



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JULY 30, 2025

[REDACTED], Owner/Administrator
H and M Personal Care Home Inc

[REDACTED]

RE: H & M Personal Care Home
590 Boggs School Road
Moon Township, PA 15108
License: 448482

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on March 13, 2025 and June 23, 2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (6) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from July 30, 2025 to January 30, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a SECOND PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *H & M PERSONAL CARE HOME* License #: *44848* License Expiration: *06/23/2025*
Address: *590 BOGGS SCHOOL ROAD, MOON TOWNSHIP, PA 15108*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *H AND M PERSONAL CARE HOME INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *07/25/1983* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *03/13/2025*

Inspection Dates and Department Representative

03/13/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *16*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/13/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/12/2025*

04/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/23/2025

04/24/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 05/24/2025

06/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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 following license inspection summaries were not posted in a conspicuous and public place in the home:

- License inspection summary, dated 6/25/24
- License inspection summary, dated 10/7/24

REPEAT VIOLATION: 6/25/2024

Plan of Correction

Directed () - 04/23/2025)

are Homes monitoring steps will include that all employee upon entering for their shift shall check that the license and make sure is current and did not fall behind anything so that it is hung and visible. if staff members notice of not they are to call either me () the home administrator or () in order to reapply a current one or contact the state immediately to have one sent to us. Quality Management Review will take approximately 3 days after this is accepted. and end approximately 5-6 hrs right after that day. All material that will include the quality management will be in that amount to school if not they need to go to a another sponsored meeting concerning patient care but ni know my employees, this will not be a big distraction I can handle everything that comes my way. We will be completely our to Well in defense of the personal care home we were unsure of posting this was in a conspicuous matter. the administrator has posted the summaries in this exact same spot for almost 10 years. upon realizing that these were hung conspicuously we immediately moved them out of the wide open in plane site shelf it has been we decided to have it hung outside the place it was in another folder then put it in a semi clear visible sleeve so that it is access and can read priors inspectors, instead of looking in the state folder....the administrator is then office 24 hours plus more at the person care home, the administrator shall conduct this plan of correction as soon as they are done with construction of establishing us with some interior and exterior damage then ill send you pictures of before and after. thank you for your patience as we know this is difficult and everything was in disaray . On the day construction begins to finishing. I will give you a plan of correction with pictures and videos of things hung more properly. this problem will be addressed when I get color on my wall and able to hang things back on a shelf and put back on the wall in visible areas

DIRECTED: By 4/28/25, then monthly thereafter: A designated staff person shall inspect the home to ensure all items specified in 2600.3c are posted in a public and conspicuous place, including the license inspection summaries, dated 6/25/24 and 10/7/24. () 4/23/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. () 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/15/2025

Not Implemented () - 06/25/2025)

26b - Quality Management Plan Content

2. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting procedures.
- 2. Complaint procedures.
- 3. Staff person training.

Description of Violation

The home's quality management review, conducted on 6/5/24, did not include a review of the following topics:

- Reportable incident and condition reporting procedures
- Complaint procedures
- Staff person training

Plan of Correction

Directed ([redacted] - 04/23/2025)

The next Quality Management Review will be 3 days after this sans write is accurate and corrected, we will be going e over everything we gone got a citation on and why and how to fix it cause we are mechanics as well you know.

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. [redacted] 4/23/25

DIRECTED: Beginning on 5/15/25: The administrator shall develop and implement a system to ensure a quality management review is conducted at least annually, which includes a review of all items specified in 2600.26b. Documentation of the system shall be kept. [redacted] 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/15/2025

Not Implemented ([redacted] - 06/25/2025)

51 - Criminal Background Check

3. 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

No Pennsylvania criminal background check was completed for staff person A, who was hired on [redacted]

Plan of Correction

Directed ([redacted] - 04/23/2025)

Due to the Car accident some of the files and binders of information were destroyed, [redacted] did have [redacted] background check already When hired, very strange what paper work got destroyed but I did run another background check on

51 - Criminal Background Check (continued)

the day after this inspection so all staff charts are updated and in compliance with all regulations, If a car happens to go through my wall again my first thought will be to check all charts to make sure I have all my state compliance information that was already done. Every staff member hired has a criminal background check, I make sure all my employees have background checks, this background check somehow all of sudden current or valid, so ran another one on immediately and came back clear for work.

