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

May 22, 2025

[redacted]
NORTHEAST PC OPERATIONS LLC
[redacted]

RE: BRYN MAWR VILLAGE
773 EAST HAVERFORD ROAD
BRYN MAWR, PA, 19010
LICENSE/COC#: 14834

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/17/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BRYN MAWR VILLAGE* **License #**: *14834* **License Expiration**: *10/16/2025*

Address: *773 EAST HAVERFORD ROAD, BRYN MAWR, PA 19010*

County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *NORTHEAST PC OPERATIONS LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *09/30/2014* **Issued By**: *09/30/2014*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *20* **Waking Staff**: *15*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *03/17/2025*

Inspection Dates and Department Representative

03/17/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served**: *10*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Impressions* **Capacity**: *25* **Residents Served**: *10*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *10*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *10*

Have Physical Disability: *0*

Inspections / Reviews

03/17/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/19/2025*

04/28/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/21/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/01/2025*

Inspections / Reviews *(continued)*

05/02/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/21/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/21/2025*

05/22/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/21/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] for resident [redacted] was not signed by the resident, the resident's responsible party, administrator or a designee.

Repeat Violation: [redacted], et al

Plan of Correction ***Accept ([redacted] - 04/23/2025)***

The administrator has created a tickler to audit all contracts including resident [redacted] All resident contracts will be audited and signed by resident, responsible party, and administrator by 5/19/2025.
The administrator will create a tickler for all new admissions to ensure that all contracts are signed by appropriate parties.

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

Implemented [redacted] - 05/22/2025)

51 - Criminal Background Check

2. 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

The home has one resident who receives hospice services from Constellation. The home does not have criminal background checks for any of the hospice workers providing services to the resident in the home.

Repeat Violation: [redacted] et al [redacted]

Plan of Correction ***Accept [redacted] - 04/23/2025)***

On 3/17/2025 Constellations hospice was able to send of a signed letter from The Vice President and Human Resources to serve as confirmation that all necessary federal and state background checks were completed.
Constellations Hospice is working on getting signed disclosures from all of their staff in order to send background checks to in our facility.
The administrator has followed up with Constellations Hospice and plans to have all staff background checks in the home by 5/19/2025.

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

Implemented ([redacted] - 05/22/2025)

62 - Contact List

3. Requirements

2600.
62. List of Staff Persons The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

At 9:58 am, the home did not have a complete staff list that includes agency staff. At 11:22 am, a separate agency staff list was provided by staff person A.

Repeated Violation: [redacted]

Plan of Correction ***Accept*** [redacted] ***- 04/23/2025)***

HR and the scheduler will be in-serviced by the administrator on 4/21/2025 on the contact list.
Starting the week of 4/21/2025 The scheduler and HR will provide the contact list together to include in house staff and agency staff to the administrator weekly.
These weekly audits will go on from 4/21/25-5/21/2025. Any discrepancies will be documented and reviewed internally for improvement purposes.

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented [redacted] ***- 05/22/2025)***

63a First Aid/CPR Training

4. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted]*, from 3:00 pm-11:00 pm, 10 residents were present in the home. During this time there was no staff person present in the home who was trained in first aid.*
On [redacted]*, from 11:00 pm-7:00 am, 10 residents were present in the home. During this time there was no staff person present in the home who was trained in first aid and certified in obstructed airway techniques and CPR*
On [redacted]*, from 7:00 am-11:00 pm, 10 residents were present in the home. During this time there was no staff person present in the home who was trained in first aid.*
On [redacted]*, from 11:00 pm-7:00 am, 10 residents were present in the home. During this time there was no staff person present in the home who was trained in first aid and certified in obstructed airway techniques and CPR*
On [redacted] *from 3:00 pm-11:00 pm, 10 residents were present in the home. During this time there was no staff person present in the home who was trained in first aid.*
On [redacted]*, from 11:00 pm-7:00 am, 10 residents were present in the home. During this time there was no staff person present in the home who was trained in first aid and certified in obstructed airway techniques and CPR.*

Plan of Correction ***Accept*** [redacted] ***- 04/23/2025)***

On 3/17/2025 the Administrator scheduled First Aid and CPR training for all staff.
The classes will be in sessions with the first class completed on 4/10/2025. The second class completed 4/18/2025.
The next class to get all staff certified will be schedules week of 4/21/2025.

