





# Pennsylvania Department of Human Services

Emailing Date: June 17, 2025

[REDACTED]  
Embassy Darlington LLC  
[REDACTED]

RE: Lakeview Personal Care  
498 Lisbon Road  
Darlington, Pennsylvania 16115  
License #: 451610

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 6, 2025, March 10, 2025, and May 16, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

**Facility Information**

Name: LAKEVIEW PERSONAL CARE License #: 45161 License Expiration: 05/26/2025  
 Address: 498 LISBON ROAD, DARLINGTON, PA 16115  
 County: BEAVER Region: WESTERN

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: EMBASSY DARLINGTON LLC  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/23/1992 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 73 Waking Staff: 55

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Provisional Exit Conference Date: 03/10/2025

**Inspection Dates and Department Representative**

03/06/2025 - On-Site: [REDACTED]  
 03/10/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 92 Residents Served: 65  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 13  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65  
 Diagnosed with Mental Illness: 32 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 8 Have Physical Disability: 0

**Inspections / Reviews**

03/06/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/03/2025

04/07/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/05/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/14/2025

Inspections / Reviews *(continued)*

04/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/05/2025

05/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 23a - Activities of Daily Living Assistance

## 2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

Resident #1's most recently completed assessment and support plan completed on [REDACTED]/24, Indicated a toileting need of "needs assistance with toileting." And a plan to meet this need as assist with pull up and tucking." On 3/9/25, resident #1 requested assistance through [REDACTED]pendent. However, the resident did not receive assistance with [REDACTED]r toileting needs for more than two hours.

## Plan of Correction

Accept [REDACTED] - 04/14/2025)

- On 3/10/25 Resident #1 was assisted to the restroom/shower by [REDACTED].
- By 4/28/25 [REDACTED] will have all care staff in serviced about proper response times for pagers.
- Beginning 3/10/25 [REDACTED] will perform a random response test for care staff responding to resident pendant calls once a week for 4 weeks, and weekly thereafter for one month, to ensure that staff are responding properly. A tracker will be kept monthly as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/29/2025)

## 81b - Resident Personal Equipment

## 3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

At approximately 12:20 p.m., resident #2 had a bedside enabler on the left side of [REDACTED] bed that was not properly secured and easily moved approximately 6 inches to the left and 6 inches to the right from center for an aggregate range of motion of approximately 12 inches. There was a circular shaped space approximately 14 inches across and 12 inches from top to bottom at the top of the bedside enabler.

## Plan of Correction

Accept [REDACTED] - 04/14/2025)

- On 3/7/25 the residents enabler was removed by the Maintenance Director [REDACTED] from [REDACTED] room and discarded as requested by the resident.
- On 3/7/25 the [REDACTED] spoke to Resident #2 stated that [REDACTED] had it at home and didn't know what to do with it because [REDACTED] doesn't need it so [REDACTED] just set it up. I told [REDACTED] that the facility was not aware that it was in the community. [REDACTED] spoke with resident #2 and educated [REDACTED] concerning the state regulations and that we are not allowed to have assistive devices in the community without a physician order and that we need to be notified anytime something brought into the community for physical assistance.
- Beginning 3/7/25, with every admission and current residents, education will be by the [REDACTED], that any equipment that is brought into the community to assist with transfers must be evaluated by the residents physician and an order must be made either by the residents physician or the residents therapy company, and given to the Wellness Director ([REDACTED] prior to it being utilized. The Wellness Director will ensure that, if warranted and assessed for need, the order is placed into he residents file and update the residents RASP.

**81b - Resident Personal Equipment (continued)**

- Beginning 3/6/24 each residents room will be inspected three times a week by administrative staff during ambassador rounds looking for any medications that may be in the residents rooms. Any medications that might be found will be taken directly to the med-room and the Wellness Director (██████████) will be alerted. A log shall be kept. Weekly audits will be reviewed monthly as a part of QAPI.
- Current residents/responsible parties education will be completed by 4/28/25 by ██████████.
- By 4/28/25 the staff will be in-serviced concerning assistive devices in the community and the proper steps for use of them.
- Currently and moving forward, resident rooms will be inspected by the management team three times per week through ambassador rounds to ensure that no unauthorized assistive devices are residents rooms. A tracker will be kept monthly thereafter as a part of QAPI

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented ██████████ - 05/29/2025)

**85a - Sanitary Conditions****4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 3/6/25 at approximately 5:27 p.m., there was a glucometer located in the medication room with the label of "House Kit" written on its case. Multiple staff members indicated the "house kit" glucometer was used to take the blood glucose measurements for multiple residents on multiple dates.