DIRECTED: By 4/30/25: The administrator shall develop and implement a new hire checklist to ensure timely background checks are completed for all newly-hired staff persons in accordance with 2600.51. Copies of the completed new hire checklists shall be kept in each staff person's record, along with the completed background checks. 4/23/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/15/2025

Not Implemented - 06/25/2025

64c - Annual Training

4. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person the home's administrator, did not receive any annual trainings during the 2024 training year.

Plan of Correction

Directed - 04/23/2025

Well since 2024 is over and no matter what class I attend it will say 2025. I did not know that the landmark credits did not count for me, for the past 10 years they have always used towards credits, so I have already completed my CEUs for 25 to keep up to date, again I am sorry I just didn't know they didn't count. (DIRECTED: Documentation of the administrator 2025 trainings shall be kept in accordance with 2600.64f. 4/23/25). Next quality management review will be 3 days after I get my sans write approvals, during this time For the 2024 it was not brought to my attention that landmark home health training is not part of the course CEU's for 2025 I already have all my training completed through other sources other than landmark. Moving forward the Administrator will check the lists of unacceptable training sources.

DIRECTED: By 5/24/25: The administrator shall make up the missed annual trainings from the 2024 training year and complete at least 12 hours of annual training from a Department-approved source. Documentation of the administrator trainings shall be kept in accordance with 2600.64f. 4/23/25

DIRECTED; By 7/30/25: The administrator shall make up the missed annual trainings from the 2024 training year and complete at least 12 hours of annual training from a Department-approved source. Documentation of the

64c - Annual Training (continued)

administrator trainings shall be kept in accordance with 2600.64f. [REDACTED] 4/23/25

DIRECTED: Beginning on 5/1/25: The administrator shall review their training hours at least quarterly to ensure the administrator receives at least 24 hours of annual training from a Department-approved source during each training year. The administrator training records shall also be reviewed during each of the home's quality management reviews. [REDACTED] 4/23/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. [REDACTED] 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/24/2025

Not Implemented ([REDACTED] - 06/25/2025)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 5. Falls and accident prevention.

Description of Violation

Direct care staff person C, hired on [REDACTED], did not receive annual training on the following topics during 2024 training year:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- Falls and accident prevention

Plan of Correction

Directed ([REDACTED] - 04/23/2025)

Staff Person C had just come back to us for employment recently due to [REDACTED] when [REDACTED] came back I helped [REDACTED] tighten up thing and be sharp with you guys, but you seem cool. Staff Person C since the inspection has finished and completed all necessary training to keep [REDACTED] in compliance. The steps that will provide me to update all charts cause now we have a new wall.

DIRECTED: By 4/30/25: The administrator shall ensure direct care staff person C has received training on all topics specified in 2600.65g. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/23/25

DIRECTED: Beginning on 4/30/25: The administrator shall review all training documents at least monthly to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive

65g - Annual Training Content (continued)

training on all topics specified in 2600.65g during each training year. [REDACTED] 4/23/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. [REDACTED] 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/15/2025

Not Implemented ([REDACTED] - 06/25/2025)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The exhaust fans in the following bathrooms were covered with a thick layer of dust:

- The exhaust fan in the 1st floor common shower room
- The exhaust fan in the 1st floor common powder room
- The exhaust fan in the basement common shower room

REPEAT VIOLATION: 6/25/2024

Plan of Correction

Directed ([REDACTED] - 04/23/2025)

All cited plans of cleaning the the fans I believe it was 4/1/25 Due to lack of funds that the state provides Personal Care Homes to take care of 18 residents, food, shelter, water, sewage entertainment and some home improvements we did not realize that our exhaust fans were unsanitary. The administrator will make sure that all functional fans are cleaned and sanitized starting on 04/01/25. Fans will bet cleaned every week by rotation schedule with other. we are a team wee work together. we do c lean at the personal care home, constantly cleaning, everyday. our Personal care home is mental health based so you can clean one and then try to clean the other one and they are stuffing shower curtains in toilets. we are getting new floors with this week so that should accomplish 2 things that are fixed. just bare with us please.

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. [REDACTED] 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/15/2025

Implemented ([REDACTED] - 06/25/2025)

85e - Trash Outside Home

7. Requirements

85e - Trash Outside Home (continued)

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:50 AM, there was no lid on the black garbage can, which was full of trash, along the sidewalk in the rear of the home.