63a - First Aid/CPR Training (continued)

All staff will be certified by the week of 5/21/2025.

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented ([redacted] - 05/22/2025)

63b - Current First Aid Training

5. Requirements

2600.
63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff person B completed CPR training with National CPR foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction ***Accept ([redacted] - 05/02/2025)***

On 3/17/2025 the Administrator scheduled First Aid and CPR training for all staff.
Staff member B participated in the second class which was completed on 4/18/2025.
All staff will be certified by the week of 5/21/2025.
First aid and CPR training is being conducted in person by Randal Evans with the Emergency Care & Safety Institute.

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented [redacted] 05/22/2025)

65a - FS Orientation 1st Day

6. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person C, whose first day of work was [redacted], did not receive orientation on the following topics:

Evacuation procedures.
Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
Smoking safety procedures, the home's smoking policy and location of smoking areas.
The location and use of fire extinguishers.

65a - FS Orientation 1st Day (continued)

Smoke detectors and fire alarms.
Telephone use and notification of emergency services.

Repeated Violation: [redacted] *,et al,* [redacted] *et al,* [redacted]

Plan of Correction ***Accept*** [redacted] ***04/23/2025)***

Staff member C has been DNR'd and is no longer able to return to the facility to work.
Starting 3/18/2025 The administrator has created a tickler to ensure that all agency staff completes an orientation which includes Evacuation procedures.
Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, The designated meeting place outside the building or within the fire-safe area in the event of an actual fire, Smoking safety procedures, the home's smoking policy and location of smoking areas, The location and use of fire extinguishers, Smoke detectors and fire alarms, Telephone use and notification of emergency services. As of 3/18/2025 all agency staff has completed and orientation to include the required topics.

Licensee's Proposed Overall Completion Date: *04/19/2025*

Implemented [redacted] ***05/22/2025)***

65i - Training Record

7. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of training for staff person C, does not include date, source, content, length of each course or copies of any certificates received.

Repeat Violation: [redacted] *, et al*

Plan of Correction ***Accept*** [redacted] ***04/23/2025)***

Staff member C has been DNR'd and is no longer able to return to the facility to work.
On 4/23/2025 the administrator will audit all staff training records to ensure that all trainings include date, source, content, length of each course or copies of any certificates received.

Licensee's Proposed Overall Completion Date: *04/19/2025*

Implemented [redacted] ***- 05/22/2025)***

82a - Poisonous Materials

8. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [redacted] *, hand soap located in the dining area kitchenette left unattended and accessible to residents was in a softsoap container. Google search of softsoap cool peppermint show hand soap in original container is clear and the hand soap in the softsoap container is orange in color.*

82a Poisonous Materials (continued)

Plan of Correction ***Accept [redacted] - 04/28/2025)***

On 3/17/2025 the hand soap was immediately discarded.
The administrator has in services all staff on Poisonous chemicals on 3/18/2025.
DCS will begin daily audits in the kitchen on 4/21/2025 to ensure that all poisonous chemicals are in accessible to residents and also stored in their original, labeled containers.
These audits will go from 4/21/2025 daily to 5/21/2025.

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented [redacted] - 05/22/2025)

82c - Locking Poisonous Materials

9. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Aim Toothpaste, with a manufacturer's label indicating, " if more than used for brushing is accidentally swallowed, get medical help or contact poison control right away", was unlocked, unattended, and accessible to resident [redacted]. Not all the residents of the home, including resident [redacted], have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [redacted], et al, [redacted], et al

Plan of Correction ***Accept [redacted] - 04/28/2025)***

On 3/17/2025 all poisonous chemicals were immediately locked up.
The administrator has in services all staff on Poisonous chemicals on 3/18/2025.
DCS will begin daily audits in the kitchen on 4/21/2025 to ensure that all poisonous chemicals are in accessible to residents at all times.
These audits will go from 4/21/2025 daily to 5/21/2025.

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented [redacted] - 05/22/2025)

95 - Furniture and Equipment

10. Requirements

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

Description of Violation

Resident [redacted] did not have a toilet paper holder for [redacted] toilet paper in their bathroom.

Plan of Correction ***Accept [redacted] 04/28/2025)***

On 3/17/25 a toilet paper holder was placed in the bathroom of resident 32.

