pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **GRACEFUL CARE LIVING, LLC**
LEGAL ENTITY

To operate **GRACEFUL CARE LIVING**
NAME OF FACILITY OR AGENCY

Located at **211 GARNIER STREET, SHARPSBURG, PA 15215**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **52**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 31, 2025** until **October 31, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **454670**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: October 31, 2025

[redacted]
Graceful Care Living, LLC
[redacted]

RE: Graceful Care Living
211 Garnier Street
Sharpsburg, Pennsylvania 15215
License#: 454670

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on April 10, 2025, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *GRACEFUL CARE LIVING* **License #**: *45467* **License Expiration**: *07/10/2025*

Address: *211 GARNIER STREET, SHARPSBURG, PA 15215*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *GRACEFUL CARE LIVING, LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *03/08/1996* **Issued By**: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *31* **Waking Staff**: *23*

Inspection Information

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

Reason: *Renewal, Complaint, Provisional* **Exit Conference Date**: *04/10/2025*

Inspection Dates and Department Representative

04/10/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *52* **Residents Served**: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *24*

Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *4* **Have Physical Disability**: *0*

Inspections / Reviews

04/10/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/10/2025*

Inspections / Reviews *(continued)*

06/17/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/23/2025*

07/10/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/27/2025*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

10/16/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *07/10/2025*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 11:31 p.m., a hospice exam order form, dated [redacted]/25, containing confidential information for resident #1 was unlocked, accessible, and unattended on the desk in the front lobby.

Repeat violation: 10/16/24 et al

Plan of Correction ***Accept [redacted] - 07/10/2025)***

Upon notification to of this violation on 4/10/25, administrator [redacted] immediately took possession of the hospice exam order form from the licensing inspector and filed it in the resident's file which is located within the secured med room. Administrator [redacted] also notified the hospice agency on 4/10/2025 to ensure that all resident PHI including orders must be given directly to the med staff on duty or administrator directly. Administrator [redacted] re-educated all med staff and facility supervisors on 5/14 and 5/15/2025 on 2600.17 along with the home's policies and procedure on record confidentiality. Documentation of this education will be kept on file in accordance with 2600.65.(i). Administrator [redacted] will monitor all unsecured/common areas of the home starting 6/25/2025 weekly for 6 months to ensure that all confidential information for residents is not accessible and is secured. Documentation of these audits will be kept on file within the home.

Proposed Overall Completion Date: 05/16/2025

Licensee's Proposed Overall Completion Date: *06/27/2025*

Implemented [redacted] - 09/23/2025)

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 criminal background check request, dated 9/20/19, for staff person A, hired [redacted] 19, indicates "Request Under Review". The home does not have the final report from the Pennsylvania State Police.

Plan of Correction ***Accept [redacted] - 06/04/2025)***

This violation was an action by the previous legal entity and is a verification oversight on the current legal entity. Administrator [redacted] reviewed all current employee charts on 5/7/2025 and verified that all completed criminal background checks are within the employee files. Administrator [redacted] submitted a new criminal background request through E-Patch for [redacted] on 5/14/2025 and it was immediately returned with having "no record". Administrator [redacted] printed and filed the criminal background check in [redacted] employee file. Administrator [redacted] will continue to ensure that all newly hired staff will have a criminal background check submitted within the department guideline and if the

51 - Criminal Background Check (continued)

result of the background check is in a "pending" status, administrator [redacted] will frequently check the status results until completed. Once obtained, administrator [redacted] will file the criminal background check within the employee file. Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/14/2025*

Implemented [redacted] - 09/23/2025)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There was what appeared to be feces smeared on the front of the toilet, the entire toilet seat, and droplets on the toilet seat lid in the 2nd floor resident bathroom directly to the left of the staircase leading to the 3rd floor.

Repeat violation: 7/1/24 et al

Plan of Correction ***Accept [redacted] - 06/04/2025)***

Administrator [redacted] is disputing this violation and requesting that it is withdrawn due to sanitary conditions within the facility are maintained. On 5/9/2025 at 11pm through 5/10/2025 at 7am housekeeper [redacted] was on staff and all bathrooms were cleaned and verified. Staffing does not permit for someone to be posted outside of each bathroom and verify that all bathrooms are clean and sanitary in between resident use. Upon discovery of the apparent fecal matter on the one toilet referred to in this violation, it was immediately cleaned and disinfected. Administrator [redacted] does due diligence by performing weekly documented bathroom checks (implemented on 11/25/2024 and are still being completed) which include verifying for cleanliness. On 5/14/2025 and 5/15/2025 administrator [redacted] re-educated staff on 2600.85.(a) to re-iterate sanitary conditions. Documentation of this education will be kept on file in accordance with 2600.65.(i).

