

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

June 17, 2025

[REDACTED] ADMINISTRATOR  
SERENITY CARE KINGSTON LLC  
[REDACTED]

RE: SERENITY CARE KINGSTON  
700 THIRD AVENUE  
KINGSTON, PA, 18704  
LICENSE/COC#: 23052

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2025, 04/18/2025 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: *SERENITY CARE KINGSTON* License #: *23052* License Expiration: *03/28/2026*  
 Address: *700 THIRD AVENUE, KINGSTON, PA 18704*  
 County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *SERENITY CARE KINGSTON LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/19/1997* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Incident* Exit Conference Date: *04/18/2025*

**Inspection Dates and Department Representative**

04/09/2025 - On-Site: [REDACTED]  
 04/18/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *122* Residents Served: *58*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *n/a* Capacity: *28* Residents Served: *20*

**Hospice**  
 Current Residents: *2*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *58*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *26* Have Physical Disability: *1*

**Inspections / Reviews**

**04/09/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2025*

**05/27/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *06/09/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/03/2025*

Inspections / Reviews *(continued)*

06/09/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/11/2025

06/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

29a SOPb1- Hospice Care: Doctor Certification

1. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

Description of Violation

Resident #1, who was not evacuated during the fire drills conducted From October 2024 through March of 2025, does not have a written certification from a physician that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

Plan of Correction

Accept ( ) - 05/27/2025)

This regulation was violated due to Resident #1, who was not evacuated during the fire drills conducted From October 2024 through March of 2025, does not have a written certification from a physician that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill. To stay in compliance with this regulation and fix the problem, the home was able to find suitable placement for the resident where ( ) will receive a higher level of care. Resident was discharged from facility on ( )

( ) This regulation is important because evacuating residents during emergencies is still essential to protect their remaining quality of life and uphold ethical care standards. To prevent this recurrence, the home will be sure all residents including hospice residents are evacuated until all documents are retrieved from all parties involved in residents' care regarding evacuation policies. Administrator, ( ) and the Resident Care Director, ( ) are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ( ) - 06/17/2025)

29a SOPb2 - Hospice Care: Informed Consent

2. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

Description of Violation

There is no statement of informed consent from Resident #1 or the resident's power of attorney regarding the resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted from October 2025 to March 2025.

Plan of Correction

Accept ( ) - 05/27/2025)

This regulation was violated due to not having a statement of informed consent from Resident #1 or the resident's power of attorney regarding the resident not evacuating during fire drills. The residents were not evacuated during the fire drill conducted from October 2025 to March 2025. To stay in compliance with this regulation and fix the problem, the home was able to find suitable placement for the resident where ( ) will receive a higher level of

29a SOPb2 - Hospice Care: Informed Consent (continued)

care. Resident was discharged from facility on [REDACTED]. This regulation is important because evacuating residents during emergencies is still essential to protect their remaining quality of life and uphold ethical care standards. To prevent this recurrence, the home will be sure all residents including hospice residents are evacuated until all documents are retrieved from all parties involved in residents' care regarding evacuation policies. Administrator, [REDACTED] and the Resident Care Director, [REDACTED] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ([REDACTED] - 06/17/2025)

29a SOPb4 - Hospice Care: Inform Non-Participating

3. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 4. During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of paragraphs (1)—(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

Description of Violation

Resident # 1 is receiving hospice services and was not evacuated in fire drills conducted by the home from October 2024 through March 2025. During the fire drills, the one designated person at the home who had knowledge in advance of the fire drill did not go to the room of the resident and notify the affected resident and any staff person who attempted to evacuate the resident, that it was a fire drill, and the resident was not to be evacuated. Staff of the home were interviewed and did not confirm that this occurred.

Plan of Correction

Accept ([REDACTED] - 05/27/2025)

This regulation was violated due to Resident # 1 is receiving hospice services and was not evacuated in fire drills conducted by the home from October 2024 through March 2025. During the fire drills, the one designated person at the home who had knowledge in advance of the fire drill did not go to the room of the resident and notify the affected resident and any staff person who attempted to evacuate the resident, that it was a fire drill, and the resident was not to be evacuated. Staff of the home were interviewed and did not confirm that this occurred. To stay in compliance with this regulation and fix the problem, the home was able to find suitable placement for the resident where [REDACTED] will receive a higher level of care. Resident was discharged from facility on [REDACTED]

[REDACTED] This regulation is important because evacuating residents during emergencies is still essential to protect their remaining quality of life and uphold ethical care standards. To prevent this recurrence, the home will be sure all residents including hospice residents are evacuated until all documents are retrieved from all parties involved in residents' care regarding evacuation policies. Administrator, [REDACTED] and the Resident Care Director, [REDACTED] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ([REDACTED] - 06/17/2025)

29a SOPb6 - Hospice Care: Resident Evacuation

4. Requirements

2600.

