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

June 5, 2025

[redacted], ASSOCIATE EXECUTIVE DIRECTOR
CCRC-BRANDYWINE LLC
25 FREEDOM BOULEVARD
WEST BRANDYWINE, PA, 19320

RE: THE GARDENS AT FREEDOM VILLAGE
25 FREEDOM BOULEVARD
WEST BRANDYWINE, PA, 19320
LICENSE/COC#: 12600

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2025, 02/27/2025 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 GARDENS AT FREEDOM VILLAGE* **License #**: *12600* **License Expiration**: *09/20/2025*

Address: *25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA 19320*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *CCRC-BRANDYWINE LLC*

Address: *25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA, 19320*

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *07/14/2016* **Issued By**: *West Brandywine township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *72* **Waking Staff**: *54*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *02/27/2025*

Inspection Dates and Department Representative

02/26/2025 - On-Site: [redacted]

02/27/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *73* **Residents Served**: *54*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *54*

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

Have Mobility Need: *18* **Have Physical Disability**: *1*

Inspections / Reviews

02/26/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/25/2025*

03/26/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/22/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/31/2025*

Inspections / Reviews *(continued)*

03/27/2025 - POC Submission

Submitted By: [redacted] *i* **Date Submitted**: *04/22/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/22/2025*

06/05/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *04/22/2025*

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 2/26/2025 a yellow "Resident updates" binder containing resident medical appointment information was unlocked, unattended, and accessible on a utility cart and a blue narcotics log binder was unlocked, unattended, and accessible on the medication cart. Both carts were located in the 3rd floor library.

Plan of Correction ***Accept (- 03/27/2025)***

1.The Nac books and resident books were locked up as soon as it was brought to the attention of the nurse.
2. An audit was completed on 03/05/2025 by PHCA on all med cars ensuring that Nac and Resident books are secured to ensure compliance with confidentiality.
3.3rd floor Med Techs and LPNs will be educated by 03/21/2025 on the importance of securing resident information to abide by HIPAA privacy laws
4. Audits will be completed for all med carts to ensure that all resident records are kept confidential and follow privacy laws. Audits will be completed on all carts weekly for 4 weeks and randomly thereafter to ensure compliance, findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit. Weekly audits started 3/10/25.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 04/30/2025)

25b - Contract Signatures

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

Plan of Correction ***Accept (- 03/27/2025)***

1. The resident in question will have a new contract signed by 3/31/25
2. PHCA will audit all resident chats to ensure that all contracts are in place and are in compliance with regulation. Audit to be completed by 3/21/2025
3. PHCA will be educated on making sure that all contracts are completed accurately by all residents living in PC facility by 3/21/2025.
4. Audits will be completed at least on
10% of the resident chats weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. PHCA will complete all the audits and maintain record. Weekly audits started 3/10/25.

25b - Contract Signatures *(continued)*

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

42s - Privacy

3. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 2/26/2025 there were multiple cameras recording throughout the inside of the home including at entrances and exits, resident room hallways and common areas. There are no signs indicating the cameras by the entrances and exits are recording.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1. The cameras will be redirected from facing public toilets and residents rooms This will be completed by 3/21/2025.
2. Maintenance will audit all resident PC cameras to ensure they follow regulation.
3. PC Maintenance personnel will be educated on making sure that all cameras in PC facility do not infringe on resident rights. Training will be completed by 3/31/25.
4. Audits will be completed on all cameras after reinstallation / redirection
monthly for 2 months and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. Maintenance will complete all the audits and maintain record. Monthly audits will begin 4/1/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 04/30/2025)

54a - Direct Care Staff

4. 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] - 03/27/2025)***

1. The employee waiver diploma certification will be completed by 3/25/2025
2. HR / PHCA will audit all direct care employee files to ensure that all diplomas / waivers are valid . This audit will be completed by 3/31/25.
3. HR / PHCA will be educated on making sure that all direct care staff members have valid diplomas on file. Education completed by 3/21/25.
4. Audits will be completed at least on

54a - Direct Care Staff (continued)

10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record. Weekly audits started 3/10/25.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

