

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

August 4, 2025

[REDACTED]
EMBASSY MERCER LLC
[REDACTED]

Suite 190
[REDACTED]

RE: THE LAKES AT JEFFERSON
7271 WEST MARKET STREET
MERCER, PA, 16137
LICENSE/COC#: 45151

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2025, 02/27/2025, 03/04/2025, 03/07/2025 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 LAKES AT JEFFERSON **License #:** 45151 **License Expiration:** 10/23/2025

Address: 7271 WEST MARKET STREET, MERCER, PA 16137

County: MERCER **Region:** WESTERN

Administrator

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

Legal Entity

Name: EMBASSY MERCER LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 1 **Date:** 06/07/2017 **Issued By:** Jefferson County

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 58 **Waking Staff:** 44

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 03/07/2025

Inspection Dates and Department Representative

02/26/2025 On Site: [REDACTED]

02/27/2025 Off Site: [REDACTED]

03/04/2025 Off Site: [REDACTED]

03/07/2025 Off Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 69 **Residents Served:** 45

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 45

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 2

Have Mobility Need: 13 **Have Physical Disability:** 1

Inspections / Reviews

02/26/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/05/2025

04/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/25/2025

05/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 06/06/2025

08/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On, or around [REDACTED], during the 11:00 p.m. to 7:00 am. shift, staff person A pushed resident [REDACTED] in [REDACTED] wheelchair onto the front balcony of the home for approximately 5 minutes. The outside temperature was approximately 36 degrees Fahrenheit. When resident [REDACTED] asked to go inside because [REDACTED] was cold, staff person A said are you going to stop screaming? Because, if you start again, I am going to bring you right back out here. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

On [REDACTED], at approximately 12:45 a.m., staff person A and staff person C pushed resident [REDACTED] in [REDACTED] wheelchair in front of the open windows in the dining room. The outside temperature was approximately 21 degrees Fahrenheit. Resident [REDACTED] complained [REDACTED] was cold and wanted to go to bed; however, staff person A said [REDACTED] doesn't think it is cold outside, [REDACTED] thinks it feels nice. The staff did not allow the resident to go to [REDACTED] bedroom that night. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

On [REDACTED], at approximately 7:15 p.m., staff person A and staff person C pushed resident [REDACTED] in [REDACTED] wheelchair in front of the open windows in the dining room. The outside temperature was approximately 13 degrees Fahrenheit. Resident [REDACTED] complained [REDACTED] was cold and that [REDACTED] would catch [REDACTED]. Staff person C told the resident to stop complaining and that the resident was being dramatic. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

Plan of Correction

Do Not Accept [REDACTED] - 04/18/2025)

On [REDACTED] [REDACTED] (HR) started [REDACTED] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services act. On 2/25/25 [REDACTED] (administrator) and [REDACTED] (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. On April 15, 2025, [REDACTED] will also be discussing abuse and neglect as the topic for the monthly education and training.

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

Update: 04/18/2025

Please indicate the date [REDACTED] completed reeducation of all staff members.

Did training include reporting any allegations of abuse immediately to the local Area Agency on Aging? If yes, please add this to your plan. If no, please conduct additional training and indicate the completion date and responsible party.

Plan of Correction

Accept [REDACTED] - 05/15/2025)

• On 02/21/2025 [REDACTED] (HR) started [REDACTED] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services act.

15a Resident Abuse Report (continued)

- On 2/25/25 [REDACTED] (administrator) and [REDACTED] (HR) also discussed abuse and reporting of abuse at the all staff mandatory meeting. Also reviewed during staff education was that any and all allegations of abuse, immediately need reported to the local Area Agency on Aging. By 5/19/25 all staff education will be completed
- *On April 15, 2025, [REDACTED] will also be discussing abuse and neglect, reporting as the topic for the monthly education and training.

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion

Implemented ([REDACTED] - 08/04/2025)

See attached.

16c Written Incident Report**2. Requirements**

2600.

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

Description of Violation

On, or around [REDACTED], during the 11:00 p.m. to 7:00 am. shift, staff person A pushed resident [REDACTED] in [REDACTED] wheelchair onto the front balcony of the home for approximately 5 minutes. The outside temperature was approximately 36 degrees Fahrenheit. When resident [REDACTED] asked to go inside because [REDACTED] was cold, staff person A said are you going to stop screaming? Because, if you start again, I am going to bring you right back out here. The home did not report this incident to the Department.

