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

June 26, 2025

[redacted] ADMINISTRATOR
WILLIAM PENN HEALTH CARE ASSOCIATES LP
1021 WALTON ROAD
JEANNETTE, PA, 15644

RE: WILLIAM PENN SENIOR SUITES
AND PERSONAL CARE
1021 WALTON ROAD
JEANNETTE, PA, 15644
LICENSE/COC#: 44425

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/03/2025, 04/04/2025 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: *WILLIAM PENN SENIOR SUITES AND PERSONAL CARE* **License #**: *44425* **License Expiration**: *09/23/2025*

Address: *1021 WALTON ROAD, JEANNETTE, PA 15644*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *WILLIAM PENN HEALTH CARE ASSOCIATES LP*

Address: *1021 WALTON ROAD, JEANNETTE, PA, 15644*

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *02/20/2012* **Issued By**: *Penn Towhship*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *70* **Waking Staff**: *53*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *04/04/2025*

Inspection Dates and Department Representative

04/03/2025 - On-Site: [redacted]

04/04/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *108* **Residents Served**: *46*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *4* **Are 60 Years of Age or Older**: *45*

Diagnosed with Mental Illness: *5* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *24* **Have Physical Disability**: *0*

Inspections / Reviews

04/03/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/03/2025*

05/14/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/12/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/14/2025*

Inspections / Reviews *(continued)*

06/26/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *06/12/2025*

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

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 3/19/25, at approximately 2:00 p.m., resident #1 indicated to staff member A that [redacted] felt scared and uncomfortable because staff member B entered [redacted] room the night before around 2:00 a.m., pulled [redacted] blanket off and felt [redacted] However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act until 3/25/25.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: It was reported immediately after Administration was made aware on 3/25/2025.
ACTION: On 3/25/2025 and 4/7/2025 PC Administrator educated Staff A on 2600.15a on reporting abuse protocol. All staff will be educated on 2600.15a on May 7, 2025, to ensure compliance with regulations. Documentation will be kept. On 4/7/2025 Staff member C was educated on compliance of reporting resident abuse.
ACTION PLAN: Interviews with all residents began on 4/10/2025 asking the following questions: 1. Do you feel safe in our building? 2. Do you feel that your rights have been violated? 3. Does the staff knock and let themselves know when entering the room? 100% of all residents will be made for the month of April, 75% for the month of May, 25 % for the month of June and 10% every month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/25/2025*

Implemented ([redacted] - 06/26/2025)

15b - Supervisor Plan

2. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 3/19/25, at approximately 2:00 p.m., resident #1 indicated to staff member A that [redacted] felt scared and uncomfortable because staff member B entered [redacted] room the night before around 2:00 a.m., pulled [redacted] blanket off and felt [redacted] Staff member C informed [redacted] the home's administrator, of this incident. However, staff member B was not placed on a plan of supervision or suspended until 3/25/25.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: Upon hearing on 3/25/2025 of an incident that occurred on 3/19/2025 that employee was removed from the schedule. On 3/19/2025 when the administrator was notified that resident # 1 did not feel comfortable with staff member #2 and they were not permitted to provide care to residents #1 or on that floor. On 3/25/2025 staff member #2 was suspended and then on 3/29/2025 staff member #2 was able to work with a plan of supervision. On 4/7/2025 staff member B was able to return to work but no longer able to provide care to resident #1.On 4/7/2025 Staff member C was educated on compliance of reporting resident abuse.
ACTION: On 3/25/2025 PCHA suspended staff member B once the information of abuse. All staff will be educated

15b - Supervisor Plan (continued)

on 2600.15b May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 the PCHA will review all interviews daily to ensure the plan of supervision to ensure that all staff in question are immediately suspended pending a plan of supervision. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

15c - Supervision

3. Requirements

2600.
15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 3/19/25, at approximately 2:00 p.m., resident #1 indicated to staff member A that felt scared and uncomfortable because staff member B entered room the night before around 2:00 a.m., pulled blanket off and felt Staff member C informed staff member D, the home's administrator, of this incident. However, staff member B continued to work in the home, on 3/19/25 and 3/24/25, and was not placed on a plan of supervision until 3/25/25.