REPEAT VIOLATION: 10/7/2024; 6/25/2024

Plan of Correction

Directed (redacted) - 04/23/2025

Trashed cans were discarded the day of the inspection and trash is not stored in the ashtrays and if they have more trash it is to be disposed of inside the building, Residents will not keep lids on anything, but then your having major surgery. To stay in compliance there will be no more trash cans outside. Education of trash outside will be conducted on compliance of this. We have tried numerous times to have a garbage can out on the porch/smoking area and every time one of the residents remove a lid and throws it away, since the inspection all trash cans have been removed from those areas.

DIRECTED: Beginning on 4/25/25: The administrator/designated person shall inspect the home daily for 2 weeks then weekly thereafter to ensure trash is kept covered receptacles. (redacted) 4/23/25

DIRECTED; By 4/30/25: All staff persons shall be educated on the location of the trash storage area and to ensure trash being stored outside the home is kept in covered receptacles that prevent the penetration of insects and rodents. Documentation of the staff education shall be kept in accordance with 2600.65i. (redacted) 4/23/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. (redacted) 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/15/2025

Implemented (redacted) - 06/25/2025

86b - Bathroom

8. 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 10:27 AM, the exhaust fan in the 1st floor common shower room was inoperable. There is no operable window in this shower room.

At 10:30 AM, the exhaust fan in the 1st floor common powder room was inoperable. There is no operable window in this bathroom.

86b - Bathroom (continued)

At 10:59 AM, the exhaust fan in the basement common shower room was inoperable. There is no operable window in this shower room.

Plan of Correction

Directed () - 04/23/2025

During the Quality Review this topic in particular will be a #1 subject, and they approved teaching about this, watch (). If the inspector stated the exhaust fans did not work I took a little look at it and there dust, not if salvageable I don't understand this violation as the administrator and staff went around and all 4 of our exhaust fans were functional and working, that beside the point from now on monthly starting on the 1st of every month the home administrator shall come up to make sure we operable fans

DIRECTED: Beginning on 4/30/25, then monthly thereafter: The administrator/designated staff person shall inspect all bathrooms to ensure an operable exhaust fan is present in each bathroom that does not have an operable, outside window. () 4/23/25

DIRECTED: By 4/30/25: The administrator shall educate all staff persons on the home's procedures for reporting items to management that need repaired or replaced. Documentation of the staff education shall be kept in accordance with 2600.65i. () 4/23/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. () 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 04/20/2025

Not Implemented () - 06/25/2025

88a - Surfaces

9. 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

The door latch to the home's front exit door is stuck inside the door and does not securely close into the door frame.

The panic bar on front entrance door leading into the 1st floor living room does not securely close into the door frame.

The bedroom door in the shared bedroom of residents #2 and #3 rubs against electrical wiring and duct work at the top of the door when opening, stopping the door from opening entirely. Also, the top of the bedroom door is cracking and the veneer is lifting off the door.

88a - Surfaces (continued)

There are numerous ceiling tiles in the basement shower room that are in disrepair, stained or broken, to include the following:

- 2/3 of the ceiling tile above the shower room door is missing
- 1 of the ceiling tiles is bowed, stained and displaced from the ceiling track with the exhaust vent attached to the displaced ceiling tile
- Numerous large dark brown stains are present on numerous ceiling tiles over the sink area

REPEAT VIOLATION: 6/25/2024

Plan of Correction

Directed (█ - 04/23/2025)

Ceiling tiles have been replaced since the inspection and █ will monitor that every night █ works there but right now they are legal. you keep asking when my quality review meeting is gonna be held, my quality review meeting will be held 3 days after this sans write has been accepted

DIRECTED: By 5/1/25: The administrator shall ensure the the door latch to the home's front exit door is repaired or replaced by a qualified professional. █ 4/23/25

DIRECTED: By 5/1/25: The administrator shall ensure the panic bar on front entrance door leading into the 1st floor living room is repaired or replaced by a qualified professional. █ 4/23/25

DIRECTED: By 5/1/25: The administrator shall ensure the bedroom door in the shared bedroom of residents #2 and #3 is repaired or replaced by a qualified professional to ensure the door can fully and easily be opened/closed. █ 4/23/25

DIRECTED: By 4/30/25: The administrator shall educate all staff persons on the home's procedures for reporting items to management that need repaired or replaced. Documentation of the staff education shall be kept in accordance with 2600.65i. █ 4/23/25

DIRECTED; Beginning on 4/28/25: The administrator/designee shall inspect the entire home weekly to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Documentation of the weekly audits shall be kept for 2 months. █ 4/23/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. █ 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/15/2025

Not Implemented (█ - 06/25/2025)

93b - Railings

10. Requirements

2600.
93.b. Each porch must have a well-secured railing.