95 Furniture and Equipment (continued)

On 3/18/2025 the administrator did an audit of all rooms to ensure that all residents have a toilet paper holder for [redacted] toilet paper in their bathroom.
The administrator will audit all rooms weekly to ensure that all residents have a toilet paper holder to remain in compliance with this regulation.
The administrator will audit all rooms weekly starting 3/24/2025 and will continue on until the week of 4/24/2025.

Licensee's Proposed Overall Completion Date: *04/24/2025*

Implemented [redacted] - 05/22/2025)

103g - Storing Food

11. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 10:00 am, there was a bag of grapes in the refrigerator in the impressions kitchen that was opened and unsealed.

Plan of Correction ***Accept ([redacted] - 04/28/2025)***

On 3/17/2025 the opened/unsealed bag of grapes was immediately discarded.
On 3/18/2025 the administrator in serviced all staff on storing food in closed or sealed containers.
DCS/designee will begin audits daily starting the week of 4/21/2025 to ensure that there is no food in the refrigerator that is not in closed or sealed containers.
These daily audits will go on from 4/21/2025 5/21/2025

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented [redacted] - 05/22/2025)

103i - Outdated Food

12. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [redacted], at approximately 10:00 am, there was a Lyons Ready Care Thickened Lemon Flavor water with a used by date of [redacted] in the refrigerator in the impressions kitchen.

Repeated Violation: [redacted], et al

Plan of Correction ***Accept ([redacted] - 04/28/2025)***

On 3/17/2025 the Lyons Ready Care Thickened Lemon Flavor water was immediately disposed of.
On 3/18/2025 the administrator in serviced all staff on storing food in closed or sealed containers.
DCS/designee will begin audits daily starting the week of 4/21/2025 to ensure that there is no food in the refrigerator that is not in closed or sealed containers.
These daily audits will go on from 4/21/2025 5/21/2025

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented [redacted] - 05/22/2025)

141a - Medical Evaluation

13. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. However, an initial medical evaluation was not completed for the resident.

Repeat Violation: [redacted] et al

Plan of Correction ***Accept [redacted] - 04/28/2025)***

On [redacted] the administrator has created a document to place into Resident [redacted] record to serve as proof that the administrator is aware that [redacted] medical evaluation was not completed.
The administrator has created an audit sheet and all resident records will be audited for initial medical evaluations. This audit will be completed by the week of 4/25/2025. The administrator will audit all new admissions to ensure that initial medical evaluations are being completed timely.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Implemented [redacted] - 05/22/2025)

141a 1-10 Medical Evaluation Information

14. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] annual medical evaluation dated [redacted] did not include a general physical examination by a physician, physician's assistant or nurse practitioner, a medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, and cognitive functioning.

Plan of Correction ***Accept [redacted] - 04/28/2025)***

On 4/19/2025 the administrator has created a document to place into Resident [redacted] record to serve as proof that the administrator is aware that [redacted] medical evaluation dated 5/10/2024 was not completed to include a general physical examination by a physician, physician's assistant or nurse practitioner, a medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in

141a 1 10 Medical Evaluation Information (continued)

case of an emergency, and cognitive functioning. .
The administrator has created an audit sheet and all resident records will be audited for completed medical evaluations.
This audit will be completed by the week of 4/25/2025. The administrator will audit all new admissions to ensure that initial medical evaluations are being completed timely.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Implemented [redacted] - 05/22/2025)

183d - Prescription Current

15. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], [redacted] tablet take one tablet by mouth daily for anemia belonging to resident [redacted] was observed on the medication cart. According to the medication pharmacy label, the resident was prescribed the medication on [redacted]. However, the medication is not listed on the medication order summary or the medication administration record for February 2025 or March 2025.

Plan of Correction ***Accept ([redacted] - 04/28/2025)***

On 3/17/2025 the [redacted] was removed from the medication cart and investigated. The Doctors office stated that they never sent the prescription, so it was an error.
The administrator has a meeting with the Pharmacy representative on 4/21/2025 and will discuss this medication as well.
The administrator has completed a weekly audit of the medication cart to ensure that the medication has not been delivered again and placed in the cart.
Nursing staff will complete weekly audits starting 4/21/2025 to ensure that the medication is not being kept in the home.
These audits will go on weekly from 4/21/2025 5/21/2025. Any discrepancies will be documented and addressed for continued compliance.

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented ([redacted] - 05/22/2025)

183e - Storing Medications

16. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed multivitamin take one tablet by mouth once daily every shift for vitamin deficiency. During the medication cart audit, a tear in spot #2 on the blister pack was observed and the pill was still in the pack.