The "House Kit" glucometer was used to measure the blood glucose levels of resident #2, on multiple dates to include, on 1/8/25 at 12:17 p.m., a blood glucose measurement of 265 was indicated, on 1/9/25, at 5:21 p.m., a blood glucose measurement of 87 was indicated, on 1/1/25, at 5:08 p.m., a blood glucose measurement of 144 was indicated, at 12:23 p.m., a blood glucose measurement of 170 was indicated, and at 8:38 a.m., a blood glucose measurement of 300 was indicated. The blood glucose readings were indicated on the resident's January 2025, medication administration record's corresponding dates/time.

The "House Kit" glucometer was used to measure the blood glucose levels of resident #3, on multiple dates to include, on 1/4/25, 5:28 p.m., a blood glucose measurement of 186 was indicated, at 8:10 a.m., a blood glucose measurement of 186 was measured, on 1/5/25, at 4:52 p.m., a blood glucose measurement of 251 was indicated, at 8:35 a.m., a blood glucose measurement of 201 was indicated. These blood glucose measurements were indicated on the resident's January 2025, medication administration record's corresponding dates/times.

At approximately 11:42 a.m., there was an unidentified used Bic razor on the floor of the sink cabinet in the common bathroom that was located at the beginning of C hall.

**Plan of Correction**

Accept (██████████) - 04/14/2025)

- On 3/6/25 the glucometer located in the medication room with the label of "House Kit" written on its case was removed and discarded by ██████████.
- By 4/28/25, all Med Techs will be re in-serviced by ██████████ ██████████ on the proper procedures of use with glucometers, proper tracking of blood sugar levels on the residents MAR's, and only utilizing each residents personal glucometer with only the one designated to them.
- Beginning 3/12/25 the Wellness Director (██████████) will perform an audit three times a week for 4 weeks,

**85a - Sanitary Conditions (continued)**

then weekly thereafter of each residents glucometers to ensure that date, times, and sugar levels are being tracked accurately. A tracker shall be kept monthly as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (████) - 05/29/2025)

**86b - Bathroom****5. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

At approximately 11:30 a.m., the semi-private bathroom located in resident room █████ did not have an operational ventilation fan, there was no window in the bathroom.

At 11:12 a.m., the common bathroom immediately next to resident room █████ did not have an operational ventilation fan, there was no window in the bathroom.

At approximately 11:36 a.m., the common bathroom located next to the exit in D Hall and resident room █████ did not have an operational ventilation fan, there was no window in the bathroom.

**Plan of Correction**

Accept (████) - 04/07/2025)

On 3/6/25 the Maintenance Director (████) replaced the bathroom ventilation fan in resident room B2a.

On 3/10/25 the Maintenance Director (████) replaced the bathroom ventilation fan in resident room A08 and in the common area bathroom in D-Wing.

Beginning 3/10/25 the Maintenance Director (████) will inspect every bathroom in the community monthly to ensure that all ventilation fans are working properly. A log shall be kept for three months.

Licensee's Proposed Overall Completion Date: 04/03/2025

Implemented (████) - 05/29/2025)

**88a - Surfaces****6. Requirements**

2600.

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

**Description of Violation**

At approximately 12:28 p.m., there was a indentation/broken portion of drywall approximately 12 x 6 inches in size alongside a circular hole approximately 2 inches across located approximately 4 feet from resident room #████

**Plan of Correction**

Accept (████) - 04/14/2025)

• On 3/12/25 the Maintenance Director (████) patched and repaired the indentation/broken portion of drywall approximately 12 x 6 inches in size alongside a circular hole approximately 2 inches across located approximately 4 feet from resident room █████.