Licensee's Proposed Overall Completion Date: *05/15/2025*

Implemented [redacted] - 09/23/2025)

85e - Trash Outside Home

4. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:00 a.m., there was a mattress lying on the ground next to the dumpster located in the parking lot.

Plan of Correction ***Accept ([redacted] - 06/04/2025)***

Administrator [redacted] is disputing this violation and requesting that it is withdrawn due to the queen size mattress that was in disrepair (which is a potential violation under 2600.95) was taken out to the trash on 4/10/2025 by [redacted] and [redacted] when they both reported to the facility to the start of their shift at 7 am. The mattress was too large to fit inside the dumpster where the lid could be closed. The facility at times does dispose of items that cannot be placed within a lid closed dumpster due to the size and/or the weight of the item that is being disposed of. Reason why such items are taken out for trash removal the day of pick-up, which can be verified by Republic (facility contracted waste

85e - Trash Outside Home (continued)

disposal company). This inspection was on a Thursday morning and the facility trash was picked up Thursday afternoon (the facility's scheduled trash pick-up day) by Republic. Administrator [redacted] is fully aware of the requirements under 2600.85.(e) and maintains compliance otherwise.

Licensee's Proposed Overall Completion Date: *05/14/2025*

Implemented [redacted] - 09/23/2025)

88a - Surfaces

5. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 11:40 a.m., approximately 12' of the carpeting on the interior wheelchair ramp leading from the 4th floor to the lobby was saturated with water. At approximately 3:45 p.m., approximately 16' of the wheelchair ramp was saturated with water.

The plaster was scraped and broken, exposing the underlying metal framing in multiple areas of the half wall leading down to the interior wheelchair ramp leading from the 4th floor to the lobby. There were also chunks of plaster scattered on the ground surrounding this area.

There were 5 small holes approximately ¼" in diameter above the 3rd step, leading from the right side of the lobby to the 1st floor and a hole approximately 3"x2¼"x1" closest to the bottom step. It appears they are where the left handrail used to be.

The carpeting was worn away exposing metal stripping the length of the top stair that meets the wooden flooring that leads to the smoking area emergency exit.

Repeat violation: 7/1/24 et al

Plan of Correction ***Accept [redacted] - 06/04/2025)***

Owner [redacted] hired an independent contractor [redacted] not the administrator) to repair the walls of the wheelchair ramp leading from the 4th floor to the lobby, along with the 5 small holes above the 3rd step, leading from the right side of the lobby to the 1st floor and a hole closest to the bottom step. The wet carpeting was a result of an internal leak and was repaired by the contractor [redacted]), the carpet was scrubbed by housekeeper [redacted] (on 4/20/25) and the transition strip was replaced by [redacted]. All contracted work by [redacted] was completed on 4/19/2025. Administrator [redacted] re-educated staff on 5/14 and 5/15/2025 to report any maintenance related concerns under 2600.88.(a) to administration

88a - Surfaces (continued)

immediately upon discovery via the implemented facility Homebase Maintenance message group or by filling out a maintenance request (that is located in the kitchen pantry and in the med room).Administrator [redacted] and staff supervisors [redacted] will complete documented twice weekly checks of the 4th floor to lobby area ramp to ensure that there is no water leakage and that the walls remain intact for one month. Documentation of this education will be kept on file in accordance with 2600.65.(i). Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/16/2025*

Implemented [redacted] - 09/23/2025)

90b - Staff Communication

6. Requirements

2600.
90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home serves 27 residents. The home does not have a system or method of communication that enables staff persons in different parts/floors of the home to communicate with each other in an emergency.