On [REDACTED], at approximately 12:45 a.m., staff person A and staff person C pushed resident [REDACTED] in [REDACTED] wheelchair in front of the open windows in the dining room. The outside temperature was approximately 21 degrees Fahrenheit. Resident [REDACTED] complained [REDACTED] was cold and wanted to go to bed; however, staff person A said [REDACTED] doesn't think it is cold outside, [REDACTED] thinks it feels nice. The staff did not allow the resident to go to [REDACTED] bedroom that night. The home did not report this incident to the Department.

On [REDACTED], at approximately 7:15 p.m., staff person A and staff person C pushed resident [REDACTED] in [REDACTED] wheelchair in front of the open windows in the dining room. The outside temperature was approximately 13 degrees Fahrenheit. Resident [REDACTED] complained [REDACTED] was cold and that [REDACTED] would catch [REDACTED]. Staff person C told the resident to stop complaining and that the resident was being dramatic. The home did not report this incident to the Department.

Plan of Correction

Do Not Accept ([REDACTED] - 04/18/2025)

On 02/21/2025 [REDACTED] (HR) started [REDACTED] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services act. On 2/25/25 [REDACTED] (administrator) and [REDACTED] (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. On April 15, 2025, [REDACTED] will also be discussing abuse and neglect as the topic for the monthly education and training. [REDACTED] senior admin will educate [REDACTED] (HR) [REDACTED] and [REDACTED] (admin) on the importance of sending the department of human services and area on aging a written incident report related to reporting suspected abuse and compliance with requirements regarding restrictions on staff. The three staff members accused of abuse/neglect were immediately suspended pending investigation on 2/21/25 by

16c - Written Incident Report (continued)

██████████ Director of Wellness and ██████████ Human Resources. The three accused staff members were not on the schedule the evening the abuse was stated to ██████████ and ██████████ 2/20/26.
A weekly audit will be completed for 4 weeks by Administrator or designee to ensure all reportable incidents have been appropriately addressed and reported to DHS timely.

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

Update: 04/18/2025

Please indicate the date ██████████ completed reeducation of all staff members.

Please indicate if training included reporting incidents and conditions to the Department within 24 hours? If yes, please add this to your plan. If no, please conduct additional training and indicate the completion date and responsible party.

Plan of Correction**Accept** ██████████ - 05/15/2025

- On 02/21/2025 ██████████ (HR) started ██████████ re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services act.
- On 2/25/25 ██████████ (administrator) and ██████████ (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. By 5/19/25 all staff education will be completed
- On April 15, 2025, ██████████ will also be discussing abuse and neglect as the topic for the monthly education and training.
- ██████████ senior admin will educate ██████████ (HR) and ██████████ (admin) on the importance of sending the department of human services and area on aging a written incident report related to reporting suspected abuse within 24 hours and compliance with requirements regarding restrictions on staff.
- The three staff members accused of abuse/neglect were immediately suspended pending investigation on 2/21/25 by ██████████ Director of Wellness and ██████████ Human Resources. The three accused staff members were not on the schedule the evening the abuse was stated to ██████████ and ██████████ 2/20/26. ---need suspension sheets for each
- A weekly audit will be completed for 4 weeks by Administrator or designee to ensure all reportable incidents have been appropriately addressed and reported to DHS timely.

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion**Implemented** ██████████ - 08/04/2025

See attached.

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse (continued)

Description of Violation

On, or around [REDACTED], during the 11:00 p.m. to 7:00 am. shift, staff person A pushed resident [REDACTED] in [REDACTED] wheelchair onto the front balcony of the home for approximately 5 minutes. The outside temperature was approximately 36 degrees Fahrenheit. When resident [REDACTED] asked to go inside because [REDACTED] was cold, staff person A said are you going to stop screaming? Because, if you start again, I am going to bring you right back out here.

On [REDACTED], at approximately 12:45 a.m., staff person A and staff person C pushed resident [REDACTED] in [REDACTED] wheelchair in front of the open windows in the dining room. The outside temperature was approximately 21 degrees Fahrenheit. Resident [REDACTED] 1 complained [REDACTED] was cold and wanted to go to bed; however, staff person A said [REDACTED] doesn't think it is cold outside, [REDACTED] thinks it feels nice. The staff did not allow the resident to go to [REDACTED] bedroom that night.