29a SOPb6 - Hospice Care: Resident Evacuation (continued)

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 6. If the provisions of paragraph (4) are not initiated, staff persons will proceed to evacuate the resident. All staff persons are to be trained to follow this evacuation procedure.

Description of Violation

The home reported that Resident # 1 is receiving hospice services and was not evacuated for the home's fire drills conducted from October 2024 through March of 2025 however did not meet the provisions of 29 (b)(4). As the provisions of 29 (b) (4) were not met the home should have evacuated the resident during the fire drill, however the resident was not evacuated.

Plan of Correction

Accept ( ) - 05/27/2025

This regulation was violated due to the home reported that Resident # 1 is receiving hospice services and was not evacuated for the home's fire drills conducted from October 2024 through March of 2025 however did not meet the provisions of 29 (b)(4). As the provisions of 29 (b) (4) were not met, the home should have evacuated the resident during the fire drill, however the resident was not evacuated. To stay in compliance with this regulation and fix the problem, the home was able to find suitable placement for the resident where ( ) will receive a higher level of care. Resident was discharged from facility on ( ). This regulation is important because evacuating residents during emergencies is still essential to protect their remaining quality of life and uphold ethical care standards. To prevent this recurrence, the home will be sure all residents including hospice residents are evacuated until all documents are retrieved from all parties involved in residents' care regarding evacuation policies. Administrator, ( ) and the Resident Care Director, ( ) are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ( ) - 06/17/2025

29a SOPb10 - Hospice Care: Resident Assessment and Support Plan

5. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 10. The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

Description of Violation

Resident #1's assessment and support plan dated ( ) do not address the resident's exclusion from evacuation during fire drills due to status in an active dying process.

Plan of Correction

Accept ( ) - 05/27/2025

This regulation was violated due to Resident #1's assessment and support plan dated ( ) do not address the resident's exclusion from evacuation during fire drills due to status in an active dying process. To stay in compliance with this regulation and fix the problem, the home was able to find suitable placement for the resident where ( ) will receive a higher level of care. Resident was discharged from facility on ( ). This regulation is important because evacuating residents during emergencies is still essential to protect their remaining quality of life and uphold ethical care standards. To prevent this recurrence, the home will be sure all residents including hospice residents are evacuated until all documents are retrieved from all parties involved in residents'

29a SOPb10 - Hospice Care: Resident Assessment and Support Plan (continued)

care regarding evacuation policies. Administrator, [REDACTED] and the Resident Care Director, [REDACTED] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ([REDACTED] - 06/17/2025)

29a SOPb11 - Hospice Care: Records

6. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 11. Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:
  - i. A copy of the Department of Health license for the hospice agency.
  - ii. Written certification by the physician as specified in paragraph (1).
  - iii. Written informed consent as specified in paragraph (2).
  - iv. Written documentation of the home's consideration of relocation of the resident's bedroom as specified in paragraph (3)

Description of Violation

Resident #1 is receiving hospice services and was not evacuated in fire drills conducted by the home from October 2024 through March 2025. The following documentation was not kept with the fire drill logs for the home: a copy of the Department of Health license for the hospice agency, written certification by the physician, written informed consent, and written documentation of the home's consideration of relocation of the resident's bedroom.

Plan of Correction

Accept ([REDACTED] - 05/27/2025)

This regulation was violated because Resident #1 is receiving hospice services and was not evacuated in fire drills conducted by the home from October 2024 through March 2025. The following documentation was not kept with the fire drill logs for the home: a copy of the Department of Health license for the hospice agency, written certification by the physician, written informed consent, and written documentation of the home's consideration of relocation of the resident's bedroom. To stay in compliance with this regulation and fix the problem, the home was able to find suitable placement for the resident where [REDACTED] will receive a higher level of care. Resident was discharged from facility on [REDACTED]. This regulation is important because evacuating residents during emergencies is still essential to protect their remaining quality of life and uphold ethical care standards. To prevent this recurrence, the home will be sure all residents including hospice residents are evacuated until all documents are retrieved from all parties involved in residents' care regarding evacuation policies. Administrator, [REDACTED] and the Resident Care Director, [REDACTED] are responsible for maintaining compliance with this regulation

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ([REDACTED] - 06/17/2025)

132b - Safety Inspection/Fire Drill

8. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill (continued)

Description of Violation

The home's annual fire safety inspection completed on 4-18-24 noted an exit sign in the 200 hallway was not visible from the opposite end end of the hall. The home did not install a new exit sign.