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 2/22/2025, from 2 PM to 10 PM, 52 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 2/23/2025, from 2 PM to 10 PM, 54 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 2/23/2025 from 10 PM to 2/24/2025 at 6 AM, 54 residents were present in the home. During this time no staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1. The employee CPR & First aid Training / certification will be completed by 3/31/2025
2. HR / PHCA will audit all direct care employee files to ensure that they are all CPR / First aid certified by 3/31/25.
3. HR / PHCA will be educated on making sure that all direct care staff members CPR / First aid certified. Education will be completed by 3/21/25.
4. Audits will be completed at least on
10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record. Weekly audits started 3/10/25.
5. Scheduler and PHCA will review all upcoming schedules and compare this to the CPR/FA certified staff list to ensure the correct number of certified staff are scheduled for each shift. This review will begin 3/31/25.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

65e - 12 Hours Annual Training

6. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.
1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

65e - 12 Hours Annual Training *(continued)*

Description of Violation

Direct care staff person A only had .5 hours of annual training documented in training year 1/1/2024-12/31/2024.

Plan of Correction ***Accept (- 03/27/2025)***

1. The 12-hour required employee training will be completed by 3/31/2025
2. HR will audit all other PC employee files to ensure that all direct care employees have at least 12 hours of training on hire and annually. This audit will be completed by 3/21/25.
3. HR / PHCA will be educated on making sure that direct care staff members are trained and have at least 12 hours of training during orientation and annually. This educated will be completed by 3/21/25.
4. Audits will be completed at least on
10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 06/05/2025)

65f - Training Topics

7. 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.

Description of Violation

Direct care staff person B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 1/1/2024-12/31/2024.

Repeat violation: 01/17/2024

Plan of Correction ***Accept (- 03/27/2025)***

1. The employee training will be on resident needs and will be completed by 3/31/2025
2. HR will audit all other PC employee files to ensure that training on meeting the needs of the residents are offered. This audit will be completed by 3/21/25.
3. HR / PHCA will be educated on making sure that all staff members are trained in meeting the needs of the residents at orientation and annually. This training will be completed by 3/21/25.
4. Audits will be completed at least on
10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record.

65f - Training Topics (continued)

Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

65g - Annual Training Content

8. 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 A did not receive training in 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 during training year 1/1/2024 to 12/31/2024.

Staff person B did not receive training in falls and accident prevention during training year 1/1/2024- 12/31/2024.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1. The employee training Fire Safety & on falls and incidents will be completed by 3/31/2025
2. HR will audit all other PC employee files to ensure that training on falls and incidents are offered. This audit will be completed by 3/21/25.
3. HR / PHCA will be educated on making sure that all staff members are trained in fire safety & falls and incidents at orientation and annually. This education will be completed by 3/21/25.
4. Audits will be completed at least on
10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

65i - Training Record

9. 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 for staff person A does not include the length and source of training.

65i - Training Record *(continued)*

Plan of Correction ***Accept (- 03/27/2025)***

1. The employee training will include number of hours completed on specific training - completed by 3/21/2025
2. HR will audit all other PC employee files to ensure that training hours are recorded. This will be completed by 3/21/25.
3. HR / PHCA will be educated on making sure that all staff members are trained in fire safety orientation and annually. This will be completed by 3/21/25.
4. Audits will be completed at least on
10% of the employee files weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. HR will complete all the audits and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 06/05/2025)

103d - Storing Food Off Floor

10. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 2/27/2026 at 9:10 AM, six 5-gallon jugs of water were stored on the floor in the off-site emergency water storage area.

Plan of Correction ***Accept (- 03/27/2025)***

1. Bottled Water was moved from the floor on 3/10/2025.
2. Director / Assistant director of dietary services will audit all PC food storage locations to ensure that food is not stored / sitting on the direct flooring and must be raised.
3. This space will be used for storage purposes and daily bottled water used will be moved and stored elsewhere. This was completed on 3/10/25.
4. Audits will be completed on all PC food storage locations weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. The Dietary department will complete all the audits and maintain record. Initial audit was completed on 2/28/2025 and weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 04/30/2025)

103f - Refrigerator/Freezer Temps

11. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 2/27/2025 at 12:21 PM the main refrigerator in the kitchen was broken and in the process of being repaired. Two