Description of Violation

The right side outer corner of the concrete patio deck in the rear of the home has a wooden vertical post that is deteriorated, rotten, and has a hole it which cannot support the handrails. The top 2 handrails at this corner post are loose and the handrails move approximately 2" when touched. This area of the deck area is approximately 2 stories above grade level.

Plan of Correction

Directed (█) - 04/23/2025)

I have 3 people coming next week for quotes on the front steps and 2 other people coming for quotes for the roof as well, they have not come out yet but as soon as I get a good quote I will let you know the start date on the floor, this will be discussed at the meeting.All staff member will be in compliance procedure before reporting.

DIRECTED: By 5/24/25: The administrator shall ensure repairs to the vertical posts and handrails on the concrete patio deck in the rear of the home are completed by a qualified professional. █ 4/23/25

DIRECTED; Beginning on 4/28/25: The administrator/designee shall inspect all porches monthly to ensure well-secured railings are present in accordance with 2600.93b. █ 4/23/25

DIRECTED: By 4/30/25: The administrator shall educate all staff persons on the home's procedures for reporting items to management that need repaired or replaced. Documentation of the staff education shall be kept in accordance with 2600.65i. █ 4/23/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. █ 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/24/2025

Not Implemented (█) - 06/25/2025)

95 - Furniture and Equipment

11. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 10:35 AM, the sink drain in the 1st floor common powder room was clogged and not draining properly.

At 10:51 AM, the toilet in the common basement shower room was actively leaking water at the time of inspection,

95 - Furniture and Equipment (continued)

which was collecting on the floor along the base of the toilet.

At 11:01 AM, the toilet in the common basement bathroom was actively leaking. At the time of inspection, a green towel was wrapped around the base of the toilet for the water collection.

At 11:03 AM, the home's dryer door was taped closed because the dryer door will not latch properly.

Plan of Correction

Directed () - 04/23/2025

Since the inspection, on the same day actually, the bathroom sink has been unclogged, toilets have been replaced, and dryer door has been fixed. Moving forward we understand that things break or need better attention, so our plan is to- weekly just look around and make sure there is not problem with this little things we don't really notice compare to the bigger ones, AGAIN our quality review will be continues /started 3 days after I am approved though sanwrite . Staff persons will be educated and trained on this specific form of therapy.

DIRECTED; Beginning on 4/28/25: The administrator/designee shall inspect the entire home weekly to ensure all furniture and equipment is in good repair, clean and free of hazards. Documentation of the weekly audits shall be kept for 2 months. () 4/23/2

DIRECTED: By 4/30/25: The administrator shall educate all staff persons on the home's procedures for reporting items to management that need repaired or replaced. Documentation of the staff education shall be kept in accordance with 2600.65i. () 4/23/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. () 4/23/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/15/2025

Implemented () - 06/25/2025

101j6 - Mirror

13. Requirements

2600.

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

6. A mirror.

Description of Violation

There is no mirror present in resident #1's shared bedroom.

Plan of Correction

Directed () - 04/24/2025

The Mirror was replaced on the night of inspection and immediately We have located the mirror that resident #1

101j6 - Mirror (continued)

moved on [REDACTED] own will has since been hung back up on 6/23/25 and was compiled in 3 mins top and completed on 6/23/25. All other rooms are inspected and plan on doing routine daily check of necessities starting on 6/35/25

DIRECTED: Beginning on 4/30/25: The administrator/designee shall inspect all resident bedrooms monthly to ensure a mirror is present in each resident's bedroom. [REDACTED] 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. [REDACTED] 4/24/25

Proposed Overall Completion Date: 04/20/2025

Directed Completion Date: 05/15/2025

Implemented ([REDACTED] - 06/25/2025)

103g - Storing Food**14. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 10:07 AM, there was an open and unsealed 26.7 ounce box of Great Value mashed potatoes in the kitchen pantry closet.