**88a - Surfaces (continued)**

- Beginning 3/12/25 the Maintenance Director ( [REDACTED] ) will inspect every hallway in the community weekly for 4 weeks, then monthly thereafter to ensure that all hallway drywall is in good repair. A log shall be kept monthly as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/29/2025)

**92 - Windows****7. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

At 11:10 a.m., the right window in resident room # [REDACTED] had no window screen in it.

At approximately 11:56 a.m., the two windows directly across the hall from resident room #5A did not have window screens in them.

**Plan of Correction**

Accept [REDACTED] - 04/07/2025)

On 3/12/24, the Maintenance Director [REDACTED] replaced the screen in resident room A8.

On 3/12/25 the Maintenance Director [REDACTED] secured the windows so that cannot be opened, that open into the enclosed courtyard across the hall from resident room #5A (Lower Level)

Beginning 3/12/25 the Maintenance Director [REDACTED] will inspect all windows in the community monthly to ensure that they are in good repair and replace as needed. A log shall be kept for three months.

Licensee's Proposed Overall Completion Date: 04/03/2025

Implemented [REDACTED] - 05/29/2025)

**100a - Exterior - Free of Hazards****8. Requirements**

2600.

- 100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**Description of Violation**

At 10:57 a.m., there was a dip in the bricked pavement approximately 4-inches-deep, that occurred along the length of the approximately 36-inch-long storm drain located in the middle of the H exit's exit route, creating a tripping hazard.

**Plan of Correction**

Accept [REDACTED] - 04/14/2025)

- On 3/13/25 the Maintenance Director [REDACTED] repaired the bricks lining the dip in the bricked pavement approximately 4-inches-deep, that occurred along the length of the approximately 36-inch-long storm drain located in the A-Wing side exit.

- By 4/28/25, facility plans to re-level and repair bricks around the drain to promote safety of emergency exit walkway.

- On 3/13/25 Maintenance Director [REDACTED] began a monthly inspection of the walkway to ensure that the

100a - Exterior - Free of Hazards (continued)

bricks don't move due to weather conditions and will repair any areas that cause an unsafe walkway. Monthly audit will be kept as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [redacted] - 05/29/2025)

102i - Soap Dispenser

9. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At approximately 11:52 a.m., there were two unlabeled bars of used hand soap on the right side of the sink located in the semi-private bathroom of residents #1 and #3. The used bars of soap were approximately one inch away from each other.

Plan of Correction

Accept [redacted] - 04/07/2025)

On 3/6/25 the Maintenance Director ([redacted]) removed the bars of soap from the residents on the right side of the sink located in the semi-private bathroom of residents #1 and #3.

On 3/12/25 the Wellness Director ([redacted]) ordered soap dishes for all residents that share a bathroom. Each soap dish has been marked with the residents names and are placed on opposite sides of the sink.

Beginning 3/12/25 the housekeeping staff will inspect the residents bathrooms three times a week, to ensure that the residents soap dishes and soap bars are separated.

Licensee's Proposed Overall Completion Date: 04/03/2025

Implemented [redacted] - 05/29/2025)

132c - Fire Drill Records

10. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 8/30/24, does not include a documented a.m., or p.m., time indicator.

REPEAT 04/25/2024, et al.

Plan of Correction

Accept [redacted] - 04/14/2025)

• On 3/13/25 the ([redacted]) met with the ([redacted]) about the proper tracking of fire drill times. He was not the Maintenance Director at the time of the fire drill.

• By 4/28/25, [redacted] will re-educate [redacted] and [redacted] on proper documentation of fire drills on the fire drill record which includes documenting

**132c - Fire Drill Records (continued)**

the am and pm next to time drill was conducted.

• Beginning 3/13/25 the [REDACTED] ) will review every Fire Drill Log for each Fire Drill with the [REDACTED] ) to ensure that the proper times have been recorded appropriately. The audit of fire drills will be kept monthly as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/29/2025)

**132d - Evacuation****11. Requirements**

2600.

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

**Description of Violation**

Multiple residents failed to evacuate the home during multiple fire drills to include, on 3/4/25, there were 66 residents residing/present in the home, 63 residents were evacuated, on 2/12/25, there were 64 residents residing/present in the home, 61 residents were evacuated, and on 10/5/24, there were 65 residents residing/present in the home. 64 residents were evacuated.