Repeated Violation: [redacted]

183e Storing Medications *(continued)*

Plan of Correction ***Accept [redacted] 04/28/2025)***

On 3/17/2025 the Pill in spot #2 on the multivitamin blister pack was disposed of properly.
On 3/18/2025 the administrator has in serviced all nursing staff on storing medications and what to do if a blister pack is punctured.
Nursing staff will complete weekly cart audits on all blister packs to ensure that there are no tears and are documenting proper disposal if a tear/puncture is found from 4/21/25 5/21/25.

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented [redacted] - 05/22/2025)

184a - Resident's Meds Labeled

17. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On [redacted] resident [redacted] had the incorrect directions listed on the pharmacy label. The resident's current order as of [redacted] is "give one tablet 3 times a day" however the pharmacy label read "give one tablet every 6 hours." There was no direction change sticker on the blister pack.

Repeat Violation: [redacted], et al

Plan of Correction ***Accept [redacted] - 04/28/2025)***

On 3/17/2025 a direction change sticker was placed on Resident [redacted]
The administrator in serviced all nursing staff on 3/18/2025 on Medication Labels.
Nursing staff will complete weekly audits to ensure that all labels are correct on all medication blister packs to ensure continued compliance.
These audits will begin for a month beginning 4/21/2025 and concluding 5/21/2025.

Licensee's Proposed Overall Completion Date: *05/21/2025*

Implemented [redacted] 05/22/2025)

224a - Preadmission Screen Form

18. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form *(continued)*

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident's preadmission screening form was not completed.

Repeated Violation: [redacted], et al

Plan of Correction ***Accept [redacted] 04/28/2025)***

On 4/19/2025 the administrator has created a document to place into Resident [redacted] record to serve as proof that the administrator is aware that [redacted] Preadmission screening was not completed.
The administrator has created an audit sheet, and all resident records will be audited for preadmission screenings. This audit will be completed by the week of 4/25/2025. The administrator will audit all new admissions to ensure that initial medical evaluations are being completed timely.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Implemented [redacted] - 05/22/2025)

225a - Assessment 15 Days

19. Requirements

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

Description of Violation

An initial assessment was not completed for resident [redacted] who was admitted to the home on [redacted].

Repeated Violation: [redacted], et al

Plan of Correction ***Accept[redacted] - 04/28/2025)***

On 4/19/2025 the administrator has created a document to place into Resident [redacted]s record to serve as proof that the administrator is aware that [redacted] initial assessment was not completed.
The administrator has created an audit sheet and all resident records will be audited for initial assessments. This audit will be completed by the week of 4/25/2025. The administrator will audit all new admissions to ensure that initial medical evaluations are being completed timely. Any assessments not completed within required timeframe will be POC audited and a form to show that the administrator is aware will be placed in resident records.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Implemented [redacted] - 05/22/2025)

227g -Support Plan Signatures

20. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident or the

227g -Support Plan Signatures (continued)

assessor did not sign the support plan.

Repeated Violation: [redacted]

Plan of Correction ***Accept*** [redacted] ***- 04/28/2025)***

Resident support plan dated 8/8/24 was POC updated to include that resident was unable to sign.
On 4/19/2025 the administrator has created a document to place into Resident [redacted] *record to serve as proof that the administrator is aware that* [redacted] *support plan dated 8/8/24 was not initially signed by resident, and has been POC updated and reviewed with* [redacted] *Guardian.*
The administrator has created a tickler to audit all support plans for signatures. This audit will be completed the week of 4/25/25.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Implemented [redacted] ***- 05/22/2025)***

234b - Support Plan Needs Elements

21. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan dated [redacted] *and* [redacted] *for resident* [redacted] *does not address* [redacted] *diagnosis of* [redacted]

Plan of Correction ***Accept*** [redacted] ***- 04/28/2025)***

Resident [redacted] *Guardian will be in the week of 4/21/25 and the Support Plan will be updated to address* [redacted] *diagnosis of dementia.*
The administrator has created a tickler to check all support plans to ensure they address each residents' diagnosis of dementia.
The administrator began to audit all support plans on 3/20/2025 and the audit will be completed by 4/25/2025 to ensure continued compliance.

Licensee's Proposed Overall Completion Date: *04/25/2025*

Implemented ([redacted] ***- 05/22/2025)***