Plan of Correction

Directed ([REDACTED] - 04/24/2025)

The mashed potatoes were made within that 1-2 days tops because we were saving that for the non eaters of the day. When were store food for strict leftover purposes every different piece of food is placed in each separate container with a label and a date on it, due to the fact that we only 5-7 days to serve it before discarding it. Moving forward there will be a white board with what food and what date it is prepared for, so that the next shift can put on the white board when it is to be discarded of. Next quality Management review will be 4 days after all of my plans of correct so when giving them more feedback I have it. Staff persons will be educated on this process promptly immediately after the acceptance of my POC's

DIRECTED: By 4/30/25: The administrator shall educate all staff persons that all food items shall be stored in closed or sealed containers. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/24/25

DIRECTED: Beginning on 4/28/25: The administrator/designee shall inspect all food storage areas weekly to ensure compliance with 2600.103g. [REDACTED] 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. [REDACTED] 4/24/25

103g - Storing Food (continued)

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Implemented (█) - 06/25/2025)

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

At 12:18 PM, the home's emergency procedures were stored in a locked filing cabinet and were not posted in a conspicuous and public place in the home.

Plan of Correction

Directed (█) - 04/24/2025)

As I have stated before, in the last 9 years out emergency poster and our homes emergency plans have been the same with no pushback, we have a municipality which will take our residents in just in case of a fire until we have placement and its always be hung on our dartboard, to much of my knowledge it is still their but an proper one, so since the inspection we have modernized and updated our emergency preparedness plan and nit is hidden inconspicuously on the tac board

DIRECTED: By 4/28/25, then monthly thereafter: The administrator shall inspect the home to ensure the home's emergency preparedness plans, as well as the emergency preparedness plans for the municipality in which the home is located, are posted in a conspicuous and public place in the home. █ 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. █ 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Implemented (█) - 06/25/2025)

126a - Furnace Inspection

16. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home has no documentation that the home's furnace has been inspected by a professional furnace cleaning company or trained maintenance staff person within the past year.

126a - Furnace Inspection (continued)

Plan of Correction

Directed (█) - 04/24/2025

The furnace was inspected on 5-1-25 by the people that installed it, █ mechanical heating and air conditioning, they are due to come in every 6 months. The next home quality management review will be held 3 days after my sanswrite has been accepted

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. █ 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented (█) - 06/25/2025

132e - Fire Drill Sleeping Hours

17. Requirements

2600.

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

Description of Violation

The most recent fire drill conducted during sleeping hours was held on 2/14/24 at 11:00pm.

Plan of Correction

Directed (█) - 04/24/2025

Although aware of the 2 night a week over night fire drill, we are aware of this mistake and have been side strokes other directions, we will be having our first one in █ (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. █ 4/24/25). and December 2025. To make this meet requirements of the state.

DIRECTED: By 5/10/25: The home shall conduct an unannounced fire drill during sleeping hours. Documentation of the fire drill shall be kept in accordance with 2600.132c. █ 4/24/25

DIRECTED: Beginning on 5/10/25: The administrator shall review all fire drill documentation monthly to ensure an unannounced fire drill is held during sleeping hours at least once every 6 months. █ 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. █ 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Implemented (█) - 06/25/2025

141b1 - Annual Medical Evaluation

18. Requirements

141b1 - Annual Medical Evaluation (continued)

2600.

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

Description of Violation

Resident #4's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Directed ([REDACTED] - 04/24/2025)

resident #4 annual review was conducted the day after inspection after realizing it wasn't done. (DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall ensure resident #4's most recent medical evaluation is present in resident #4's record. [REDACTED] 4/24/25). Since I was already in all of the residents charts I did take it among myself to go through every chart individually to make sure annual reviews were all conducted in the year 2024. Moving forward mid monthly checks will be observed by the home administrator.

DIRECTED: By 4/30/25: The administrator shall develop and implement a tracking system which includes the names of all residents and the dates of each resident's most recent medical evaluation. Beginning on 5/1/25, the administrator shall review and update the tracking system monthly to ensure timely medical evaluations are completed in accordance with 2600.141b. Documentation of the tracking system shall be kept. [REDACTED] 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. [REDACTED] 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented ([REDACTED] - 06/25/2025)

144c1 - Smoking Area Guidelines

19. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 10:45 AM, there were approximately 17 cigarette butts scattered on the ground outside of the basement emergency exit. This area is not the home's designated smoking area.