On [REDACTED], at approximately 7:15 p.m., staff person A and staff person C pushed resident [REDACTED] in [REDACTED] wheelchair in front of the open windows in the dining room. The outside temperature was approximately 13 degrees Fahrenheit. Resident [REDACTED] complained [REDACTED] was cold and that [REDACTED] would catch [REDACTED]. Staff person C told the resident to stop complaining and that the resident was being dramatic.

On multiple occasions, staff person A has threatened to take resident [REDACTED] outside in the cold if the resident did not stop yelling.

On multiple occasions, staff persons have not allowed resident [REDACTED] access to [REDACTED] bedroom. Instead, the resident was forced to sit in [REDACTED] wheelchair in the dining room all night with staff. The staff then took [REDACTED] to [REDACTED] bedroom to change in the morning, and did not allow the resident to go to bed despite [REDACTED] asking to go to bed and took the resident back to the dining room in [REDACTED] wheelchair.

Plan of Correction**Do Not Accept [REDACTED] - 04/18/2025)**

On 02/21/2025 [REDACTED] (HR) started [REDACTED] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services act. On 2/25/25 [REDACTED] (administrator) and [REDACTED] (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request. On April 15, 2025, [REDACTED] will also be discussing abuse and neglect as the topic for the monthly education and training. [REDACTED] (HR) and [REDACTED] (admin) discussed the importance of sending the department of human services and area on aging a written incident report related to reporting suspected abuse and compliance with requirements regarding restrictions on staff. The three staff members accused of abuse/neglect were immediately suspended pending investigation on 2/21/25 by [REDACTED] Director of Wellness and [REDACTED] Human Resources. The three accused staff members were not on the schedule the evening the abuse was stated to [REDACTED] and [REDACTED] 2/20/26. Weekly for 4 weeks, random interviews will be conducted by Wellness Director or designee with residents to ensure there is no current concerns or complaints of abuse or neglect. Starting ,on April 7, 2025

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

Update: 04/18/2025

Please indicate the date [REDACTED] completed reeducation of all staff members.

Please update random interviews to include 4 residents will privately be interviewed by the Wellness Director or designee weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality

42b - Abuse (continued)

Management review meetings.

Please add a step that by 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.

Plan of Correction

Accept ([redacted] - 05/15/2025)

- On 02/21/2025 [redacted] (HR) started [redacted] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services act.
- On 2/25/25 [redacted] (administrator) and [redacted] (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request.
- On April 15, 2025, [redacted] will also be discussing abuse and neglect as the topic for the monthly education and training. [redacted] (HR) and [redacted] (admin) discussed the importance of sending the department of human services and area on aging a written incident report related to reporting suspected abuse and compliance with requirements regarding restrictions on staff.
- By 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.
- By 5/19/25 all staff education will be completed
- The three staff members accused of abuse/neglect were immediately suspended pending investigation on 2/21/25 by [redacted] Director of Wellness and [redacted] Human Resources. The three accused staff members were not on the schedule the evening the abuse was stated to [redacted] and [redacted] 2/20/26. . ---need suspension sheets for each
- Random interviews, to include 4 residents, will privately be conducted by Wellness Director or designee to ensure there is no current concerns or complaints of abuse or neglect, weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality Management review meetings.

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion

Implemented ([redacted] - 08/04/2025)

See attached.

42c - Treatment of Residents

4. Requirements

- 2600.
- 42.c. A resident shall be treated with dignity and respect.

Description of Violation

On, or around [redacted] during the 11:00 p.m. to 7:00 am. shift, staff person A pushed resident [redacted] in [redacted] wheelchair

42c Treatment of Residents (continued)

onto the front balcony of the home for approximately 5 minutes. The outside temperature was approximately 36 degrees Fahrenheit. When resident [REDACTED] asked to go inside because [REDACTED] was cold, staff person A said are you going to stop screaming? Because, if you start again, I am going to bring you right back out here.

On [REDACTED], at approximately 12:45 a.m., staff person A and staff person C pushed resident [REDACTED] in [REDACTED] wheelchair in front of the open windows in the dining room. The outside temperature was approximately 21 degrees Fahrenheit. Resident [REDACTED] complained [REDACTED] was cold and wanted to go to bed; however, staff person A said [REDACTED] doesn't think it is cold outside, [REDACTED] thinks it feels nice. The staff did not allow the resident to go to [REDACTED] bedroom that night.

On [REDACTED], at approximately 7:15 p.m., staff person A and staff person C pushed resident [REDACTED] in [REDACTED] wheelchair in front of the open windows in the dining room. The outside temperature was approximately 13 degrees Fahrenheit. Resident [REDACTED] complained [REDACTED] was cold and that [REDACTED] would catch [REDACTED]. Staff person C told the resident to stop complaining and that the resident was being dramatic.