103f - Refrigerator/Freezer Temps (continued)

open containers of salsa were stored in the refrigerator which was 67 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1. The refrigerator was fixed on 3/10/25
2. Director of dietary services will audit all PC refrigerators making sure they are in working condition and that no food is stored in those that are not in working condition. Audit was completed by 3/10/25.
3. Dietary supervisors will be educated on making sure that all food in PC refrigerators is stored in correct temperatures and in working refrigerators. Education will be completed by 3/21/25.
4. Audits will be completed on all PC refrigerators to ensure compliance with temperatures and that all refrigerators are in working condition. Audits will be completed
weekly for 4 weeks and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. The Dietary department will complete all the audits and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 04/30/2025)

105g - Lint Removal and Duct Cleaning

12. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 2/26/2025, there was an approximate 1/2-inch accumulation of lint in the lint trap of the 1st floor laundry room dryer. There were no clothes in the dryer at the time.

Repeat violation: 01/17/2024

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1.The lint trap was cleaned upon notification from the state. This was completed on 2/27/25.

2. The Director of housekeeping audited all other lint traps within PC to ensure that they were in compliance with state regulation. Completed on 2/27/25.

3. Laundry staff who affect the PC facility will be educated on the importance of cleaning out lint traps following the lint cleaning schedule. This education will be completed by 3/21/25.

4. Audits will be completed on all dryers located in the laundry room weekly for 4 weeks then randomly thee after to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. Housekeeping director will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 04/30/2025)

107a - Emergency Preparedness

13. Requirements

2600.
107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

[redacted] *the administrator, does not have the emergency preparedness plan for the local municipality.*

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1.Emergency plan was acquired on 3/15/2025 and a copy is housed in the PHCA office.
2. Training was completed on 3/17/25 with PHCA on ensuring that a municipality emergency plan is available and a copy in housed in PC.
3. Audits will be completed monthly for 3 months and randomly thereafter to ensure that a copy of the plan is onsite and in custody of the PHCA and findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit. Monthly audits will begin 4/1/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 04/30/2025)

107d - Procedure Emergency Management Agency Submission

14. 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 have not been submitted to the local emergency management agency since 1/29/2024.

Repeat violation: 01/17/2024

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1.The submission to the county could not be retroactively corrected
2. The AED and Director of maintenance submitted the emergency plan to the county on 3/24/2025.
3. Maintenance and Administration staff who affect Persona Care facility will be educated on the requirements for annual submission to the county
4. Audits will be completed for all submission requirements annually; findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit. Annual audits started 3/24/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 04/30/2025)

129a - Fireplace Screens

15. Requirements

2600.
129.a. A fireplace must be securely screened or equipped with protective guards while in use.

Description of Violation

On 2/27/2025 at 12:58 PM, the gas fireplace in the home's library was in use. During this time there was a metal grate sitting about 6 inches in front of the fireplace at the farthest point. The metal grate is not securely attached and can

129a - Fireplace Screens (continued)

be easily moved and did not have any screen or mesh attached to it. The grate's height did not exceed the top of the fireplace opening which allows residents to reach inside towards the open flame.

Plan of Correction ***Accept (- 03/27/2025)***

1. The fireplaces will be secured by fire screens by 3/21/25.
2. Maintenance will audit all other PC fireplaces and ensure compliance. This will be completed by 3/21/25.
3. PC Maintenance personnel will be educated on making sure fireplaces are secured by screen guards. Training will be completed by 3/31/2025.
4. Audits will be completed on all fireplaces monthly for 2 months and randomly thereafter to ensure compliance and findings and corrections will be discussed in QAPI quarterly meetings. Maintenance will complete all the audits and maintain record. Monthly audits will begin 4/01/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 04/30/2025)

132a - Monthly Fire Drill

16. 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 2/2024 because the home had a true fire event on 2/6/2024 at 7:30 PM and had canceled the drill for that month.

Plan of Correction ***Accept (- 03/27/2025)***

1.The February 2024 fire drill could not retroactively be done.
2. The Director of maintenance will ensure that all monthly fire drills meet specifications of regulation requirement to include monthly requirements.
3. Maintenance staff who affect the PC facility will be educated on the requirements for monthly drills. This training will be completed by 3.21.25.
4. Audits will be completed for monthly fire drill requirements. Audits will be completed monthly for 4 months and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit. Monthly audits will begin on 4/1/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 04/30/2025)

132b - Safety Inspection/Fire Drill

17. 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.