Plan of Correction

Directed ([REDACTED] - 04/24/2025)

All Cigarette butts were cleaned up following inspectio. we were unable to see all the cigarette butts right before the inspection due to snowfall. Designated smoking have been and always will be on the back patio.Next quality review will take place 3 days after my POCs are placed and accepted

DIRECTED: By 4/30/25: The administrator shall reeducate all residents and staff persons on the location of the home's designated smoking areas. Documentation of the staff education shall be kept in accordance with

144c1 - Smoking Area Guidelines (continued)

2600.65i. █ 4/24/258

DIRECTED: Beginning on 4/30/25: The administrator/designee shall inspect the exterior of the home weekly to ensure there is no evidence of smoking outside of the designated smoking areas and to ensure compliance with 2600.144c. █ 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. █ 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented (█ - 06/25/2025)

161b - Well-Balanced Meals

20. Requirements

2600.

161.b. At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

Description of Violation

According to numerous residents, the only food option available for breakfast each day is cold cereal with coffee or water. No alternative food items are available for breakfast.

Plan of Correction

Directed (█ - 04/24/2025)

Since the inspection the resident made it vocal to all staff on which selections █ would like to be offered, it was not the cereal or toast, or was the drink menu, so the very least we have milk, apple juice, iced tea, lemonade, bagels, pastries and tang, so we are in compliance with all the states regulations

DIRECTED: Beginning on 4/28/25: The administrator/designee shall review the home's menus weekly to ensure each meal includes an alternative food and drink item in accordance with 2600.161b. █ 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. █ 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Implemented (█ - 06/25/2025)

183b - Meds and Syringes Locked

21. Requirements

183b - Meds and Syringes Locked (continued)

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 1:30 PM, Povidone-Iodine 10% solution was unlocked, unattended and accessible on top of resident #6's dresser.

Plan of Correction

Directed (████ - 04/24/2025)

The Medications were removed from resident #6 bedroom the day of inspection, moving forward all staff and residents are accountable for all medications left in the room, staff will check nightly and do nightly checks to make sure no medication was given out and directly handed the resident and then left alone, staff will be trained for medication in resident rooms upon completion and approval of my sans write POCs (DIRECTED: The nightly checks shall begin on 4/28/25 to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. █████ 4/24/25)

DIRECTED: By 4/30/25: The administrator shall reeducate all staff persons qualified to administer medications that all prescription medications, OTC medications, CAM and syringes are to be kept in an area or container that is locked. Documentation of the staff education shall be kept in accordance with 2600.65i. █████ 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. █████ 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented (████ - 06/25/2025)

183c - Refrigerated Meds Locked

22. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

At 10:36 AM, the small back refrigerator in the 1st floor living room was unlocked, unattended and accessible, which contained 11 boxes of insulin, to include the following:

- 1 box of resident #5's Lantus Solostar 100u/ml insulin pens
- 2 boxes of resident #6's Lantus Solostar 100u/ml insulin pens

Plan of Correction

Directed (████ - 04/24/2025)

Refrigerator for the insulin does indeed have a lock on it. staff is to lock refrigerator back up after withdrawing a

183c - Refrigerated Meds Locked (continued)

certain med from the refrigerator. When staff relieves the next shift they will be responsible for any door left open that needs to remain locked, this is in order to tell the owners and home administrator who is responsible for the unlocked med refrigerator.

DIRECTED: Beginning on 4/28/25: A designated staff person shall inspect the home nightly to ensure all prescription medications, OTC medications and CAM stored in a refrigerator are kept in an area or container that is locked. [REDACTED] 4/24/25

DIRECTED: By 4/30/25: The administrator shall reeducate all staff persons qualified to administer medications that all prescription medications, OTC medications and CAM stored in a refrigerator are to be kept in an area or container that is locked. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. [REDACTED] 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented ([REDACTED] - 06/25/2025)

183d - Prescription Current

23. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

At 10:36 AM, 2 boxes of Lantus Solostar insulin pens, belonging to staff person C, were stored with numerous resident insulin pens in the unlocked small back refrigerator, located in the 1st floor living room.