On multiple occasions, staff person A has threatened to take resident [REDACTED] outside in the cold if the resident did not stop yelling.

On multiple occasions, staff persons have not allowed resident [REDACTED] 1 access to [REDACTED] bedroom. Instead, the resident was forced to sit in [REDACTED] wheelchair in the dining room all night with staff. The staff then took [REDACTED] to [REDACTED] bedroom to change in the morning, and did not allow the resident to go to bed despite [REDACTED] asking to go to bed and took the resident back to the dining room in [REDACTED] wheelchair.

Plan of Correction**Do Not Accept ([REDACTED] 04/18/2025)**

On 02/21/2025 [REDACTED] (HR) started [REDACTED] re education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services act. On 2/25/25 [REDACTED] (administrator) and [REDACTED] (HR) also discussed abuse and reporting of abuse at the all staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request in addition to appropriate and respectable treatment of all residents residing in our community. On April 15, 2025, [REDACTED] will also be discussing abuse and neglect as the topic for the monthly education and training. [REDACTED] (HR) and [REDACTED] (admin) discussed the importance of sending the department of human services and area on aging a written incident report related to reporting suspected abuse and compliance with requirements regarding restrictions on staff. The three staff members accused of abuse/neglect were immediately suspended pending investigation on 2/21/25 by [REDACTED] Director of Wellness and [REDACTED] Human Resources. The three accused staff members were not on the schedule the evening the abuse was stated to [REDACTED] and [REDACTED] 2/20/26.

Weekly for 4 weeks, random interviews will be conducted by Wellness director or designee with residents to ensure there is no current concerns or complaints of abuse or neglect.

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

Update: 04/18/2025

Please indicate the date [REDACTED] completed reeducation of all staff members.

Please update random interviews to include 4 residents will privately be interviewed by the Wellness Director or designee weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality Management review meetings.

42c Treatment of Residents (continued)

Please add a step that by 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.

Plan of Correction

Accept (█ - 05/15/2025)

- On 02/21/2025 █ (HR) started █ re education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services act.
- On 2/25/25 █ (administrator) and █ (HR) also discussed abuse and reporting of abuse at the all staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request in addition to appropriate and respectable treatment of all residents residing in our community.
- On April 15, 2025, █ will also be discussing abuse and neglect as the topic for the monthly education and training. █ (HR) and █ (admin) discussed the importance of sending the department of human services and area on aging a written incident report related to reporting suspected abuse and compliance with requirements regarding restrictions on staff.
- By 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.
- By 5/19/25 all staff education will be completed
- The three staff members accused of abuse/neglect were immediately suspended pending investigation on 2/21/25 by █ Director of Wellness and █ Human Resources. The three accused staff members were not on the schedule the evening the abuse was stated to █ and █ 2/20/26. . need suspension sheets for each
- Random interviews to include 4 residents will privately be interviewed by the Wellness Director or designee to ensure there is no current concerns or complaints of abuse or neglect, weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality Management review meetings.

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion

Implemented █ - 08/04/2025)

See attached.

42p Restraints

5. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

On multiple occasions, staff persons have not allowed resident █ access to █ bedroom. Instead, the resident was forced to sit in █ wheelchair in the dining room all night with staff. The staff then took █ to █ bedroom to

42p - Restraints (continued)

change in the morning, and did not allow the resident to go to bed despite [REDACTED] asking to go to bed and took the resident back to the dining room in [REDACTED] wheelchair.

Plan of Correction**Do Not Accept ([REDACTED] - 04/18/2025)**

On 02/21/2025 [REDACTED] (HR) started [REDACTED] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services act. On 2/25/25 [REDACTED] (administrator) and [REDACTED] (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request at all times. Failure to do so is a violation of the resident's rights and may be considered a restraint. On April 15, 2025, [REDACTED] will also be discussing abuse and neglect as the topic for the monthly education and training.

A weekly audit will be completed by Wellness Director or designee for 4 weeks to ensure that no residents are being restrained in any manner starting on April 7, 2025

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

Update: 04/18/2025

Please indicate the date [REDACTED] [REDACTED] completed reeducation of all staff members.

Please update random interviews to include 4 residents will privately be interviewed by the Wellness Director or designee weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality Management review meetings.

Please add a step that by 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.