Description of Violation

The last fire safety inspection observed by a fire safety expert was conducted on 1/4/2024. On 2/26/2025 and 2/27/2025 a fire safety inspection was in the process of being conducted.

132b - Safety Inspection/Fire Drill *(continued)*

Plan of Correction ***Accept (- 03/27/2025)***

1.The annual fire inspection was completed as the annual survey was taking place 2/26/25
2. The Director of maintenance will ensure that the next annual fire inspection will take place by 1/31/2026.
3. Maintenance staff who affect the PC facility will be educated on the requirements for annual fire training. This will be completed by 3/31/25.
4. Audits will be completed for fire training requirements annually. Audits will be completed annually to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit. Annual Audits will start on 4/1/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 06/05/2025)

181f - Record of Medication

18. Requirements

2600.
181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 2/27/2025, resident 2's record did not include a current list of prescription, OTC and CAM medications. The list in the resident's record did not include Ferrochel chelated ferrous iron, turmeric complex with black pepper, and Medi honey, which are all present in the residents room and resident confirms they are self-administering daily.

Plan of Correction ***Accept (- 03/27/2025)***

1. Resident medication list was updated to include all the medication ordered by the physician. This was completed 3/10/25.
2. PHCA audited all other med lists to ensure compliance. This audit will be completed by 3/15/2025
3. Med Techs and LPNs will be educated on making sure that any physician order medication must be listed in the resident medication list. Education will be completed by 3/21/25
4. Audits will be completed on all 10% of residents' charts weekly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 04/30/2025)

183d - Prescription Current

19. 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 2/27/2025, sertraline HCL 50mg take 1 tablet by mouth at bedtime prescribed for resident 3, was in the home's 1240-1249 medication cart; however, the medication was discontinued on 12/27/2024.

183d - Prescription Current (continued)

On 2/27/2025, Refresh liquid gel 1% drops, Eucerin intensive repair lotion, and Prilosec that belonged to resident 4, were in the home's 3rd floor medication cart; however, the resident did not have a current prescriber's order for these medications.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1.Discontinued medications were removed from the med carts upon notifications and physician order will be acquired for the medication missing the physician order.
2. PHCA audited all other med carts on any discontinued medications and removed them immediately. Audit was also completed on all medications to ensure that they had current physician orders. Both audits will be completed by 3/31/25.
3. Med Techs and LPNs will be educated on making sure that any discontinued medications are removed from the med carts at the time the medications are discontinued and that all medications have a valid physician order. Education will be completed by 3/31/25.
4. Audits will be completed on all med carts weekly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

183e - Storing Medications

20. 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 2/26/2025 a loose small round yellow pill, was in the 1st floor medication cart.

On 2/27/2025 latanoprost .005% eye drops for resident 5 were opened but there is no noted Opened On Date. According to manufacturer's instructions this medication must be discarded 30 days after opening.

On 2/27/25, In the 3rd floor medication cart, resident 6's blister pack of Zolpidem 5 mg tablets had a puncture in the foil at pills 24, 26, 27 and 29. The pills remained inside the packing.

On 2/27/25, Resident 7's blister pack of lorazepam .5 mg had a puncture in the foil at pills 4 and 25. The pills remained inside the packing.

Repeat violation: 01/17/2024

183e - Storing Medications *(continued)*

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1.Discontinued / punctured pills medications were removed from the med carts upon notifications completed 2/28/25.
2. PHCA audited all other med carts on any discontinued medications and removed them immediately. Audit was completed 3/10/25.
3. Med Techs and LPNs will be educated on making sure that any discontinued medications are removed from the med carts at the time the medications are discontinued. This will be completed by 3/31/25.
4. Audits will be completed on all med carts weekly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

184a - Resident's Meds Labeled

21. 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

There is no label for resident 2's Tylenol extra strength 500 mg. This medication was found in an orange prescription bottle which had the label removed. The resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber were not available on the bottle. Staff person C stated that the medication was labeled properly at last review.

