



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 11, 2025

[REDACTED]
New Life Personal Care Home, Inc.
2521 Versailles Avenue
McKeesport, Pennsylvania 15132

RE: New Life Personal Care Home
License #: 43121

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 8, 2025 of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

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

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *NEW LIFE PERSONAL CARE* License #: *43121* License Expiration: *05/28/2024*
Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *NEW LIFE PERSONAL CARE HOME, INC.*
Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA, 15132*
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/24/1990* Issued By: *L&I*
Type: *Other* Date: *11/20/1996* Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Monitoring* Exit Conference Date: *03/07/2025*

Inspection Dates and Department Representative

03/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *13*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/07/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The most recent license inspection summary posted in a conspicuous and public place in the home was dated 7/26/24 and the inspection summary from 11/18/24 was not posted.

Plan of Correction

Directed [REDACTED] - 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall post the licensing inspection summary dated 11/18/24. [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall audit the home monthly to ensure compliance with Regulation 2600.3(c). Documentations of audits shall be kept. [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025

16b - Incident Policies

2. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home does not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents.

Plan of Correction

Directed [REDACTED] - 03/17/2025)

DIRECTED

Within 2 days of receipt of the plan of correction: The Administrator shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions. [REDACTED]/17/25

Within 2 days of receipt of the plan of correction: The Administrator shall educate all staff persons on Regulation 1200.16(c) and the home's policy and procedures on the prevention, reporting, notification, investigation and management of reportable incidents. Documentation of education shall be maintained in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The Administrator shall audit all reportable incidents to ensure all reportable incidents are reported in compliance with Regulation 2600.16(c). [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025

18 - Compliance With Laws

3. Requirements

2600.

18 - Compliance With Laws (continued)

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

Description of Violation

In accordance with the Care Facility Carbon Monoxide Alarm Standards Act enacted June 2016, requires the batteries to be labeled with the date of installation if a carbon monoxide detector is battery operated. At approximately 12:58 p.m. the carbon monoxide detector mounted to the first-floor wall across from the home's main stairwell did not have dated batteries.

Plan of Correction**Directed [REDACTED] - 03/17/2025)****DIRECTED**

Within 1 day of receipt of the plan of correction: The Administrator shall place and date batteries in the carbon monoxide detector cited in the violation in accordance with the Care Facility Carbon Monoxide Alarm Standards Act enacted June 2016.

Within 1 day of receipt of the plan of correction: The administrator shall audit the batteries in all carbon monoxide detectors every three month to ensure compliance with the Care Facility Carbon Monoxide Alarm Standards Act enacted June 2016. Documentations of audits shall be kept. [REDACTED] 3/17/25

Directed Completion Date: 03/19/2025

51 - Criminal Background Check**4. 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).

Description of Violation

Direct care staff person A was hired on [REDACTED] 19. However, direct care staff person A did not have a criminal background check in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults.)

Plan of Correction**Directed [REDACTED] - 03/17/2025)****DIRECTED**

Within 1 day of receipt of receipt of the plan of correction: The administrator shall request a criminal history background for direct care staff person A. Documentation shall be maintained in the staff person's record. [REDACTED] 3/17/24

Within 3 days of receipt of receipt of the plan of correction: The administrator shall audit all staff records to ensure a criminal history record has been requested in accordance with Regulation 2600.51. Documentation of the audit shall be kept. [REDACTED] 3/17/25

Within 5 days of receipt of receipt of the plan of correction: The administrator shall audit all newly completed staff records to ensure a criminal history record has been requested in accordance with Regulation 2600.51. Documentation of the audit shall be kept. [REDACTED] 3/17/25

Directed Completion Date: 03/22/2025

54a - Direct Care Staff

5. Requirements

2600.

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

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

Description of Violation

Direct care staff person A was hired on [REDACTED] 19 and as of [REDACTED] 25 had provided unsupervised direct care services to residents of the personal care home. However, direct care staff person A did not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed [REDACTED] - 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall ensure direct care staff person A has a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry or removes the staff person from providing direct care services. [REDACTED] 3/17/24

Within 3 days of receipt of receipt of the plan of correction: The administrator shall audit all direct staff records to ensure compliance with Regulation 2600.54(a). Documentation of the audit shall be kept [REDACTED] 3/17/25

Within 5 days of receipt of receipt of the plan of correction: The administrator shall audit all newly completed staff records to ensure compliance with Regulation 2600.54(a). [REDACTED] 17/25

Directed Completion Date: 03/22/2025

65i - Training Record

6. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

There was no record of initial orientation or annual training for the 2024 training year for direct care staff person A.