Plan of Correction**Accept ([REDACTED] - 05/15/2025)**

- On 02/21/2025 [REDACTED] (HR) started [REDACTED] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. We educated the staff members that did not report the abuse in the timely manner that it needs to be reported within 24HRS in accordance with the Older adult protection services 02/26/2025 act.
- On 2/25/25 [REDACTED] (administrator) and [REDACTED] (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request at all times. Failure to do so is a violation of the resident's rights and may be considered a restraint.
- On April 15, 2025, [REDACTED] will also be discussing abuse and neglect as the topic for the monthly education and training.
- By 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.
- By 5/19/25 all staff education will be completed
- Random interviews to include 4 residents will privately be interviewed by the Wellness Director or designee to ensure there is no current concerns or complaints of abuse or neglect, weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality Management review meetings.

42p - Restraints (continued)

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion

Implemented [REDACTED] - 08/04/2025)

See attached.

42s - Privacy

6. 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

The home had four cameras with two-way audio and recording capabilities in the common living rooms of the home and the nurses' station. The home did not have a policy or procedures for the use of these communication devices to include the following safeguards:

- The resident's right to privacy and dignity is protected.
- Identification of staff who have access to administrative rights for the device.
- Written notification of the use of the device is posted and includes notification that the device is in operation and may be recording conversations, including conversations not intended to be recorded. While the facility may have access to these recorded conversations, the facility will delete the conversation history from any device used by the facility on a regular basis as determined by the facility.
- The facility will maintain policies and procedures that prevent recorded conversations from being shared or disclosed in any way, unless required by law.
- Knowing or intentional recording without the person's consent or the consent of their legal representative, is prohibited.
- Use of the device within the facility should be addressed at a minimum, in the resident-home contract.

Plan of Correction

Do Not Accept [REDACTED] - 04/18/2025)

In the beginning of February 2025, we installed 4 cameras. The four cameras had two-way audio and recording capabilities. The Lakes at Jefferson also did not have cameras discussed in the resident's home contract. On February 28, 2025, at 8:30 AM, all four cameras were taken down by [REDACTED] (HR). [REDACTED] (administrator), an audit on Monday February 28th to make sure the cameras are not placed at the nurse's station desk and A, B, C, sitting areas. If [REDACTED] (administrator) is not working [REDACTED] (Maintenance Director) is responsible to complete the audit. This audit will be completed for 90 days. The audit sheets are included as an attachment. The facility has no plans to reinstall the cameras in the facility.

[REDACTED] senior admin will educate Admin and IDT team on importance of ensuring resident privacy and if cameras are warranted in facility out of resident care areas, that residents/families/staff need to be notified and a proper policy in place.

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

Update: 04/18/2025

Please add a step to include prior to use of electronic communication devices, the home will develop and implement policy and procedure to address the following:

42s - Privacy (continued)

The resident's right to privacy and dignity is protected. Identification of staff who have access to administrative rights for the device. Written notification of the use of the device is posted and includes notification that the device is in operation and may be recording conversations, including conversations not intended to be recorded. While the facility may have access to these recorded conversations, the facility will delete the conversation history from any device used by the facility on a regular basis as determined by the facility. The facility will maintain policies and procedures that prevent recorded conversations from being shared or disclosed in any way, unless required by law. Knowing or intentional recording without the person's consent or the consent of their legal representative, is prohibited. Use of the device within the facility should be addressed at a minimum, in the resident-home contract.

Plan of Correction

Accept [REDACTED] - 05/15/2025)

In the beginning of February 2025, we installed 4 cameras. The four cameras had two-way audio and recording capabilities. The Lakes at Jefferson also did not have cameras discussed in the resident's home contract.

- On February 28, 2025, at 8:30 AM, all four cameras were taken down by [REDACTED] (HR).
- Prior to use of electronic communication devices, the home will develop and implement policy and procedure to address the following: The resident's right to privacy and dignity is protected. Identification of staff who have access to administrative rights for the device. Written notification of the use of the device is posted and includes notification that the device is in operation and may be recording conversations, including conversations not intended to be recorded. While the facility may have access to these recorded conversations, the facility will delete the conversation history from any device used by the facility on a regular basis as determined by the facility. The facility will maintain policies and procedures that prevent recorded conversations from being shared or disclosed in any way, unless required by law. Knowing or intentional recording without the person's consent or the consent of their legal representative, is prohibited. Use of the device within the facility should be addressed at a minimum, in the resident-home contract.
- [REDACTED] administrator), an audit on Monday February 28th to make sure the cameras are not placed at the nurse's station desk and A, B, C, sitting areas. If [REDACTED] (administrator) is not working [REDACTED] (Maintenance Director) is responsible to complete the audit. This audit will be completed for 90 days. The audit sheets are included as an attachment. The facility has no plans to reinstall the cameras in the facility.
- By [REDACTED] senior admin will educate Admin and IDT team by 5/19/25 on importance of ensuring resident privacy and if cameras are warranted in facility out of resident care areas, that residents/families/staff need to be notified and a proper policy in place.