Resident 4's blister pack of Tylenol PM 500mg-25mg had the incorrect directions listed on the pharmacy label. The resident's current order as of 3/1/2023 is "Give one tablet by mouth every 24 hours as needed" but the pharmacy label read "Give every 12 hours for insomnia as needed" There was no direction change sticker on the blister pack.

Resident 8's package of hydrocortisone external cream had the incorrect directions listed on the pharmacy label. The resident's current order as of 6/4/2024 is "Apply to upper thighs topically every 4 hours as needed" but the pharmacy label read "Apply to upper thighs topically every 8 hours as needed". There was no direction change sticker on the packaging.

Repeat violation: 01/17/2024

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1.All medications in all med carts were audited to ensure that each medication had the appropriate label completed by 3/10/25.

184a - Resident's Meds Labeled (continued)

2. PHCA / designee will audit all other med carts on all medications and ensure that all medications had labels as required by regulation audit will be completed by 3/21/24.
3. Med Techs and LPNs will be educated on making sure that any medication must have the correct label with all the information required to the label. Training will be completed by 3/21/25.
4. Audits will be completed on all med carts weekly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

185a - Implement Storage Procedures

22. 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 is prescribed Humalog injects as per sliding scale before meals 151-200= 2 units, 201-250= 3 units, 251-300= 5 units, 301 350=7 units, 351-400= 9 units, call prescriber if above 400. At 07:30 on 2/11/2025 the resident's glucometer read 182 but the residents Medications Administration Record (MAR) it was documented as 151.

Resident 9 is prescribed Humalog injects as per sliding scale before bedtime, 200-250= 1 unit, 251-300= 2 units, 301-350= 3 units, 351-400= 4 units, give 4 units then call prescriber if above 400. At 20:00 on 2/23/2025 the resident's glucometer read 158 but the residents Medications Administration Record (MAR) it was documented as 154.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1.The deficiency could not be retroactively corrected.
2. PHCA will audit 10% of current insulin medications and ensure all prescribed medications are available for the month of March to ensure that the reading matches the glucometer. This audit will be completed by 3/21/25.
3. Med Techs and LPNs will be educated on correct and accurate insulin documentation and the importance of having all medications prescribed are available. This training will be completed by 3/31/25.
4. Audits will be completed on all med carts weekly for 4 weeks and randomly thereafter to ensure compliance and availability of OTC meds. Findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

23. 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 8 is prescribed loperamide HCL 2 mg capsule

185a - Implement Storage Procedures (continued)

as needed every 4 hours for diarrhea. On 2/27/25 this medication was not available in the home.

Resident 9 is prescribed Albuterol 0.083% inhale every 6 hours as needed for shortness of breath, MiraLAX oral packet every 24 hours as needed for constipation and sennosides-docusate sodium 8.6-50 mg oral tablet every 24 hours as needed for constipation. On 2/27/2025 these medications were not available in the home.

Plan of Correction ***Accept (- 03/27/2025)***

1.The deficiency could not be retroactively corrected.
2. PHCA will audit 10% of current insulin medications and ensure all prescribed medications are available for the month of March to ensure that the reading matches the glucometer. This audit will be completed by 3/21/25.
3. Med Techs and LPNs will be educated on correct and accurate insulin documentation and the importance of having all medications prescribed are available. This training will be completed by 3/31/25.
4. Audits will be completed on all med carts weekly for 4 weeks and randomly thereafter to ensure compliance and availability of OTC meds. Findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented (- 06/05/2025)

187b - Date/Time of Medication Admin.

24. 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

Resident 8 is prescribed levothyroxine sodium tablet 100 MCG one tablet by mouth in the morning. Resident 8's 2/2025 medication administration record does not include the initials of the staff person who administered this medication on 2/23/25 and 2/24/25 at 6:00 AM.

Plan of Correction ***Accept (- 03/27/2025)***

1.The deficiency in question could not be retroactively corrected.
2. PHCA will audit 10% of charts by 3/21/25.
3. PC LPNS and Med Techs will be educated on appropriate medication administration steps and documentation. This education will be completed by 3/31/21.
4. Audits will be completed on 10% of current residents and 10% of the medication passes will be audited weekly for 4 weeks and randomly thereafter to ensure compliance and. Findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented (- 06/05/2025)

191 - Resident Right to Refuse

25. Requirements

2600.