Plan of Correction ***Accept [redacted] - 06/04/2025)***

Med Tech [redacted] Installed the bases of the 8 newly purchased walkie talkies on 4/25/2025. All staff were instructed by med tech [redacted] and administrator [redacted] during their shifts ranging between 4/25-4/28/2025 so that method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency. All staff has been compliant with the utilization of the newly implemented devices. Administrator [redacted] and staff persons [redacted] will perform daily documented checks beginning 5/16/2025 for one month on different shifts to ensure that the communication devices are being used.Administrator [redacted] re-educated all staff on 5/14 and 5/15/2025 the proper usage of the communication system (walkie talkies). Documentation of this education will be kept on file in accordance with 2600.65.(i). Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/16/2025*

Implemented [redacted] - 09/23/2025)

92 - Windows

7. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The lower pane of the double hung window on the right-hand side of resident #2's bedroom is in disrepair. The window is only attached at the bottom and opens inward but would fall if left unattended. Additionally, there was an approximate 2"x3" hole in the screen for this window.

Plan of Correction ***Accept [redacted] 06/30/2025)***

On 4/20/2025 independent contractor [redacted] installed a new screen in resident #2's room. The window is custom and is ordered and will be installed immediately upon delivery to the facility. Resident #2 refuses to leave the room while awaiting the new window delivery. Administrator [redacted] will submit documentation immediately to the department when the replacement window is completed.

92 - Windows (continued)

Widow was repaired on 6/22/2025 by independent contractor [redacted] with a new latch that secures it while open so it will not fall.

Licensee's Proposed Overall Completion Date: *06/27/2025*

Implemented [redacted] - 10/16/2025)

93a - Handrails

8. Requirements

2600.
93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The handrail for the staircase leading from the 4th floor to the 5th floor was broken in half at the center.

Repeat violation 7/1/24 et al

Plan of Correction ***Accept [redacted] - 06/04/2025)***

Independent contractor [redacted] repaired the handrail in this violation on 5/10/2025. [redacted] is returning to the facility on 5/17/2025 to re-sand, buff and stain the handrail for cosmetic purposes. Administrator [redacted] re-educated staff on 5/14 and 5/15/2025 to report any maintenance related concerns under 2600.93 (a) to administration immediately upon discovery via the implemented facility Homebase Maintenance message group or by filling out a maintenance request (that is located in the kitchen pantry and in the med room).Administrator [redacted] and staff supervisors [redacted] will complete documented twice weekly checks of the 4th floor to lobby area ramp to ensure that the handrail remains intact for one month. Documentation of this education will be kept on file in accordance with 2600.65.(i). Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/16/2025*

Implemented [redacted] - 09/23/2025)

94b - Non-Skid Surface

9. Requirements

2600.
94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

There were no nonskid strips on approximately 36 of the wooden slats of the exterior ramp leading from the kitchen to the courtyard.

There were no nonskid strips on the 2nd and 3rd step leading to the 1st landing of the exterior staircase, and the nonskid strip on the 4th step was detached approximately 1/2 of the width of the step.

The nonskid strips on the 1st, 2nd and 4th steps leading from the 2nd landing to the 3rd landing of this same staircase were detached for almost the entire width of the steps.

Repeat Violation: 7/1/24 et al

94b - Non-Skid Surface (continued)

Plan of Correction ***Accept [redacted] - 06/04/2025)***

Owner[redacted] hired an independent contractor to re-attach and/or replace the nonskid strips on 4/19/2025 of the rampway in the courtyard and the steps of the staircase leading to the first landing. Administrator [redacted] is disputing the third component of this violation and requesting that it is withdrawn due to the area between the 2nd and 3rd landings of the fire escape is a non-accessible area that is not in use that was approved by Sharpsburg Borough and the department. Administrator [redacted] and staff members [redacted] will continue to complete the already implemented (effective 10/30/2024) weekly documented checks of these areas to ensure that the nonskid strips are securely in place.

Licensee's Proposed Overall Completion Date: *05/15/2025*

Implemented [redacted] - 09/23/2025)

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

Multiple slats of the mini blinds were in disrepair and bent in upward and downward angles on the side-by-side glass doors located in the 4th floor common area.

The back left leg of the mauve loveseat was broken, causing the right front leg to be raised approximately 3" off of the ground. Additionally, the seat cushion was raised and torn in several areas. There was a handwritten sign taped to the back of the seat indicating "Do not sit here."