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion

Implemented ([REDACTED] - 08/04/2025)

See attached.

51 - Criminal Background Check

7. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 - Criminal Background Check (continued)

Description of Violation

Staff person E, hired [redacted], had not had a criminal history check completed until [redacted]

Plan of Correction

Do Not Accept [redacted] 04/18/2025)

On 03/06/2025 I ([redacted] HR) started an audit for the current employee files. I ([redacted] HR) and ([redacted] Administrator) will audit all new hires files upon hire with the audit tool to ensure that they have everything that needs to be in their files. Every month on every Thursday a completion sign off will be completed that the audits have been completed by both ([redacted] HR) and ([redacted] Administrator) for the next 90 days. Please refer to the audit calendar that started on 03/06/2025.

[redacted] senior admin will educate HR and Admin on employee file requirements needed on all new hires prior to start dates, including but not limited to Criminal background checks.

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

Update: 04/18/2025

Please indicate the date [redacted] completed the audit for current employee files.

Please indicate the date [redacted] senior admin will educate HR and Admin.

Plan of Correction

Accept [redacted] - 05/15/2025)

On 03/06/2025 ([redacted] HR) completed an audit for the current employee files. ([redacted] HR) and ([redacted] Administrator) will audit all new hires files upon hire with the audit tool to ensure that they have everything that needs to be in their files. Every month on every Thursday a completion sign off will be completed that the audits have been completed by both ([redacted] HR) and ([redacted] Administrator) for the next 90 days. Please refer to the audit calendar that started on 03/06/2025.

[redacted] senior admin will educate HR and Admin by 5/19/25 on employee file requirements needed on all new hires prior to start dates, including but not limited to Criminal background checks.

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion

Implemented [redacted] - 08/04/2025)

See attached.

101i - Access to Bedroom

8. Requirements

2600.

101.i. A resident shall have access to [redacted] bedroom at all times.

Description of Violation

On multiple occasions, staff persons have not allowed resident [redacted] access to [redacted] bedroom. Instead, the resident was forced to sit in [redacted] wheelchair in the dining room all night with staff. The staff then took [redacted] to [redacted] bedroom to change in the morning, and did not allow the resident to go to bed despite [redacted] asking to go to bed and took the resident back to the dining room in [redacted] wheelchair.

Plan of Correction

Do Not Accept [redacted] - 04/18/2025)

On 02/21/2025 [redacted] (HR) started [redacted] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. On 2/25/25 [redacted] (administrator) and [redacted] (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request at all times. Failure to do so is a violation of the resident's rights and may be considered a restraint. On April 15, 2025, [redacted] will also be

101i - Access to Bedroom (continued)

discussing abuse and neglect as the topic for the monthly education and training.

A weekly audit/interview with residents will be completed by Wellness Director or designee for 4 weeks to ensure that no residents are being denied access to their room in any manner

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

Update: 04/18/2025

Please indicate the date [REDACTED] completed reeducation of all staff members.

Please update random interviews to include 4 residents will privately be interviewed by the Wellness Director or designee weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality Management review meetings.

Please add a step that by 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.

Plan of Correction

Accept [REDACTED] - 05/15/2025)

- On 02/21/2025 [REDACTED] (HR) started [REDACTED] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members.
- On 2/25/25 [REDACTED] (administrator) and [REDACTED] (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request at all times. Failure to do so is a violation of the resident's rights and may be considered a restraint.
- On April 15, 2025, [REDACTED] will also be discussing abuse and neglect as the topic for the monthly education and training.
- By 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.
- By 5/19/25 all staff education will be completed
- Random interviews to include 4 residents will privately be interviewed by the Wellness Director or designee to ensure there is no current concerns or complaints of abuse or neglect, weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality Management review meetings.

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion

Implemented [REDACTED] - 08/04/2025)

See attached.

187d - Follow Prescriber's Orders**9. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take 2 tablets by mouth every 4 hours as needed for pain.