191 - Resident Right to Refuse *(continued)*

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 1, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 10, admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 11, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1. Resident rights list as updated and resident signed a new one on 3/10/2025
2. PHCA audited all other resident contracts to ensure that all residents had updated resident rights lists on file. This audit will be completed by 3/21/2025
3. PHCA will be educated on making sure that all contracts include an all inclusive resident rights list. This will be completed by 3/31/25.
4. Audits will be completed on all 10% of residents' charts weekly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

225a - Assessment 15 Days

26. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1, who was admitted [redacted] has an original assessment that was not dated was and not signed by the assessor.

Resident 10, who was admitted [redacted] has an assessment, dated [redacted] that does not include the signature of the assessor.

Resident 11, who was admitted [redacted] has an assessment, dated [redacted] that does not include the signature of the assessor.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1. Resident initial assessment could not be retroactively corrected.
2. PHCA audited all other resident assessments to ensure that all residents had assessments completed and signed within the required timeframe.
This audit was completed on 3/21/2025.

225a - Assessment 15 Days (continued)

3. PHCA will be educated on making sure that all assessments include signed assessments within 15 days of admissions. Will be completed
4. Audits will be completed on all 10% of residents' charts weekly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented ([redacted] - 06/05/2025)

226b - Mobility Requirements

27. Requirements

2600.
226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

Description of Violation

The assessment for resident 1, dated [redacted] indicates the resident has a need for a bed mobility device due to the need for added hand support. The resident's support plan does not include

- The resident's ability to use the device safely for the intended purpose.

- Identification of the specific device to be used.

- If a cover is required to meet FDA guidelines.

The assessment for resident 10, dated [redacted] indicates the resident has a need for hands on assistance with transfers. The resident's support plan dated [redacted] states resident 10 has a bed enabler to assist with transfers. The support plan does not include:

- The specific need for the device.

- Any risks associated with the device.

- The resident's ability to use the device safely for the intended purpose.

- Identification of the specific device to be used.

-If a cover is required to meet FDA guidelines.

Plan of Correction ***Accept ([redacted] - 03/27/2025)***

1. RASPS will be updated to on need and use of mobility needs by 3/31/25.
2. PHCA audited all other resident records to ensure that all residents had support plans indicate the use and need

226b - Mobility Requirements (continued)

of mobility device or assistance.
This audit was completed on 3/21/2025
3. PHCA will be educated on making sure that all Mobility needs are supported and indicated in the support plans. Education will be completed by 3/21/25.
4. Audits will be completed on all 10% of residents' charts weekly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 4/1/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 06/05/2025)

227a - Support Plan 30 Days

28. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 1 was admitted on ; however, the date of resident's initial support plan could not be determined because the document was not dated.

Plan of Correction ***Accept (- 03/27/2025)***

1. Resident initial assessment could not be retroactively corrected.
2. PHCA audited all other resident records to ensure that all residents had support plans completed within 30 days of admissions
This audit was completed on 3/21/2025
3. PHCA will be educated on making sure that all residents have a complete support plan within 30 days of admissions. Education will be completed by 3/21/25.
4. Audits will be completed on all 10% of residents' charts weekly for 4 weeks and randomly thereafter to ensure compliance findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 06/05/2025)

227e - Self Administer Medication

29. Requirements

2600.
227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident 2's assessment, dated does not address the resident's ability to self-administer medications.

Resident 11's assessment, dated , does not address the resident's ability to self-administer medications.

227e - Self Administer Medication *(continued)*

Plan of Correction ***Accept (- 03/27/2025)***

1.The resident RAPS identified were updated to meet resident needs by 3/5/2025
2. PHCA audited all other RASPS to ensure compliance and self-medication identification. This audit as completed 3/10/2025
3. PHCA will be educated on making sure that RAPS meet resident needs specific to self-medication and regulation, and will in turn educate all Med Tech and LPNs. Education will be completed by 3.31.25.
4. Audits will be completed on all RAPS fir current residents and 10% of the charts will be audited weekly for 4 weeks and randomly thereafter to ensure compliance and. Findings and corrections will be discussed in QAPI quarterly meetings. PHCA will audit and maintain record. Weekly audits started 3/10/2025.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Implemented (- 06/05/2025)