REPEAT VIOLATION: 6/25/2024

Plan of Correction

Directed ([REDACTED] - 04/24/2025)

During the inspection I was notified about this happened and I knew who it was, said staff person [REDACTED] was storing [REDACTED] medication while [REDACTED] worked [REDACTED]. Next quality review will be held 3 days after my sans write POCs are accepted

DIRECTED: By 4/30/25: The administrator shall educate all staff persons, including staff person C, that staff medications must be stored separately from resident medications. The education shall also include reeducation that all medications, including medications for staff persons, must be kept in an area that is locked in accordance with 2600.183b. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/24/25

DIRECTED: Beginning on 4/30/25: The administrator/designee shall inspect the home and medication storage areas weekly to ensure compliance with 2600.183d and to ensure staff medications are not being stored with resident

183d - Prescription Current (continued)

medications. ■ 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. ■ 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented (■ - 06/25/2025)

187a - Medication Record**24. Requirements**

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #6 is currently prescribed Lantus Solostar 100u/ml insulin-Inject 20 units subcutaneously in the morning for diabetes; however, this medication is not present on resident #6's March 2025 medication administration record (MAR).

Direct care staff person D currently administers medications to residents in the home; however, direct care staff person D's name and initials are not included on the home's staff medication administration key.

REPEAT VIOLATION: 6/25/2024

Plan of Correction

Directed (■ - 04/24/2025)

Due to H&M Personal care at the time of this incident we did experience a traumatic care go through our living room wall and it had slipped out minds to discard of old residents medication. All staff persons have been trained through their 6 month rotation of medication training, moving forward, if know a resident is leaving a weekly

187a - Medication Record (continued)

review of medication will happen due to the fact that we get all medications weekly and this will ensure we are compliant with state regulations.

DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure resident #6's Lantus Solostar insulin is present on resident #6's current MAR in accordance with the current prescriber's order and in accordance with 2600.187a. [REDACTED] 4/24/25

DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure direct care staff person D adds their name and initials to the home's staff medication administration key. [REDACTED] 4/24/25

DIRECTED: By 4/30/25: The administrator/designee shall inspect all current resident MAR's to ensure accuracy and completeness in accordance with prescribers' orders and in accordance with 2600.187a. [REDACTED] 4/24/25

DIRECTED: Beginning on 5/15/25: The administrator/designee shall review at least 8 different resident MAR's monthly to ensure accuracy and completeness in accordance with prescribers' orders and in accordance with 2600.187a, and to ensure the names and initials of all staff persons currently administering medications to residents are present on the home's staff medication administration key. [REDACTED] 4/24/25

DIRECTED: By 4/30/25: The administrator shall reeducate all staff persons qualified to administer medications that each resident must have an accurate and complete MAR in accordance with prescribers' orders and in accordance with 2600.187a. The staff education shall also include the home's procedures for updating resident MAR's immediately upon receipt of a new order. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. [REDACTED] 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented ([REDACTED] - 06/25/2025)

187b - Date/Time of Medication Admin.

25. 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 #6 is currently prescribed Nystatin 100,000u/gm powder-Apply to affected area topically 2 times a day; however, this medication was not present and available in the home for administration. Resident #6 indicated [REDACTED] has not received the Nystatin powder for approximately 1 week; however, staff persons initialed resident #6's March 2025 MAR as administering the medication twice daily through 3/12/25, as well as at 10:00am on 3/13/25.

REPEAT VIOLATION: 6/25/2024

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Directed (█) - 04/24/2025

After knowing that the prescription was outdated or D/Cd we immediately called pharmacy to D/C these orders with a Drs script with it and took it out of the cart and off the MAR. Every staff member that I have will receive training on this particular violations after citations are approved by the state, in order for nothing like this to happen again

DIRECTED: Beginning on 5/15/25: The administrator/designee shall review at least 8 different resident MAR's monthly to ensure accurate and complete medication administration documentation is present in accordance with 2600.187b. █ 4/24/25

DIRECTED: By 4/30/25: The administrator shall reeducate all staff persons qualified to administer medications on medication administration documentation procedures, which includes the documentation of administration on resident MAR's immediately following the administration of medications. Documentation of the staff education shall be kept in accordance with 2600.65i. █ 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. █ 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented (█) - 06/25/2025

187d - Follow Prescriber's Orders

26. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is currently prescribed Nystatin 100,000unit/gm powder-Apply to affected area topically 2 times a day; however, this medication was not present and available in the home for administration. Resident #6 indicated █ has not received the Nystatin powder for approximately 1 week.