Repeat violation: 10/16/24 et al

Plan of Correction ***Accept [redacted] - 06/04/2025)***

Administrator [redacted] is disputing the first part of this violation and requesting that it is withdrawn due to the blinds on the door were not in disrepair, they were slightly bent and were not cracked, broken and no slats of the blinds were missing. Administrator [redacted] did remove the blinds on 4/11/2025 only because they are not required and to prevent any future potential discrepancies with department inspectors. The mauve couch was removed and disposed of on 4/11/2025 by staff supervisor MS and contracted maintenance [redacted]. Administrator [redacted] replaced the mauve couch along with another older couch in the living room with new couches also on 4/11/2025. Facility owners obtained 5 new matching couches for the facility that were delivered on 4/11/2025. Administrator [redacted] re-educated staff on 5/14 and 5/15/2025 to report any maintenance related concerns under 2600.95 to administration immediately upon discovery via the implemented facility Homebase Maintenance message group or by filling out a maintenance request (that is located in the kitchen pantry and in the med room).Administrator[redacted] and staff [redacted] will complete documented twice weekly checks beginning 5/16/2025 of the facility common and living areas to ensure that the furniture is maintained and is in good repair for one month. Documentation of

95 - Furniture and Equipment (continued)

this education will be kept on file in accordance with 2600.65.(i). Please see attached documentation.

Licensee's Proposed Overall Completion Date: *05/16/2025*

Implemented [redacted] - 09/19/2025)

100a - Exterior - Free of Hazards

11. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The exterior walkway is crumbled and in disrepair leading from the parking lot to the home, posing a trip/fall hazard.

Plan of Correction ***Accept [redacted] - 07/10/2025)***

Administrator [redacted] is disputing this violation and requesting that it is withdrawn due to the walkway leading from the parking lot to the home is not crumbled and in disrepair. Please see attached photos.
Administrator [redacted] and staff supervisors [redacted] will complete documented monthly checks beginning 6/25/2025 of the exterior facility walkways and grounds to ensure that all is maintained and is in good repair for 6 months.
Contractor [redacted] repaired sidewalks on 6/21 and 6/22/2025.

Licensee's Proposed Overall Completion Date: *06/27/2025*

Implemented [redacted] - 10/16/2025)

103e - Left Overs

12. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

A large container of 6 chicken wings and a plastic container of noodles and vegetables in the stainless-steel refrigerator located in the dishwasher room were not dated.

Plan of Correction ***Accept [redacted] - 06/04/2025)***

Administrator [redacted] is disputing this violation and requesting that it is withdrawn due to the large container of 6 chicken wings and a plastic container of noodles and vegetables in the stainless-steel refrigerator located in the dishwasher room (pantry) was not leftover food, it was a staff member [redacted]'s lunch. Administrator [redacted] did re-educate all staff on 5/14 and 5/15/2025 of the requirements of 2600.103.(e). Documentation of this education will be kept on file in accordance with 2600.65.(i).

Licensee's Proposed Overall Completion Date: *05/15/2025*

Implemented [redacted] - 09/23/2025)

121a - Unobstructed Egress

13. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress *(continued)*

Description of Violation

A garden hose blocked approximately ¾ of the emergency exit leading from the laundry room to the exterior emergency exit staircase. Additionally, the sidewalk pad directly outside of this door and the steps leading to the courtyard were covered in approximately 1"-2" of wet leaves.

Repeat violation 10/16/24 et al

Plan of Correction ***Directed [redacted] - 06/04/2025)***

Administrator [redacted] is disputing this violation and requesting that it is withdrawn due to the emergency door was not in any way blocked that would hinder anyone who would need to exit in the event of an emergency. Staff person [redacted] immediately removed the end of the 1'' hose that allegedly "blocked" the door for the lead inspector to verify. Also, the steps were not covered in 1-2'' in leaves. There were some leaves single layered, stuck on the stairs due to it was windy and raining the night before into the morning of the inspection. Administrator [redacted] removed the leaves present on the steps and landing of the basement door on 4/11/2025. Administrator [redacted] along with staff persons [redacted] do weekly documented checks that were previously implemented on all egresses within the courtyard and the home's exterior areas and will continue to complete these documented checks to ensure continued compliance.

DIRECTED: Within 7 days of receipt of the plan of correction and weekly thereafter - The administrator or designee will complete monitoring of all doors and egress routes to ensure they are clear of any obstructions. [redacted] 6/4/25

Directed Completion Date: *06/24/2025*

Implemented [redacted] - 10/16/2025)

132a - Monthly Fire Drill

14. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

According to multiple interviews, there were no monthly fire drills conducted in the fire drill in the past year, other than the fire drill conducted by the fire safety expert on 4/10/25, the date of inspection,