REPEAT 04/25/2024, et al.

**Plan of Correction**

Accept [REDACTED] - 04/14/2025)

- On 3/13/25 the [REDACTED] ) met with the [REDACTED] ) about the proper evacuation procedures of residents.
- By 4/28/25, ALL staff will be educated on the proper procedures of evacuation of residents during a fire drill and what exceptions, if any, are in place and care planned for by [REDACTED] or designee.
- By 4/28/25, any residents on hospice or bedridden that cannot physically be moved quickly will be care planned as such for evacuations by [REDACTED]. Any residents who have a history of refusal of evacuating during a fire drill, will be educated and care planned by [REDACTED]. Education will continue monthly if they continue to refuse evacuation and documentation kept.
- Beginning 3/13/25 the [REDACTED] ) will be present and audit every Fire Drill with the Maintenance [REDACTED] ) to ensure that every resident, if able, is evacuated for a Fire Drill. Audit of monthly fire drills will be kept monthly as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/29/2025)

**132e - Fire Drill Sleeping Hours****12. Requirements**

2600.

132e - Fire Drill Sleeping Hours (continued)

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill held during sleeping hours was conducted on 3/27/24, at 1:00 a.m. However, the previous fire drill held during sleeping hours was conducted on 12/26/24, at 11:40 p.m.

Plan of Correction

Accept [redacted] - 04/07/2025)

On 3/13/25 the [redacted] met with the [redacted] about the proper Fire Drill schedule for Personal Care Homes in Pennsylvania.

Beginning 3/13/25 the [redacted] will be present and review every Fire Drill with the Maintenance [redacted] to ensure that there is Fire Drill every six months. There is a night time Fire Drill scheduled on 4/2/25 at 3:00am.

Licensee's Proposed Overall Completion Date: 04/03/2025

Implemented [redacted] /29/2025)

181c - Self-administration Assessment

13. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

At 11:01 a.m., there was a bottle of Nystatin apply to affected area two to three times, on resident #4's bedside dresser located in the semi-private resident room of resident #4 and #5. However, resident #4, was not assessed by a physician to self-administer medications.

At 11:01 a.m., there was a bottle of antacid, take two to three tablets as symptoms occur, on resident #4's bedside dresser located in the semi-private resident room of resident #4 and #5. However, resident #4 was not assessed by a physician to self-administer medications.

Plan of Correction

Accept [redacted] 04/14/2025)

- On 3/6/25 the medication found in resident #4 and #5 was immediately removed by [redacted] and taken to [redacted].
- Resident #4 brought the medications from home when [redacted] moved in on [redacted]/25. The [redacted] discussed with resident #4 that [redacted] could not have any medications in her room unless her physician assesses [redacted] to be able to self-administer [redacted] own medications.
- By 4/28/25 [redacted] will educate all managers about proper daily ambassador rounds in their assigned resident rooms to ensure no medications are at bedside or in room.
- By 4/28/25 [redacted] will re-educate [redacted] on the importance of proper admission and pre admission assessments to ensure all residents are assessed for ability to self-administer medications or not.
- Beginning 3/6/24 each residents room will be inspected three times a week by administrative staff during ambassador rounds looking for any medications that may be in the residents rooms. Any medications that might be found will be taken directly to the med-room and the [redacted] will be alerted. A log shall be kept. Weekly audits will be reviewed monthly as a part of QAPI.

## 181c - Self-administration Assessment (continued)

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/29/2025)

## 184a - Resident's Meds Labeled

## 14. Requirements

2600.

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

4. The prescribed dosage and instructions for administration.

## Description of Violation

*Resident #5 was prescribed krill oil 500 mg take one capsule by mouth daily. However, the resident's medication's label indicated krill oil 1000 mg capsule take one capsule by mouth daily.*

*Resident #5 was prescribed pregabalin 100 mg capsule take one capsule by mouth at bedtime for neuropathy. However, the resident's medication's label indicated pregabalin 150 mg capsule take one capsule twice daily by mouth for neuropathy.*

*Resident #6 was prescribed Montelukast SOD 10 mg tablet take one tablet by mouth once daily at bedtime for allergies. However, the resident's medication's label indicates Montelukast SOD 10 mg tablet take one tablet by mouth two times daily.*

REPEAT 04/25/2024, et al.