Plan of Correction

Directed [REDACTED] - 03/17/2025)

DIRECTED

Within 2 days of receipt of the plan of correction: The administrator shall ensure direct care staff person A has completed the required training and the documentation is maintained in the staff persons record in accordance with Regulation 2600.65(i). [REDACTED] 3/17/24

Within 3 days of receipt of receipt of the plan of correction: The administrator shall audit all direct staff records to ensure compliance with Regulation 2600.65(i). Documentation of the audit shall be kept [REDACTED] 3/17/25

Within 5 day of receipt of receipt of the plan of correction: The administrator shall audit all newly completed staff training records to ensure compliance with Regulation 2600.65(i). [REDACTED] /17/25

Directed Completion Date: 03/22/2025

66a - Staff Training Plan

7. Requirements

2600.

66.a. A staff training plan shall be developed annually.

66a - Staff Training Plan (*continued*)**Description of Violation**

There home does not have a staff training plan developed for the 2025 calendar training year.

Plan of Correction

Directed [REDACTED] - 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall develop and implement a 2025 staff training plan in accordance with Regulations 2600.66(a) and 2600.65b. [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The administrator shall audit all staff training plan monthly to ensure the staff training plan is accurate or updated when the training schedule changes. [REDACTED] 3/17/25

Directed Completion Date: 03/19/2025

85d - Trash Receptacles

8. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 12:32 p.m., there was a bag of uncovered trash hanging from the doorknob of the closet in the second-floor bathroom and was approximately three-quarters full of candy wrappers and potato chip bags.

Plan of Correction

Directed [REDACTED] 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall remove the trash bag cited in the violation and provide the resident with a trash receptacle which meets the regulatory requirement [REDACTED] /17/25

Within 1 day of receipt of the plan of correction: The administrator shall conduct a weekly audit to ensure compliance with Regulation 2600.85(d). Documentation of audits shall be kept [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of regulation 2600.85(d) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025

101j2 - Bedroom Chairs

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

Description of Violation

At approximately 12:35 p.m. there was no chair for either resident in the shared resident bedroom #5 belonging to resident #1 and resident #2.

101j2 - Bedroom Chairs (*continued*)**Plan of Correction***Directed* [REDACTED] - 03/17/2025)**DIRECTED**

Within 1 day of receipt of the plan of correction: The administrator shall add a chair to the resident room cited in the violation. [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The administrator shall conduct a weekly audit of resident rooms to ensure compliance with Regulation 2600.101(j)(2). Documentation of audits shall be kept. [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of regulation 2600.101(j)(2) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025

101j5 - Bedside Table/Shelf

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

5. A bedside table or a shelf.

Description of Violation

At approximately 12:35 p.m. there was no bedside table or shelf for either resident in the shared resident bedroom #5 belonging to resident #1 and resident #2.

Plan of Correction*Directed* [REDACTED] - 03/17/2025)**DIRECTED**

Within 1 day of receipt of the plan of correction: The administrator shall add a bedside table or shelf for both of the residents in the room cited in the violation. [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The administrator shall conduct a weekly audit of resident rooms to ensure compliance with Regulation 2600.101(j)(5). Documentation of audits shall be kept. [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of regulation 2600.101(j)(5) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025

101j6 - Mirror

11. Requirements

2600.

101j6 - Mirror (continued)

- 101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

At approximately 12:35 p.m. there was no mirror for either resident in the shared resident bedroom #5 belonging to resident #1 and resident #2.

Plan of Correction

Directed [REDACTED] - 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall add a mirror in the room cited in the violation. [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The administrator shall conduct a weekly audit of resident rooms to ensure compliance with Regulation 2600.101(j)(6). Documentation of audits shall be kept. [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of regulation 2600.101(j)(6) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025

103f - Refrigerator/Freezer Temps**12. Requirements**

2600.