Plan of Correction ***Accept [redacted] - 06/30/2025)***

Administrator [redacted] is disputing this violation and requesting that it is withdrawn due to there is no evidence substantiating this violation and it contradicts a previously cited violation. Within the fire drill log, there is accurate documentation of when fire drills were performed. A fire safety expert conducted fire drill within the past year on 4/23/2024, also proving that this violation is unsubstantiated. Staff verified to on-site inspector that fire drills were indeed completed. During multiple inspections in this facility within the past year, the fire drill log was evaluated, along with multiple issues of the home's fire escape and in regard to fire drills not being performed was not a previous issue. During an inspection on 7/1/2024 and 7/2/2024, department supervisor [redacted] acknowledged that fire drills were being performed within the facility on multiple occasions and violated the facility under 2600.132.(e), which the department supervisor [redacted] later withdrew on 8/26/2024.
Please see attached fire drill log that includes the May 28, 2025 fire drill. All fire drills are conducted monthly at various times of the day that include one overnight fire drill within 6 months. Administrator [redacted] does currently supervise the fire drills and will continue to supervise while they are being conducted and document the fire drills

132a - Monthly Fire Drill (continued)

accordingly. Please see attached documentation.

Licensee's Proposed Overall Completion Date: *06/27/2025*

Implemented [redacted] - 09/23/2025)

183e - Storing Medications

15. 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 #3's Novolog FlexPen insulin was not dated when opened. Manufacturer's instructions indicate to discard unused portion after 28 days.

Resident #4's Humalog Kwikpen insulin was not dated when opened. Manufacturer's instructions indicate to discard unused portion after 28 days.

Plan of Correction ***Accept [redacted] - 06/04/2025)***

Administrator [redacted] reeducated staff on the requirements of 2600.183.(e) on 5/14 and 5/15/2025 along with the policies and procedures that coincide with this regulation. Administrator [redacted] and designated person [redacted] (med tech) continues to complete documented weekly MAR/medication cart audits (which include checks that all insulin is dated upon opening) that was implemented on 10/30/2024. Administrator [redacted] re-implemented this documented audit (which includes that insulin is dated) on 5/15/2025 to be completed twice weekly [redacted] for 30 days then to resume these documented checks weekly thereafter. Administrator [redacted] has previously posted (which is still posted since 2023) a reminder that all insulin along with other medications that are required to be dated upon opening on the cabinet door within the med room. Annual diabetic training was completed by [redacted] a licensed CDE on 4/7/2025 at 2 pm with documentation on file. Documentation of this education will be kept on file in accordance with 2600.65.(i).

Licensee's Proposed Overall Completion Date: *05/16/2025*

Implemented [redacted] - 09/23/2025)

185a - Implement Storage Procedures

16. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The following glucose readings were in resident #3's glucometer, but were not entered on the blood glucose line on the resident's April medication administration record (MAR):
- 4/10/25 at 8:36 a.m. - 298

185a - Implement Storage Procedures (continued)

- 4/9/25 at 4:49 p.m. – 215
- 4/6/25 at 4:53 p.m. - 332
- 4/5/25 at 8:58 a.m. - 440

Resident #4 is ordered Humalog 100unit Kwikpen. On 4/7/25 at 3:49 p.m., the resident had a blood glucose reading of 70, however, the MAR indicated a blood glucose reading of 81.

Repeat Violation: 10/16/24 et al and 7/1/24 et al

Plan of Correction ***Accept [redacted] - 06/04/2025)***

Administrator [redacted] is disputing the first part of this violation and requesting it to be withdrawn due to per [redacted] order, this resident was deemed able to self administer own meds including [redacted] testing due to the resident was frequently out of the facility visiting family. Staff is only required to document on the MAR medications that are administered by staff and [redacted] readings they obtain. Administrator [redacted] reeducated staff on the requirements of 2600.185.(a) on 5/14 and 5/15/2025 along with the policies and procedures that coincide with this regulation. Administrator [redacted] and designated person [redacted] (med tech) continues to complete documented weekly MAR/medication cart audits which include glucometer checks that was implemented on 10/30/2024. Administrator [redacted] re-implemented this audit including glucometer checks on 5/15/2025 to be completed twice weekly [redacted] for 30 days then to resume these documented checks weekly thereafter. Annual diabetic training was completed by [redacted] a licensed CDE on 4/7/2025 at 2 pm with documentation on file. Documentation of this education will be kept on file in accordance with 2600.65.(i).

Licensee's Proposed Overall Completion Date: *05/15/2025*

Implemented [redacted] - 09/23/2025)