Plan of Correction

Accept ( [redacted] - 06/09/2025)

This regulation was violated because the home's annual fire safety inspection completed on 4-18-24 noted an exit sign in the 200 hallway was not visible from the opposite end of the hall. The home did not install a new exit sign. This violation is important because fire exits provide clear direction to the nearest exit. Administrator, [redacted] is responsible for fixing this problem on 4/17/2025. To fix this problem, Administrator, [redacted] contacted Fire Safety Expert, [redacted] regarding exit signs and requested Safety Expert to come out and properly assess proper placement of our exit signs. Therefore, I disagree with the violation given. After inspectors arrived on 4/9/25 and the home received a violation for this regulation, The Certified Fire Inspector arrived on 4/17/25 to complete inspection where the fire exit signs were observed and placed appropriately. No deficiencies found during inspection. To be sure that this violation does not occur again, The Administrator, [redacted] will review and correct any further violations cited by the fire department and be sure the letter is updated to state proper signage/violations/corrections made. The Administrator, [redacted] and Maintenance Director, [redacted] are responsible for maintaining ongoing compliance with this regulation. (See attached most recent inspection letter).

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented ( [redacted] - 06/17/2025)

132c - Fire Drill Records

9. Requirements

2600.

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

Description of Violation

The fire drills conducted on 5/22/24 at 6:17 a.m. and on 6/4/24 at 9:40 a.m. did not include the amount of time to evacuate.

Resident #1 was exempt from participating in fire drills starting 10/2/24. The fire drills conducted from October 2024 – March 2025 indicate that all residents were evacuated during these drills which is inaccurate.

Plan of Correction

Accept ( [redacted] - 06/09/2025)

This regulation was violated due to the fire drills conducted on 5/22/24 at 6:17 a.m. and on 6/4/24 at 9:40 a.m. did not include the amount of time to evacuate. Resident #1 was exempt from participating in fire drills starting 10/2/24. The fire drills conducted from October 2024 – March 2025 indicate that all residents were evacuated during these drills which is inaccurate. This regulation is important because tracking evacuation time helps identify whether the process met safety standards and time goals. To fix this problem, Audit was noted and highlighted on the drill sheet to avoid any further violation on 4/9/25. To prevent the recurrence of this violation, the Administrator [redacted] and Maintenance Director [redacted] will review log monthly to be sure all areas of the form are filled in correctly and accurately. Next review date was on 5/14/25 during fire drill. both Administrator and Maintenance Director signed off on the drill

132c - Fire Drill Records (continued)

and all areas are filled in properly. This will be done monthly to avoid any further violations. Administrator, [REDACTED] and Maintenance director, [REDACTED] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([REDACTED] - 06/17/2025)

132g - Fire Drills Days/Times

10. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely held fire drills on Fridays and at every 3 weeks as evidenced by the following drills Friday, 12/27/24 at 2:26 p.m., Friday, 1/17/25 at 4:20 p.m., Friday, 2/7/25 at 3:25 a.m., and Friday, 3/21/25 at 10:15 a.m.

Plan of Correction

Accept ([REDACTED] - 06/09/2025)

This regulation was violated because the home routinely held fire drills on Fridays and at every 3 weeks as evidenced by the following drills Friday, 12/27/24 at 2:26 p.m., Friday, 1/17/25 at 4:20 p.m., Friday, 2/7/25 at 3:25 a.m., and Friday, 3/21/25 at 10:15 a.m. To fix this problem, effective immediately, fire drills will be scheduled and conducted on a rotating basis, covering all shifts (day, evening, night and rotating weekdays). This regulation is important because Emergencies can happen at any time—day or night. Rotating drills ensure that staff and residents are prepared to respond under varying conditions. The administrator, [REDACTED] and Maintenance Director [REDACTED] will review log monthly to be sure that fire drills are being rotated. To be sure the home does not receive this violation again, Administrator will sign off on drill sheet monthly to be sure drills are being rotated according to regulation. Next review date was on 5/14/25 during fire drill. Both Administrator [REDACTED] and Maintenance Director signed off on the drill and all areas are filled in properly on 5/14/25. This will be done monthly to avoid any further violations. Administrator, [REDACTED] and Maintenance director, [REDACTED] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([REDACTED] - 06/17/2025)

162c - Menus Posted

12. Requirements

2600.

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

Description of Violation

The menu for the current week and the following week were not posted in the home.

Plan of Correction

Accept ([REDACTED] - 06/09/2025)

This regulation was violated because the menu for the current week and the following week were not posted in the home with the correct date. The menus that were posted in the home upon inspection were being followed but did

162c - Menus Posted (continued)

not have the correct date on them. This regulation is important because it ensures transparency and accountability in meal planning and delivery. To fix this problem, the dietary manager, [REDACTED] posted the new menu cycles to follow the quarterly cycle on 4/10/25. To be sure that the home stays in compliance with this regulation, new menu cycle is due to start on July 1, 2025 and were completed on 5/10/2025 which are prepared to be posted during the next cycle. The Administrator, [REDACTED] and Dietary Manager [REDACTED] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([REDACTED] - 06/17/2025)

181c - Self-administration Assessment

13. Requirements

2600.