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

Description of Violation

At approximately 1:08 p.m. there was no thermometer in the freezer portion of the Whirlpool refrigerator and freezer combination unit in the home's basement.

REPEAT VIOLATION 5/14/24

Plan of Correction

Directed [REDACTED] - 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall place a working thermometer in the freezer cited in the violation. [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The administrator or designee shall conduct daily audits of the refrigerators and freezers of the home to ensure compliance with Regulation 2600.103(f). Documentation of the audit shall be kept. [REDACTED] 3/17/25

103f - Refrigerator/Freezer Temps (continued)

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of regulation 2600.103(f) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). ■ 3/17/25

Directed Completion Date: 03/20/2025

107d - Procedure Emergency Management Agency Submission**13. Requirements**

2600.

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

Description of Violation

The home's written emergency procedures have not been reviewed, updated, or submitted to the local emergency management agency in the 2024 calendar year.

Plan of Correction

Directed ■ - 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall review, update, and submit the home's written emergency procedures to the local emergency management agency. ■ 3/17/25

Within 1 day of receipt of the plan of correction: The administrator shall ensure the home's emergency procedures are reviewed, updated, and submitted to the local emergency management agency as part of the quality management process. ■ 3/17/25

Directed Completion Date: 03/19/2025

121a - Unobstructed Egress**14. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 12:35 p.m., the bed belonging to resident #1 was obstructing the egress route to the second-floor exterior fire escape steps from the shared resident bedroom #5 belonging to resident #1 and resident #2.

Plan of Correction

Directed ■ - 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall remove the obstruction cited in the violation. ■ 3/17/25

Within 1 day of receipt of the plan of correction: The administrator or designee shall audit the home daily to ensure compliance with Regulation 2600.121(a). Documentation of the audit shall be ■ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of regulation 2600.121(a) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). ■ 3/17/25

Directed Completion Date: 03/20/2025

123b - Emergency Procedures Posted

15. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

There was no copy of the emergency procedures for the City of McKeesport posted in a conspicuous and public place in the home.

Plan of Correction

Directed [REDACTED] 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall contact the local emergency management director and obtain a copy of the emergency procedures and post the emergency procedures in a public and conspicuous place in the home. [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The administrator shall audit the home monthly to ensure compliance with Regulation 2600.123(b). Documentation of the audit shall be kept. [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of regulation 2600.123(b) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025

123c - Evacuation Diagrams

16. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

On 3/7/25 the home served 12 residents, however, there was no emergency evacuation diagram posted in a conspicuous and public place on either the first or second floor of the personal care home that showed the corridors, line of travel to exit doors and location of the fire extinguishers and pull signals.

Plan of Correction

Directed [REDACTED] 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall post an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor of the home. [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The administrator or designee shall audit the home daily to ensure compliance with Regulation 2600.123(c). Documentation of the audit shall be kept [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of regulation 2600.123(c) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025

131f - Fire Extinguisher Inspection

17. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher hanging on the wall in the home's dining room did not have the date of inspection on the extinguisher.

REPEAT VIOLATION 11/18/24

Plan of Correction

Directed [REDACTED] 03/17/2025)

DIRECTED

Within 2 days of receipt of the plan of correction: The administrator shall have the fire extinguisher cited in the violation inspected or replaced with a fire extinguisher which has been inspected in accordance with Regulation 2600.131(f). [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The administrator shall audit the home monthly to ensure compliance with Regulation 2600.131(f). Documentation of the audits shall be kept. [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of regulation 2600.131(f) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025

132a - Monthly Fire Drill

18. Requirements

2600.

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

Description of Violation

The home did not conduct an unannounced fire drill during the following months:

- *November 2024*
- *December 2024*
- *January 2025*

Plan of Correction

Directed [REDACTED] - 03/17/2025)

DIRECTED

Within 1 day of receipt of the plan of correction: The administrator shall conduct a monthly fire drill in accordance with regulation 2600.132 [REDACTED] 3/17/25

Within 1 day of receipt of the plan of correction: The administrator shall audit the home's fire drill record monthly to ensure compliance with Regulation 2600.132(a). Documentation of the audits shall be kept. [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all staff persons on the

132a - Monthly Fire Drill (continued)

requirements of regulation 2600.132(a) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). ■ 3/17/25

Directed Completion Date: 03/20/2025

141b1 - Annual Medical Evaluation**19. Requirements**

2600.