## Plan of Correction

Accept [REDACTED] - 04/14/2025)

- Any unlabeled or mislabeled medications were immediately addressed and fixed by the [REDACTED] on 3/6/25.
- By 4/28/25 all Med Techs will be re-in-serviced by [REDACTED], about: medications proper labeling; "Change of direction or Completed"; ensuring that they check the physicians orders compared to the MAR's, ensuring orders match the medications that they are bringing from home, and to have their physician send corrected new orders.
- All Med Techs will be re-trained by [REDACTED], by 4/28/25 concerning "Change of Direction" Stickers (Corrected) and where to apply on bottle or medication.
- Beginning 3/12/25 the [REDACTED] will perform a complete an audit of all new orders twice per week for 4 weeks, to ensure that all orders are correct and match the medication bottles and MAR's. Audits will be reviewed monthly as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] 05/29/2025)

## 185a - Implement Storage Procedures

## 15. Requirements

2600.

**185a - Implement Storage Procedures (continued)**

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**

*At approximately 11:52 a.m., there was a tube of hydrocortisone cream 1% on the left side of the bathroom sink located in the semiprivate bathroom shared by resident #1 and #2.*

*At 11:01 a.m., there was a bottle of antacid, take two to three tablets as symptoms occur, on resident #4's bedside dresser located in the semi-private resident room of resident #4 and #5.*

*At 11:01 a.m., there was a bottle of Nystatin apply to affected area two to three times, on resident 4's bedside dresser located in the semi-private resident room of resident's #4 and #5.*

*At 11:01 a.m., there was a Moisture barrier cream apply to effective area and gently wipe and clean, located on resident #4's bed side dresser located in the semi-private resident room of resident #4 and #5.*

*At 11:01 a.m., there was a bottle of Striker Perox - A - Mint Solution oral debriefing use up to four times a day as directed by a dental doctor on resident #4's bed side dresser located in the semi-private resident room of residents #4 and #5.*

*Resident #6 was prescribed I prep albuterol .5 - 3 dash 2.5 mg inhale one file by mouth via nebulizer every 12 hours for 7 days for breathing. The medication was filled on 2/21/25. However, the medication was still present in the medication cart.*

*At approximately 12:40 p.m., there was a tube of protect zinc oxide paste skin protectant on resident #7's bedside dresser located in her resident room.*

*Resident #8 was prescribed Fiasp 100-unit ml flex touch inject subq two times a day per sliding scale 201 - 250 = 10 units, greater than 250 = 15 units. The resident's medication administration record indicated on 3/1/25, at 7:30 a.m., a blood glucose level of 295. However, the resident had a blood glucose reading of 265, for the corresponding date/time.*

REPEAT 04/25/2024, et al.

**Plan of Correction**

Accept ( [REDACTED] - 04/14/2025)

- On 3/6/25 all medications were removed from each residents rooms by [REDACTED] and immediately taken to [REDACTED].
- [REDACTED] director disposed of Resident #6 I prep albuterol .5 - 3 dash 2.5 mg inhale one file, from the med cart on 3/6/25.
- The [REDACTED] ([REDACTED]) discussed with residents #1, #2, #4, #5, and #7 (separately) that due to safety and state regulations they could not have any medications in [REDACTED] room unless their physician assessed them to be able to self-administer their own medications.
- Beginning 3/6/25 each residents room will be inspected three times a week by administrative staff through ambassador rounds looking for any medications that may be in the residents rooms. Any medications that may be found will be taken immediately to the med-room and the [REDACTED] will be alerted. A log shall be kept and reviewed monthly as a part of QAPI.
- By 4/28/25 all Med Techs were re-in-serviced by [REDACTED] about medications in residents rooms and proper storage procedures along with proper documentation as well as proper documentation of blood

**185a - Implement Storage Procedures (continued)**

glucose readings from the glucometer to the MAR and ensuring they match.