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: Upon hearing on 3/25/2025 of an incident that occurred on 3/19/2025 that employee was removed from the schedule. On 3/19/2025 when the administrator was notified that resident # 1 did not feel comfortable with staff member #2 and they were not permitted to provide care to residents #1 or on that floor. On 3/25/2025 staff member #2 was suspended and then on 3/29/2025 staff member #2 was able to work with a plan of supervision. On 4/7/2025 staff member A was able to return to work but no longer able to provide care to resident #1.
ACTION: On 3/25/2025 PCHA suspended staff member B once the information of abuse. All staff will be educated on2600.15c on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 the PCHA will review all interviews daily to ensure the plan of supervision to ensure that all staff in question are immediately suspended pending a plan of supervision. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

15d - Resident Abuse-Notification

4. Requirements

2600.
15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 3/19/25, the home received a report of suspected abuse involving resident #1. The home did not notify the resident's designee until 3/25/25.

15d - Resident Abuse-Notification *(continued)*

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: Upon hearing on 3/25/2025 of the incident from 3/19/2025 the PCHA contacted resident #1 designee.
ACTION: On 3/25/2025 PCHA contacted the designee once the information of abuse. All staff will be educated on2600.15d on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 the PCHA will review all interviews daily ensure residents' designee will be notified. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

16c - Written Incident Report

5. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/19/25, at approximately 2:00 p.m., resident #1 indicated to staff member A that felt scared and uncomfortable because staff member B entered room the night before around 2:00 a.m., pulled blanket off and felt The home did not report this incident to the Department until 3/25/25.

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: Upon hearing on 3/25/2025 of an incident that occurred on 3/19/2025 administrator did complete the written state reportable.
ACTION: On 3/25/2025 PCHA completed the written state report. All staff will be educated on2600.16c on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 PCHA the will review all interviews daily to ensure a written incident report is written and sent. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

18 - Compliance With Laws

6. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." There was no carbon monoxide alarm near the gas hot water tanks in the basement.

18 - Compliance With Laws *(continued)*

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: On 4/4/2025 PCHA was notified of regulation 18 and lack of carbon monoxide alarm near the gas hot water tank.
ACTION: On 4/10/2025 Intelligent Electronic Systems was in place a carbon monoxide alarm 15 feet from the gas hot water tank in the basement. All staff will be educated on2600.18 on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 the PCHA and Director of Maintenance will monitor to ensure carbon monoxide detector is working once a month.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

42c - Treatment of Residents

7. Requirements

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

Description of Violation

On 3/19/25, at approximately 2:00 a.m., staff member B entered resident #1's bedroom while the resident was asleep. Staff member B pulled the resident's blanket off and felt [redacted] which abruptly woke the resident causing [redacted] to become shocked and scared. Resident #1 indicated to multiple staff members of the home, including staff members A & C, that [redacted] did not want staff member B in [redacted] room and did not feel comfortable with [redacted]

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: Upon hearing on 3/25/2025 of an incident that occurred on 3/19/2025 that employee was removed from the schedule. On 3/19/2025 when the administrator was notified that resident # 1 did not feel comfortable with staff member #2 and they were not permitted to provide care to residents #1 or on that floor. On 3/25/2025 staff member #2 was suspended and then on 3/29/2025 staff member #2 was able to work with a plan of supervision. On 4/7/2025 staff member B was able to return to work but no longer able to provide care to resident #1.
ACTION: On 3/25/2025 and 4/7/2025 PC Administrator educated staff member A on 2600.42c on reporting abuse protocol. All staff will be educated on 2600.42 c on May 7, 2025, to ensure compliance with regulations. Documentation will be kept. On 4/7/2025 Staff members A and C were educated on compliance of reporting resident abuse.
ACTION PLAN: Interviews with all residents began on 4/10/2025 asking the following questions: 1. Do you feel safe in our building? 2. Do you feel that your rights have been violated? 3. Does the staff knock and let themselves know when entering the room? 100% of all residents will be made for the month of April, 75% for the month of May, 25 % for the month of June and 10% every month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/25/2025*