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

Description of Violation

Resident #3's annual medical evaluation, dated ■/25, was an exact replica photocopy of the previous medical evaluation dated 1/16/24 to include the physician's name and signature, the only exception was changes to two digits for blood pressure and for the year. Correctional fluid was used on the dates of evaluation, dates of completion, and in the signature fields to alter the document from 1/16/24 to 1/16/25. Additionally, there was no medication list attached to the medical evaluation.

Resident #4's most recent medical evaluation, dated ■/25 was missing information and was left blank in multiple areas to include:

- Type of evaluation
- Blood Pressure
- Height
- Weight
- Pulse Rate
- Temperature
- Special Health or Dietary Needs
- Immunization history
- Allergies
- Medications and Ability to Self-Administer Medications
- Body Positioning/Movement
- Health status
- Cognitive Functioning
- Mobility Needs
- Medical Professional License Number

REPEAT VIOLATION 2/21/24 et. al.

Plan of Correction

Directed ■ - 03/17/2025)

DIRECTED

Within 2 days of receipt of the plan of correction: The administrator shall have a new medical evaluation completed for resident #3 and resident #4. Documentation shall be kept in the resident's record. ■ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall audit all resident medical evaluations to ensure compliance with Regulation 2600.141(b). This shall include auditing for accuracy and completeness of each medical evaluation. Documentation of the audit shall be kept. ■ 3/17/25

141b1 - Annual Medical Evaluation (continued)

Within 2 days of receipt of the plan of correction: The administrator shall audit all newly completed resident medical evaluations to ensure compliance with Regulation 2600.141(b). This shall include auditing for accuracy and completeness of each medical evaluation. Documentation of the audits shall be kept. ■ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all direct care staff persons on the requirements of regulation 2600.141(b) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). ■ 3/17/25

Directed Completion Date: 03/20/2025

143a - Emergency Medical Plan**20. Requirements**

2600.

143.a. The home shall have a written emergency medical plan that includes the following:

1. The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
2. Emergency transportation to be used.
3. An emergency-staffing plan.

Description of Violation

The home did not have a written emergency medical plan that included:

- (1) The hospital or source of health care that will be used in an emergency.*
- (2) Emergency transportation to be used.*
- (3) An emergency-staffing plan.*

Plan of Correction

Directed ■ - 03/17/2025)

Within 2 days of receipt of the plan of correction: The administrator shall develop a written emergency medical plan to ensure compliance with Regulation 2600.143(a). ■ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all direct care staff persons on the requirements of regulation 2600.143(a) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). ■ 3/17/25

Within 1 day of receipt of the plan of correction: The administrator shall review and update as needed the home's emergency medical plan as part of the quality management process. ■ 3/17/25

Directed Completion Date: 03/20/2025

162c - Menus Posted**21. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's posted menu was for 3/7/25 only and did not indicate the current or following week's menu.

Plan of Correction

Directed ■ 03/17/2025)

DIRECTED

162c - Menus Posted (continued)

Within 2 days of receipt of the plan of correction: The administrator shall post menus stating the specific food being served at each meal for the current week and for 1 week in advance in a conspicuous and public place in the home.

■ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall audit the posted menus weekly to ensure compliance with Regulation 2600.162(c). Documentation of the audits shall be kept. ■ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all direct care staff persons on the requirements of regulation 2600.162(c) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). ■ 3/17/25

Directed Completion Date: 03/20/2025

185a - Implement Storage Procedures**22. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home has not developed and implemented procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Plan of Correction

Directed ■ - 03/17/2025)

DIRECTED

Within 2 days of receipt of the plan of correction: The administrator shall develop and implemented procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

■ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all direct care staff persons qualified to administer medications on the requirements of regulation 2600.185(a) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). ■ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall conduct a weekly audit of resident medications and the resident medication administration records to ensure compliance with Regulation 2600.185(a).

■ 3/17/25

Directed Completion Date: 03/20/2025

187a - Medication Record**23. Requirements**

2600.