Plan of Correction

Directed (█) - 04/24/2025

Resident#6 nystatin was discontinued the next day after inspection, we had called the Home MD and asked the basic questions on whether █ needs to still be on it, and █ agreed that they don't so █ put in a DC order immediately. (DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure documentation of the discontinuation of resident #6's Nystatin powder by resident #6's prescriber is present in resident #6's record. █ 4/24/25). All staff members will be trained in the aspect of state regulations upon completion and acceptance of my sans write POCs

DIRECTED: Beginning on 5/15/25: The administrator/designee shall review at least 8 resident MAR's monthly to

187d - Follow Prescriber's Orders (continued)

ensure resident medications are administered in accordance with prescribers' orders. ■ 4/24/25

DIRECTED: By 4/30/25: The administrator shall reeducate all staff persons qualified to administer medications that all resident medications must be administered to residents in accordance with prescribers' orders. Documentation of the staff education shall be kept in accordance with 2600.65i. ■ 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. ■ 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented (■ - 06/25/2025)

190a - Completion Medication Course**27. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff person A completed the initial Department-approved medication administration course on ■ however, did not successfully complete the annual practicums in 2024 in accordance with the Department-approved medication administration course. Direct care staff person A has administered numerous medications to numerous residents on numerous dates/times, to include the following:

- *Resident #1's Omeprazole-20mg capsule and Lorazepam-1mg tablet at 10:00 AM on 3/1/25, 3/2/25, 3/6/25 and 3/13/25*
- *Resident #2's Citalopram HBR-40mg tablet and Buspirone HCL-10mg tablet at 8:00 AM on 3/1/25, 3/2/25, 3/6/25 and 3/13/25*
- *Resident #4's Pantoprazole Sodium DR-40 mg tablet and Venlafaxine ER-75mg capsule at 10:00 AM on 3/1/25, 3/2/25, 3/6/25 and 3/13/25*
- *Resident #6's Clopidogrel-75mg tablet and Oxybutynin CL ER-5mg tablet at 10:00 AM on 3/1/25, 3/2/25, 3/6/25 and 3/13/25*

Plan of Correction

Directed (■ - 04/24/2025)

Staff person A does Not Have the train the trainer education. Staff Person B hold the certificate for train the trainer and then Landmark home health comes out to monitor me because our other train the trainer is no longer with us as an employee, Since inspection all med training have been update and in compliance with state regulations. The next quality review will take place 3 days after my sans write POCs have been accepted

DIRECTED: Immediately: Direct care staff person A shall not administer medications to any resident until successful completion of the Department-approved medication administration course. Documentation of the completion of

190a - Completion Medication Course (continued)

the Department-approved medication administration course shall be kept in accordance with 2600.190c. 4/24/25

DIRECTED: By 4/30/25: The administrator shall develop and implement a tracking system which includes the names of all current direct care staff persons qualified to administer medications, the dates of each direct care staff person's initial medication training, as well as the dates of all observations. Beginning on 5/1/25, the administrator shall review and update the tracking system monthly to ensure all direct care staff persons administering medications are qualified to do so in accordance with the Department-approved medication administration course. Documentation of the tracking system shall be kept. 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. 4/24/25

Proposed Overall Completion Date: 04/22/2025

Directed Completion Date: 05/15/2025

Not Implemented - 06/25/2025

225c - Additional Assessment

28. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #4's most recent assessment was completed on

Plan of Correction

Directed - 04/24/2025

Resident #4s assessment was done and state regulated the day after the inspection in order to stay compliant with the state. (DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall ensure resident #4's most recent assessment is present in resident #4's record. 4/24/25). Moving forward biweekly checks will be held by me the home administrator every month to stay in compliance.

DIRECTED: By 4/30/25: The administrator shall develop and implement a tracking system which includes the names of all residents and the dates of each resident's most recent assessment. Beginning on 5/1/25, the administrator shall review and update the tracking system monthly to ensure timely assessments are completed in accordance with 2600.225c. Documentation of the tracking system shall be kept. 4/24/25

DIRECTED: By 5/15/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept, which includes the date/time of the meeting, the names of the staff persons who participated in the quality management review and a summary of the items discussed during the review. 4/24/25

Proposed Overall Completion Date: 04/22/2025

225c - Additional Assessment *(continued)*

Directed Completion Date: 05/15/2025

Not Implemented ([REDACTED] - 06/25/2025)