 9 had a glucometer reading of 124 transcribed as 127 in [REDACTED] 2/2025 MAR.

Resident 10's glucometer was not calibrated to the correct date and time. On 2/13/2025 at 9 AM the resident's 2/2025 medication administration record had a reading of 131, however this reading was listed in the resident's glucometer as taken on 3/10 at 12:15 AM.

Resident 11 is prescribed Gabapentin 300 mg- take 1 capsule orally twice daily as needed for neuropathy and APAP 325 mg tablet- 2 tablets (650mg) orally as needed every 6 hours for pain. On 2/13/25 these medications were not available in the home.

Plan of Correction**Accept [REDACTED] - 03/12/2025)**

- On 2/13/25, at time of survey, resident 9's glucometer was calibrated to reflect the correct date and time by Healthcare Director,
- On 2/13/25, at time of survey, resident 9's orders were clarified. Glucocard is actually a supply not an order for accuchecks, clarification sent to pharmacy, MAR updated to reflect current order for accucheck daily before breakfast by Healthcare Director.
- On 2/13/25, at time of survey, resident 9's MAR not able to be corrected to reflect accurate blood sugar reading, a note was written in resident's file by 3/10/25 to clarify the blood sugar readings by Healthcare Director.
- On 2/13/25, at time of survey, resident 10's glucometer was calibrated to reflect the correct date and time by Healthcare Director.
- On 2/13/25, at time of survey, Healthcare Director contacted the pharmacy for refill of resident 11's Gabapentin and APAP. The medications were received from pharmacy on 2/13/25 and placed in med cart by the Administrator.
- By 3/21/25, the Healthcare Director shall audit the glucometers for calibration and med carts for medications being available. Documentation shall be kept.
- By 3/21/25, the Healthcare Director shall educate employees who administer medications on regulation 185a, documentation shall be kept.
- Beginning 3/21/25, the Healthcare Director or designee shall audit glucometers and med carts weekly X 4 weeks, documentation shall be kept.
- To ensure consistent adherence to Regulation 185a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/11/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion**Implemented [REDACTED] - 04/07/2025)**

See attached.

187a - Medication Record**14. Requirements**

2600.

187a - Medication Record (continued)

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
 2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 10. Duration of therapy, if applicable.
 11. Special precautions, if applicable.
 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
 13. Date and time of medication administration.
 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 6 is prescribed Clonazepam 0.5 mg 1 tablet orally twice daily for anxiety. Resident's 6 narcotic distribution log for does not indicate name and initials of the staff person who administered the medication, and the date and time that the medication was dispersed on 1/3/2025 at 9 AM.

Resident 12's 2/2025 MAR indicates the resident was administered 9 AM medications on 2/3, 2/5, 2/9 and 2/10 by "AN3/Agency Nurse3". Multiple agency staff persons are associated with the handle "Agency Nurse3". The MAR does not indicate the specific agency staff person that administered these medications.*

Repeat violation: 2/26/2024 et al.

Plan of Correction

Accept [REDACTED] - 03/12/2025)

- On 2/14/25, resident 6's narcotic distribution log corrected by staff member administering medication on 1/3/25 at 9am.
- On 2/14/25, the Healthcare Director provided individual access to the EMAR to each agency staff member to reflect the agency staff member's name.
- On 2/28/25, the Healthcare Director audited current narcotic logs for completion. Documentation shall be kept.
- By 3/21/25, the Healthcare Director shall educate employees who administer medications on regulation 187d. Documentation shall be kept.
- Beginning 3/10/25, the Healthcare Director or designee shall audit narcotic distribution logs weekly X 4 weeks for completion. Documentation shall be kept.
- To ensure consistent adherence to Regulation 187a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 03/31/2025

187a - Medication Record (continued)

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [REDACTED] - 04/07/2025)

See attached.

187b - Date/Time of Medication Admin.

15. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [REDACTED]/2025 at 9:55 AM, resident 11 was administered Eliquis 2.5 mg tablet, Farxiga 10 mg tablet, Ferrous Sulfate 325mg, Furosemide 40 mg tablet, and Metoprolol 50 mg tablet. Staff person 3 initialed the medication as administered prior to administering the medication.

Plan of Correction

Accept [REDACTED] - 03/12/2025)

- Unable to correct documentation on resident 11's MAR to reflect actual time of administration.
- On 2/13/25, staff member who signed medications as administered prior to administration was counseled on proper medication administration and documentation.
- By 3/21/25, the Healthcare Director shall educate employees who administer medications on regulation 187b, documentation shall be kept.
- Beginning 3/17/25, the Healthcare Director or designee will observe medication administration and documentation on 2 med techs/nurses weekly X 4 weeks. Documentation shall be kept.
- To ensure consistent adherence to Regulation 187b, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/07/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [REDACTED] - 04/07/2025)

See attached.

231e - No Objection Statement

16. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/2023. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Repeat violation: 7/8/2024 et al

Plan of Correction

Accept [REDACTED] - 03/12/2025)

- On 2/14/25, 2/17/25, and 2/18/25 the Administer met with resident 1 to review the No Objection Statement,

231e - No Objection Statement (continued)

resident unable to sign. By 3/31/25, the Administrator to meet with resident 1 designated person to review and sign No Objection Statement.

-By 3/24/25, the Administrator or designee to audit current memory care files for No Objection signed statements, documentation shall be kept. Files in need of a signed No Objection Statement will be brought into compliance by 3/31/25.

-By 3/5/25, Director of Compliance will educate the Administrator on regulation 231e, documentation shall be kept. -Beginning 3/31/25, the Customer Service Associate shall review new memory care move in files weekly X 4 weeks for signed No Objection Statements.

- To ensure consistent adherence to Regulation 231e, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 04/21/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [REDACTED] - 04/07/2025)

See attached.

251b - Record Entries Legible

17. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Line 13 and 14 on resident 14's narcotic distribution log for morphine pre-filled syringes is scribbled over and not legible.

Plan of Correction

Accept [REDACTED] - 03/12/2025)

-Line 13 and 14 on resident 14's morphine narcotic distribution log unable to be corrected.

-On 2/28/25, the Healthcare Director audited current narcotic logs for completion. Documentation shall be kept.

-By 3/21/25, the Healthcare Director shall educate employees who administer medications on regulation 187d. Documentation shall be kept.

-Beginning 3/10/25, the Healthcare Director or designee shall audit narcotic distribution logs weekly X 4 weeks for completion. Documentation shall be kept.

- To ensure consistent adherence to Regulation 251b, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Proposed Overall Completion Date: 03/31/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Evidence of Completion

Implemented [REDACTED] - 04/07/2025)

See attached.