- Beginning 3/12/25 the [REDACTED] will perform an audit three times a week for 4 weeks, then weekly thereafter of each residents glucometers to ensure that date, times, and sugar levels are being tracked accurately. A tracker shall be kept monthly as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/29/2025)

**186a - Authorized Prescriber****16. Requirements**

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

**Description of Violation**

At 11:01 a.m., there was a bottle of antacid, take two to three tablets as symptoms occur, on resident #4's bedside dresser located in the semi-private room of resident #4 and #5. However, resident #4 was not prescribed the medication by a physician.

At 11:01 a.m., there was a bottle of Striker Perox – A - Mint Solution oral debriefing use up to four times a day as directed by a dental doctor on resident #4's bedside dresser located in the semi-private room of resident #4 and #5. However, resident #4 was not prescribed the medication by a physician.

At 11:01 a.m., there was a bottle of Striker Perox – A - Mint Solution oral debriefing, use up to four times a day as directed by a dental doctor on resident #4's bedside dresser located in the semi-private room of resident #4 and #5. However, resident #4 was not prescribed the medication by a physician.

REPEAT 04/25/2024, et al.

**Plan of Correction**

Accept ( [REDACTED] 04/14/2025)

- On 3/6/25 the medication found in residents #4 and #5 [REDACTED] ) was immediately removed by [REDACTED] t [REDACTED] or and taken to [REDACTED].
- Resident #4 and #5 brought their medications from home when they moved in. The Wellness Director [REDACTED] discussed with resident #4 and #5 that they cannot have any medications in their room unless their physician assessed [REDACTED] to be able to self-administer her own medications.
- By 4/28/25 [REDACTED] will re-educate [REDACTED] and [REDACTED] r on the importance of each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.
- Beginning 3/6/24 each residents room will be inspected three times a week by administrative staff through ambassador rounds looking for any medications that may be in the residents rooms. Any medications that might be found will be taken immediately to the med-room and the Wellness Director (Shannon Kulnis) will be alerted. A log will be kept monthly and reviewed as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/29/2025)

## 187a - Medication Record

## 17. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

9. Administration times.

14. Name and initials of the staff person administering the medication.

## Description of Violation

*Resident #5 was prescribed Alendronate tab 70 mg take one tablet weekly 30 minutes before the first food beverage for medicine of the day with plain water. However, the resident's March 2025, medication administration record indicated Alendronate 70 mg tablet take one tablet by mouth weekly on Mondays.*

*Resident #5 was prescribed fiber powder mix two teaspoons in 8-ounce liquid daily for constipation. However, the resident's March 2025, medication administration record indicated fiber powder mix 1 scoop mix in 8-ounce liquid once daily by mouth for constipation.*

*Resident #8 was prescribed Lantus Solostar 100 units inject 25 units subcutaneously once daily for hyperglycemia. The resident was not administered the medication on 3/1/25, 3/2/25, and 3/4/25. However, the resident's March 2025, medication administration record's fields were empty for the corresponding dates.*

*Resident #9 was prescribed metropolitan take one half tablet by mouth two times a day for hypertension. The medication was administered on 3/3/25 at 8:00 p.m. However, the corresponding field was blank.*

*REPEAT 04/25/2024, et al.*

## Plan of Correction

Accept ( [REDACTED] - 04/14/2025)

- *Resident #5 Alendronate tab 70 mg's brought from home conflicted with the medication order at the community. On 3/12/25 The [REDACTED] contacted the residents physician and the order was corrected to reflect the proper orders.*
- *On 3/12/25, Resident #5's prescribed fiber powder mix has been relabeled to reflect that the medication 1 scoop (2tsp) mix in 8-ounce liquid once daily by mouth for constipation. The MAR and order are now matching corrected by [REDACTED] director on 3/6/25.*
- *Resident #8 was not present in the community on 3/2/25, 3/3/25 and 3/4/25 as [REDACTED] was with [REDACTED]*
- *By 4/28/25 the [REDACTED] will in-service all Med Techs concerning how to properly document when a resident is not present the community and when staff are unable to assist with medications and where it should marked on the back of the MAR.*
- *By 4/28/25 The [REDACTED] will in-service all Med Techs about Resident #9 that was prescribed metropolitan and there was no indication of it being given on the MAR. All Med Techs will be reminded that they must sign for any medication that is given and document on back of MAR reason if a med is not given.*
- *Beginning 3/12/25, [REDACTED] will perform an audit two times a week for 4 weeks, then monthly thereafter, of the residents medications and orders are accurately marked to match the medication orders and the MAR's and that medications are being sign for appropriately. A log will be kept and reviewed monthly as a part of QAPI.*