Implemented (- 06/26/2025)

60a - Staff/Support Plan

8. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Resident #2 is prescribed and has a Glucagon Emergency Injection Kit 1MG, inject 1 dose intramuscularly (IM) as needed for low blood sugar. However, the order does not indicate what constitutes low blood sugar for the resident, and the home does not have medically licensed staff scheduled 24-hours to interpret this order, nor to administer the IM shot, if needed.

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: On 4/5/2025 we requested an order to discontinue the medication. Medication was discontinued and physicians felt that the medication was no longer necessary.
ACTION: On 4/7/2025 Medication was discontinued. On 4/5/2025 PCHA and Director of Wellness were educated on 2600.60a. All staff will be educated on 2600.60A on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: Medication carts will be audited once a month to ensure proper medications match the orders. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

81b - Resident Personal Equipment

9. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar attached to resident #3's bed was uncovered, exposing an approximate 4" high area between the mattress and the top rail support and an approximate 9" wide area between the two-side rail supports, posing an entrapment hazard.

The enabler bar attached to resident #4's bed moved approximately 6" away from the bed, posing an entrapment hazard.

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: On 4/3/2025 A protective covering was placed on the positioning bar and resident #4 positioning bar was stabilized.
ACTION: On 4/3/2025 PC Administrator and Facility Maintenance Manager were educated on 2600.81b resident personal equipment and covering and stabilization of the positioning bars. All staff will be educated on 2600.81b on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 audits of positioning bar safety began once a week. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

97 - Elevators/Lifting Devices

10. Requirements

2600.
97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

Elevators #1 & #2 had a certificate of operation from the Department of Labor and Industry which expired in September 2024.

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: On 4/7/2025 certificates were obtained and hung in the elevators.
ACTION: On 4/3/2025 PC Administrator and Facility Maintenance Manager were educated on 2600.97 proper display of operating certificates. All staff will be educated on 2600.97 on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 Personal Care Home Administrator created an audit tool to monitor the certificates that are properly displayed in both elevator cars weekly for one month, and bi-weekly for one month and once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

105g - Lint Removal and Duct Cleaning

11. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/3/25, there was an approximate soft-ball sized accumulation of lint in the lint trap of the dryer on the left in the basement laundry room.

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: On 4/3/2025 the lint trap was cleaned out.
ACTION: On 4/3/2025 PC Administrator and Facility Maintenance Manager were educated on 2600. 105 g proper removal of lint and duct cleaning. All staff will be educated on 2600.105G on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to monitor the dryer lint traps and ducts are cleaned after every use and the Director of Maintenance will be monitoring the audit tool once a week for one month, twice a week for a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

130g - Smoke Detector Repair

12. Requirements

2600.
130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

On 4/3/25, at 11:27 a.m., the home's fire panel indicated an error message in resident #5's bedroom smoke detector. The home's staff indicated this message has been displayed for the last two days, and the system has not been repaired.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: On 4/1/2025 the PCHA implemented a plan to supervise resident #5's bedroom smoke detector.
ACTION: On 4/3/2025 PC Administrator and Facility Maintenance Manager were educated on 2600. 130 g smoke detector repair. On 4/10/2025 the smoke detector in resident #5 room was repaired. All staff will be educated on 2600.130 G on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to monitor the fire control panel monitored daily for a month, twice a week for a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)