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

Description of Violation

Resident #4 is prescribed Multivitamin/Minerals Capsule, take 1 tab by mouth every morning, as well as Lansoprazole 15mg EC capsule, one capsule by mouth every morning. However, resident #4's March 2025 medication

187a - Medication Record (continued)

administration record did not contain areas to document the administration of either the Multivitamin/Minerals Capsule, or the Lansoprazole capsule.

REPEAT VIOLATION 2/21/24 et. al.

Plan of Correction

██████████ - 03/17/2025)

DIRECTED

Within 2 days of receipt of the plan of correction: The administrator shall update resident #4's MAR. █████ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall conduct an initial audit of all residents medication administration records to ensure compliance with Regulation 2600.187(a). █████ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall audit the residents' medication administration records weekly to ensure compliance with Regulation 2600.187(a). █████ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all direct care staff persons qualified to administer medications on the requirements of regulation 2600.187(a) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). █████ 3/17/25

Directed Completion Date: 03/20/2025

187b - Date/Time of Medication Admin.**24. Requirements**

2600.

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

Description of Violation

Resident #3 is prescribed Sertaline 100mg tablet, one tablet by mouth once daily. Resident #3 was administered the Sertraline tablet daily from 3/1/25 through 3/7/25 by direct care staff person B, but the medication was not documented on the March 2025 medication administration record at the time of administration, those areas were left blank.

Plan of Correction

Directed █████ - 03/18/2025)

DIRECTED

Within 2 days of receipt of the plan of correction: The administrator shall conduct an initial audit all resident medication administration records to ensure compliance with Regulation 2600.187(b). █████ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall audit of the residents' medication administration records weekly to ensure compliance with Regulation 2600.187(b). █████ 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all direct care staff persons qualified to administer medications on the requirements of regulation 2600.187(b) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). █████ 3/17/25

Directed Completion Date: 03/20/2025

221c - Post Activity Calendar

25. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

There was no weekly activity calendar posted in a conspicuous and public place in the home.

Plan of Correction

Directed [REDACTED] - 03/18/2025)

DIRECTED

*Within 2 days of receipt of the plan of correction: The administrator shall post the home's activity calendar in a public and conspicuous place in the home. [REDACTED] 3/17/25**Within 2 days of receipt of the plan of correction: The administrator shall audit the home weekly to ensure compliance with Regulation 2600.221(c). [REDACTED] 3/17/25**Within 2 days of receipt of the plan of correction: The administrator shall educate all care staff persons on the requirements of regulation 2600.221(c) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25***Directed Completion Date: 03/19/2025**

251b - Record Entries Legible

26. Requirements

2600.

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

Description of Violation

*The home used corrective fluid on resident #3's medical evaluation dated 1/16/24 on the dates of evaluation, the dates of completion, and in the signature fields to alter the information on that document from 1/16/24 to 1/16/25 and to alter the resident's blood pressure reading from 107/76 to 131/76.**REPEAT VIOLATION 2/21/24 et. al.*

Plan of Correction

Directed [REDACTED] - 03/18/2025)

DIRECTED

*Within 2 days of receipt of the plan of correction: The administrator shall conduct an audit of all resident records to ensure compliance with Regulation 2600.251(b). [REDACTED] 3/17/25**Within 2 days of receipt of the plan of correction: The administrator shall audit all newly completed resident records and documents to ensure compliance with Regulation 2600.1251(b). [REDACTED] 3/17/25**Within 2 days of receipt of the plan of correction: The administrator shall educate all direct care staff persons qualified to administer medications on the requirements of regulation 2600.251(b) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] /17/25***Directed Completion Date: 03/20/2025**

254b - Policy and Procedures

27. Requirements

2600.

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

Description of Violation

The home has not developed and implemented a policy and procedure addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Plan of Correction**Directed [REDACTED] 03/18/2025)**

Within 2 days of receipt of the plan of correction: The administrator shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records to ensure compliance with Regulation 2600.254(b). [REDACTED] 3/17/25

Within 2 days of receipt of the plan of correction: The administrator shall educate all direct care staff persons on the requirements of regulation 2600.254(b) and the home's policy and procedures to ensure compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 3/17/25

Directed Completion Date: 03/20/2025