187d - Follow Prescriber's Orders (continued)

According to multiple staff in the home, the resident complains of pain, specifically in [REDACTED] legs, every day, often multiple times a day. However, the resident was only administered the Acetaminophen once daily on the following days in February 2025: [REDACTED].

Repeat Violation: [REDACTED] et al.

Plan of Correction**Do Not Accept** [REDACTED] - 04/18/2025)

On 2/25/25 [REDACTED] LPN/DOW re-educated wellness staff the importance of administering a prn medication (as needed) if a resident voices a need for a treatment or medication ordered by their physician. On 2/25/25 [REDACTED] LPN/DOW educated other non-direct staff (housekeeping, Dietary, Maintenance and laundry) if they are told from a resident, they are requesting something from wellness staff to immediately inform myself [REDACTED] or a Medtech so we can seamlessly address residents concern or complaint. On 1/27/25 [REDACTED] LPN/DOW discussed resident's behaviors and pain with [REDACTED] CRNP and a face-to-face evaluation for [REDACTED] Resident received an order for [REDACTED] 100 mg twice daily for pain. Along with the as needed [REDACTED]. On 2/3/25 [REDACTED] CRNP increased [REDACTED] to 100 mg 3 times a day and 200 mg at bedtime for pain prevention. Gabapentin relieves pain for certain conditions of the nervous system used for routine pain caused my minor injuries or arthritis. Starting Monday April 7, 2025, [REDACTED] LPN/DOW and [REDACTED] MedTech/Train the Trainer/Observer will perform a medication administration re-observation on all certified Med techs for recertification or remediation of all prescribed medications and treatments, their function and usage.

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

Update: 04/18/2025

Please indicate the completion date for re-observations.

Plan of Correction**Accept** [REDACTED] 05/15/2025)

- By 5/19/25 Admin or designee will re-educate wellness staff the importance of administering a prn medication (as needed) if a resident voices a need for a treatment or medication ordered by their physician.
- By 5/19/25 Admin or designee will educate other non-direct staff (housekeeping, Dietary, Maintenance and laundry) if they are told from a resident, they are requesting something from wellness staff to immediately inform the Wellness Director or a Medtech so we can seamlessly address residents concern or complaint.
- On 1/27/25 [REDACTED] LPN/DOW discussed resident's behaviors and pain with [REDACTED] CRNP and a face-to-face evaluation for [REDACTED] Resident received an order for [REDACTED] twice daily for pain. Along with the as needed [REDACTED] order.
- On 2/3/25 [REDACTED] increased [REDACTED] 3 times a day and 200 mg at bedtime for pain prevention. [REDACTED] relieves pain for certain conditions of the nervous system used for routine pain caused my minor injuries or arthritis.
- By 5/19/25, Wellness Director/Designee and [REDACTED] MedTech/Train the Trainer/Observer will perform medication administration re-observations on all certified Med techs for recertification or remediation of all prescribed medications and treatments, their function and usage.

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion**Implemented** [REDACTED] - 08/04/2025)

See attached.

201 Positive Interventions

10. Requirements

2600.

201. Safe Management Techniques The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

For the past several months, resident [redacted] will yell, scream and bang on [redacted] bedroom walls throughout the day and night. The home has not implemented positive interventions to modify or eliminate the behavior.

Plan of Correction

Accept [redacted] - 04/18/2025

On April 15th, 2025, the topics of improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise de-escalation techniques and alternative techniques or methods to identify and defuse potential emergency situations will be discussed in detail at the lakes at Jefferson's all staff mandatory meeting instructed by [redacted] Administrator, [redacted] DOW and [redacted] HR to further staffs education and will continue refresher sensitivity education for the next 3 months of mandatory meetings. (5/20/2025, 6/16/2025, and 7/22/2025) Taught by [redacted] and [redacted]

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

Evidence of Completion

Implemented [redacted] - 08/04/2025

See attached.

202 - Prohibitions

11. Requirements

2600.

202. The following procedures are prohibited:

Description of Violation

On multiple occasions, staff persons have not allowed resident [redacted] access to [redacted] bedroom. Instead, the resident was forced to sit in [redacted] wheelchair in the dining room all night with staff. The staff then took [redacted] to [redacted] bedroom to change in the morning, and did not allow the resident to go to bed despite [redacted] asking to go to bed and took the resident back to the dining room in [redacted] wheelchair.