131f - Fire Extinguisher Inspection

13. 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 in the small conference room next to the wellness office has not been inspected by a fire safety expert since July 2022.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: On 4/7/2025 the fire extinguisher was replaced with an spare one that was serviced on 4/2025.
ACTION: On 4/3/2025 PC Administrator and Facility Maintenance Manager were educated on 2600. 131 f on fire extinguisher inspection. All staff will be educated on 2600.131 F on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to monitor the fire extinguisher inspection monitored weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)

141b2 - Medical Evaluation Changes

14. Requirements

141b2 - Medical Evaluation Changes *(continued)*

2600.
141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

On [redacted], resident #1 had a significant health status change after being discharged from the hospital with the following new diagnoses and medications: [redacted] However, a current medical evaluation was not completed for this significant change.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: On 4/7/025 resident #1 a new DME was obtained.
ACTION: On 4/3/2025 PC Administrator and Director of Wellness were educated on 2600. 141b2 on Medical Evaluation Changes. All staff will be educated on 2600.141 b2 on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to monitor significant changes monitored weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)

144c1 - Smoking Area Guidelines

15. 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

The home's smoking policy indicates that the community is a smoke-free campus. However, on 4/3/25, there were approximately 5-6 cigarette butts on the ground outside the dietary door on the grass near the pavement.

In addition, on 3/26/25, a large brush fire covered an approximate 1/2 football field area behind the home causing the home to evacuate the residents. There were 3 cigarette butts found on the ground at the source of the fire.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: On 4/7/2025 HR reissued the No smoking policy. Documentation will be kept.
ACTION: On 4/3/2025 PC Administrator and Maintenance Director were educated on 2600. 144c1 on Smoking Area Guidelines. All staff will be educated on 2600.144c1 on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to monitor that there is no smoking on campus and removal of cigarette butts, twice a month and then once per month. Documentation

144c1 - Smoking Area Guidelines (continued)

will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)

183b - Meds and Syringes Locked

16. Requirements

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

On 4/3/25, at 12:09 p.m., a tube of saline zinc oxide and a container of nystatin topical powder were unlocked, unattended, and accessible in resident #1's bathroom.

On 4/3/25, at approximately 12:00 p.m., a container of zinc oxide was unlocked, unattended, and accessible on resident #2's bedside dresser.

On 4/3/25, at 11:37 a.m., a tube of remedy specialized protect zinc oxide paste was unlocked, unattended, and accessible on resident #4's bedside table.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: On 4/3/2025 all rooms were searched, and medications were placed into the medication carts.
ACTION: On 4/3/2025 PC Administrator and Director of Wellness were educated on 2600. 183b on Meds and Syringes locked. All staff will be educated on 2600.183 b on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to monitor resident's rooms for medications weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)

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.

184a - Resident's Meds Labeled *(continued)*

Description of Violation

Resident #1 had a container of nystatin topical powder in the bathroom; however, the pharmacy label was redacted in black ink.

Resident #2 had a Glucagon Emergency Injection Kit 1MG, inject 1 dose intramuscularly as needed for low blood sugar. However, the label did not indicate what constitutes low blood sugar for administration.

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: On 4/3/2025 all rooms were searched, and medications were placed into the medication carts or disposed of.
Resident #1 Medication was removed from room and treatment follow up per hospice.
Resident #2 Medication was discontinued.
ACTION: On 4/4/2025 PC Administrator and Director of Wellness were educated on 2600. 184a. All staff will be educated on 2600.183 b on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to audit medication carts weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented (- 06/26/2025)

185a - Implement Storage Procedures

18. 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

Resident #2 was ordered blood glucose checks 3 times daily, with Novolog Flex Pen coverage based on sliding scale. On 3/9/25, resident #2's blood glucose on glucometer read 363; however, the resident's March 2025 medication administration record (MAR) indicated 259.