Licensee's Proposed Overall Completion Date: 04/28/2025

187a - Medication Record (continued)

Implemented [REDACTED] - 05/29/2025)

187c - Refusal of Medication

18. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #8 was prescribed lidocaine pain or eel 4% PATC apply to left hip once daily for osteoporosis or no osteoarthritis 12 hours on 12 hours off. The resident refused the administration of this medication on 3/2/25. However, the home failed to notify the prescribing position.

Plan of Correction

Accept [REDACTED] - 04/14/2025)

- Resident #8s physician was alerted on 3/6/25 about the refusal of medication on 3/2/25 by [REDACTED].
- By 4/28/25 The [REDACTED] ) will in-service all Med Techs regarding a residents refusal of medications, how it is to be documented on the MAR and who and when to alert.
- Beginning 3/12/25 the [REDACTED] ) will review MARs three times weekly for 4 weeks, for refused medications, if any, and ensure that they are documented on the back of the residents MAR and that the residents physician and [REDACTED] are alerted. Audits will be reviewed monthly as a part of QAPI.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/29/2025)

187d - Follow Prescriber's Orders

19. Requirements

2600.

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

Description of Violation

Resident #5 was prescribed pregabalin 150 mg caps will take one capsule by mouth at bedtime for a neuropathy. However, the resident was not administered this medication from 3/ 3/25 through 3/5/25. The medication not available in a home.

Plan of Correction

Accept [REDACTED] - 04/07/2025)

On 3/6/25 Resident #5 medication was delivered while inspectors were present during the annual inspection. The medication was not available at the residents pharmacy prior to that date.

On 3/6/25 [REDACTED] spoke with the [REDACTED] ) about making sure that all residents medications must be available in the community. The residents physician was already informed that it was not available.

Beginning 3/6/25 the [REDACTED] ) will perform a medication audit twice weekly to ensure that all medications have been ordered and delivered to the community. If any medications are not available [REDACTED]

**187d - Follow Prescriber's Orders (continued)**

will contact the residents [REDACTED] and physician immediately and request that they locate and deliver to the community.

Licensee's Proposed Overall Completion Date: 04/03/2025

Implemented [REDACTED] - 05/29/2025)

**227b - Support Plan Content****20. Requirements**

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

**Description of Violation**

Resident #2's most recent assessment and support plan completed on [REDACTED]/24, did not indicate the use of a bedside enabler. However, at approximately 12:20 p.m., there was a bedside enabler on [REDACTED] left side of resident #2's bed.

REPEAT 04/25/2024, et al.

**Plan of Correction**

Accept [REDACTED] 04/14/2025)

- On 3/6/25 the residents enabler was immediately removed from [REDACTED] room and discarded as requested by the resident by [REDACTED].
- Resident #2 stated that [REDACTED] had it at home and didn't know what to do with it because [REDACTED] doesn't need it so [REDACTED] just set it up. The facility was not aware that it was in the community. The [REDACTED] with resident #2 and educated [REDACTED] concerning the state regulations and that we are not allowed to have assistive devices in the community without a physician order and that we need to be notified anytime something is brought into the community for physical assistance.
- By 4/28/25 the staff will be in-serviced concerning assistive devices in the community and the proper steps for use of them, which includes documentation on the resident support plan.
- Resident Support plans will be audited monthly, and as needed if an assistive device is added for a resident, by [REDACTED]
- Currently and moving forward, resident rooms will be inspected by the management team three times per week through ambassador rounds to ensure that no unauthorized assistive devices are residents rooms. A tracker will be kept monthly thereafter as a part of QAPI

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/29/2025)