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

Description of Violation

Resident #7 self-administers medications to include icy hot which was observed in the resident's room; however, resident #7 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept ([REDACTED] - 06/09/2025)

This regulation was violated because Resident #7 self-administers medications to include icy hot which was observed in the resident's room; however, resident #7 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications. This regulation is important because all medications ensure compliance with care plans and allow med-techs to monitor and document adherence. Upon resident interviews conducted by inspectors, inspector made administrator, [REDACTED] Resident Care Director [REDACTED] and Business office manager aware that resident #7 had a tube of Icy Hot tucked in [REDACTED] drawer wrapped in a washcloth. Therefore, I do not agree with the violation due to resident not informing staff that [REDACTED] had the Icy Hot tucked away in [REDACTED] drawer. Due to resident rights to privacy of self and possession, staff does not inspect residents' personal belongings and or property. To ensure this violation does not happen again, resident education on [REDACTED] medication administration and medication management was done immediately upon removing items from resident room on 4/9/25. Family and resident informed upon admission and DME/RASP that resident is unable to self-administer medication and that all medications should be kept in our med room for staff to administer.

To immediately fix this problem, Resident Care Care Director, [REDACTED] immediately removed Icy Hot from residents' room and discussion was had with family and resident regarding medication in the room on 4/9/2025. Administrator, [REDACTED] and Resident Care Director [REDACTED] are responsible for maintaining compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([REDACTED] - 06/17/2025)

185a - Implement Storage Procedures

14. 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 #4 has an order for blood glucose testing 3 times daily at 7am, 12pm and 4pm. On 4-7-25 at 7am a reading of 109 was viewed in the resident's glucometer which was documented on the resident's medication administration record as 105.

Plan of Correction

Accept ( ) - 06/09/2025

This regulation was violated because Resident #4 has an order for blood glucose testing 3 times daily at 7am, 12pm and 4pm. On 4-7-25 at 7am a reading of 109 was viewed in the resident's glucometer which was documented on the resident's medication administration record as 105. This regulation is important because not following physician orders can lead to medication errors and delayed treatment. To be sure that this violation does not happen again. Resident care director will complete random and scheduled audits of medication passes. PrimeCare Pharmacy will assist semiannual audits of carts alongside Resident care director, [REDACTED] To fix this problem: Reportable incident report was done immediately on medication error, family and PCP were notified and an Inservice was held with Med-Techs to review this regulation and making employees aware of the importance of following the medication administration process and documenting accurately on 4/22/25 by Administrator, [REDACTED] Administrator, [REDACTED] and the Resident Care Director, [REDACTED] are responsible for maintaining compliance with this regulation. (see attached in-service)

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ( ) - 06/17/2025

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident #5 has an order for Metoprolol ER 25 mg tablets to be administered daily at 8am. The medication is to be held if systolic blood pressure is less than 100 or heart rate less than 60. On 4/3/25 at 8am the resident had a heart rate of 56 and was administered the medication.

Resident #6 has an order for Midodrine HCL 5mg tablets to be administered 3 times daily at 9:00 a.m., 2:00 p.m., and 9:00 p.m. The medication is to be held if the resident's systolic blood pressure is greater than 110. The resident's systolic blood pressure was 126 on 4-6-25 at 9:00 a.m. however the medication was administered to the resident.

Plan of Correction

Accept ( ) - 06/09/2025

Resident #5 has an order for Metoprolol ER 25 mg tablets to be administered daily at 8am. The medication is to be held if systolic blood pressure is less than 100 or heart rate less than 60. On 4/3/25 at 8am the resident had a heart rate of 56 and was administered the medication. This regulation was violated because Resident #6 has an order for Midodrine HCL 5mg tablets to be administered 3 times daily at 9:00 a.m., 2:00 p.m., and 9:00 p.m. The medication is to be held if the resident's systolic blood pressure is greater than 110. The resident's systolic blood pressure was 126 on 4-6-25 at 9:00 a.m. however the medication was administered to the resident. This regulation is important because not following physician orders can lead to medication errors and delayed treatment. To fix this problem: Reportable Incident was done immediately on medication error, family and PCP were notified and an Inservice was held with Med-Techs to review this regulation and making employees aware of the importance of following the

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

mediation administration process on 4/22/25 by the Administrator [REDACTED] To be sure that this violation does not happen again. Resident care director will complete random and scheduled audits of medication passes. PrimeCare Pharmacy will assist semiannual audits of carts alongside Resident care director, [REDACTED] Administrator, [REDACTED] and the Resident Care Director, [REDACTED] are responsible for maintaining compliance with this regulation. (see attached in-service)

**Licensee's Proposed Overall Completion Date: 05/30/2025**

**Implemented ( [REDACTED] - 06/17/2025)**