Plan of Correction

Do Not Accept [redacted] - 04/18/2025

On 02/21/2025 [redacted] (HR) started [redacted] re education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members. On 2/25/25 [redacted] (administrator) and [redacted] (HR) also discussed abuse and reporting of abuse at the all staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request at all times. Failure to do so is a violation of the resident's rights and may be considered a restraint. On April 15, 2025 [redacted] will also be discussing abuse and neglect as the topic for the monthly education and training.

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

Update: 04/18/2025

Please indicate the date [redacted] completed reeducation of all staff members.

Please update random interviews to include 4 residents will privately be interviewed by the Wellness Director or designee weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality Management review meetings.

202 - Prohibitions (continued)

Please add a step that by 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.

Plan of Correction

Accept [REDACTED] - 05/15/2025)

- On 02/21/2025 [REDACTED] (HR) started [REDACTED] re-education of the abuse, neglect, exploitation & misappropriation of resident property training with all the staff members.
- On 2/25/25 [REDACTED] (administrator) and [REDACTED] (HR) also discussed abuse and reporting of abuse at the all-staff mandatory meeting. This training also included education on all residents' rights to their own personal apartment dwelling at their request at all times. Failure to do so is a violation of the resident's rights and may be considered a restraint.
- On April 15, 2025, [REDACTED] will also be discussing abuse and neglect as the topic for the monthly education and training.
- By 5/2/25, the administrator will reeducate all staff regarding the requirements that intimidating a resident is prohibited in accordance with 2600.42b and involuntary confinement of a resident in a room from which the resident is physically prevented from leaving is prohibited, in accordance with 2600.202. Documentation will be kept.
- By 5/19/25 all staff education will be completed

Random interviews to include 4 residents will privately be interviewed by the Wellness Director or designee to ensure there is no current concerns or complaints of abuse or neglect, weekly for 4 weeks then monthly for 3 months. Documentation will be kept and reviewed at Quality Management review meetings

Licensee's Proposed Overall Completion Date: 05/19/2025

Evidence of Completion

Implemented [REDACTED] - 08/04/2025)

See attached.

227d - Support Plan Medical/Dental

12. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED] dated [REDACTED] indicates the resident has no needs for orientation, irritability, judgement, agitation, aggression, and hallucinations. However, for the past several months, the resident has yelled, screamed and banged on [REDACTED] bedroom walls throughout the day and night. The resident's support plan was not updated to document how this need will be met.

Plan of Correction

Accept [REDACTED] - 04/18/2025)

On 2/26/25 The resident's assessment support plan was updated with an addendum plan for pain with increased behaviors. On 2/27/25 [REDACTED] CRNP ordered a straight catheter urine to be sent to lab services for pickup to rule out a urinary tract infection which can cause behaviors and pain in a resident. 3/6/25 [REDACTED] was

227d Support Plan Medical/Dental (continued)

ordered for a positive [REDACTED] then 3/7/25 [REDACTED] twice daily for 3 days, Discontinuing the [REDACTED] on 3/7/25 with positive effect. 2/26/25 [REDACTED] Dow updated residents support plan with needs for agitation, orientation, irritability and judgement to a moderate problem. One on one, redirection techniques and proper medication administration practices. On 2/25/25 [REDACTED] LPN/DOW re educated wellness staff the importance of administering a prn medication (as needed) if a resident voices a need for a treatment or medication ordered by their physician. On 2/25/25 [REDACTED] LPN/DOW educated other non direct staff (housekeeping, Dietary, Maintenance and laundry) if they are told from a resident, they are requesting something from wellness staff to immediately inform myself [REDACTED] or a Medtech so we can seamlessly address residents concern or complaint. On 1/27/25 [REDACTED] LPN/DOW discussed resident's behaviors and pain with [REDACTED] CRNP and a face to face evaluation for [REDACTED] Resident received an order for [REDACTED] twice daily for pain. Along with the as needed [REDACTED] order. On 2/3/25 [REDACTED] CRNP increased [REDACTED] to 100 mg 3 times a day and 200 mg at bedtime for pain prevention. [REDACTED] relieves pain for certain conditions of the nervous system used for routine pain caused by minor injuries or arthritis. [REDACTED] DOW is conducting weekly audits of required paperwork i.e Factsheet, DME, Prescreen Rasp contract and if the resident requires an addendum information added to their care plan starting 4/7/25 weekly for 3 months.

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

Evidence of Completion

See attached.

Implemented ([REDACTED] - 08/04/2025)