Repeat Violation: 2/27/24

Plan of Correction ***Accept (- 05/14/2025)***

IMMEDIATE ACTION: On 4/5/2025 the Director of Wellness started educating all med techs education on proper documentation.
ACTION: On 4/4/2025 PC Administrator and Director of Wellness were educated on 2600. 185a. All staff will be educated on 2600.185ab on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to audit glucometer meters weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

185a - Implement Storage Procedures *(continued)*

Implemented ([redacted] - 06/26/2025)

187a - Medication Record

19. 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).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 was prescribed Metoprolol Succinate ER 25mg; however, the resident's April 2025 MAR indicated Metoprolol Tartrate 25mg.

Resident #2 was prescribed Vitamin D3 50,000 units; however, the resident's April 2025 MAR indicated Vitamin D3 5000 mcg.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

On 4/5/2025 education started to all med techs education on proper documentation.
Resident #1 Orders were clarified via CRNP and the right medications were received.
Resident #2 Orders were clarified via Dr. [redacted] Labs were obtained and physician discontinued medication on 4/7/2025
ACTION: On 4/4/2025 PC Administrator and Director of Wellness were educated on 2600. 187a. All staff will be educated on 2600.187 a on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to audit medication carts weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)

187b - Date/Time of Medication Admin.

20. Requirements

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

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 #4 was prescribed zinc oxide, apply [redacted] three times a day. However, resident #1's March & April 2025 MARs did not include the initials of the staff person who administered this medication from 3/12/25 at 4:00 p.m. through 4/4/25 at 12:00 a.m.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: On all med techs were educated on proper documentation.
ACTION: On 4/4/2025 PC Administrator and Director of Wellness were educated on 2600. 184a. All staff will be educated on 2600.183 b on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to audit medication carts weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)

187d - Follow Prescriber's Orders

21. Requirements

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

Description of Violation

On [redacted] resident #1 was discharged from the hospital with instructions for the resident to weighed every morning and log, [redacted] However, the home is not weighing the resident, nor documenting the weight.

Resident #2 was prescribed NovoLog Flex Pen, inject subcutaneously 3 times a day per sliding scale:
120 - 150 = 0 units
151 - 180 = 2 units
181 - 200 = 4 units
201 - 250 = 6 units
251 - 300 = 8 units
301 - 350 = 10 units
351 - 400 = 12 units
> than 400, contact MD

On 3/9/25, resident #2's blood glucose reading was 363 and the resident should have been administered 12 units; however, the resident's March 2025 MAR indicated a blood glucose reading of 259 and the resident was administered 8 units.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: On 4/5/2025 started to educate all med techs education on proper documentation.
ACTION: On 4/4/2025 PC Administrator and Director of Wellness were educated on 2600. 187d. All staff will be educated on 2600.183 b on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to audit glucometer

187d - Follow Prescriber's Orders (continued)

meters weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)

225c - Additional Assessment

22. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4 was ordered a pureed diet on 7/2024; however, resident #4's current RASP, dated [redacted], was not updated to include this need.

Repeat Violation: 2/27/24

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: On 4/7/2025 the RASP addendum was updated for Resident #4.
ACTION: On 4/4/2025 PC Administrator and Director of Wellness were educated on 2600. 225c. All staff will be educated on 2600.225c on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.
ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to audit residents' assessment support plans weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)

252 - Record Content

23. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.

252 - Record Content *(continued)*

12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #4's record does not include the current order for dietary restrictions.

Plan of Correction ***Accept ([redacted] - 05/14/2025)***

IMMEDIATE ACTION: On 4/3/2025 we received an order from physician that resident # 4 started on a puree diet in 7/2024.

ACTION: On 4/4/2025 PC Administrator and Director of Wellness were educated on 2600. 252 record content. All staff will be educated on 2600.252 on May 7, 2025, to ensure compliance with regulations. Documentation will be kept.

ACTION PLAN: On 4/7/2025 The Personal Care Home Administrator created an audit tool to review all orders documented weekly for a month, twice a month and then once per month. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *04/01/2026*

Implemented ([redacted] - 06/26/2025)