

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

July 15, 2025

[REDACTED] PRESIDENT/CEO  
ST. ANNE HOME INC  
685 ANGELA DRIVE  
GREENSBURG, PA, 15601

RE: VILLA ANGELA AT ST. ANNE HOME  
685 ANGELA DRIVE  
GREENSBURG, PA, 15601  
LICENSE/COC#: 42804

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2025 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: *VILLA ANGELA AT ST. ANNE HOME* License #: *42804* License Expiration: *08/15/2025*  
 Address: *685 ANGELA DRIVE, GREENSBURG, PA 15601*  
 County: *WESTMORELAND* Region: *WESTERN*

## Administrator

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

## Legal Entity

Name: *ST. ANNE HOME INC*  
 Address: *685 ANGELA DRIVE, GREENSBURG, PA, 15601*  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: *I-2* Date: *12/01/2010* Issued By: *City of Greensburg*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

## Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/06/2025*

## Inspection Dates and Department Representative

*05/06/2025 - On-Site:* [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *54* Residents Served: *37*

## Secured Dementia Care Unit

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

## Hospice

Current Residents: *6*

## Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*  
 Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *6* Have Physical Disability: *0*

## Inspections / Reviews

## 05/06/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/30/2025*

## 05/30/2025 - POC Submission

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

Inspections / Reviews *(continued)*

06/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/30/2025

07/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*At approximately 11:15 a.m., resident #1 was attempting to enter the elevator across the hall from the home's main dining room when the elevator door began closing in "nudge mode". Resident #2 indicated that [REDACTED] had activated the elevator's hold switch in an effort to hold the door open for residents to board the elevator. However, if the elevator's door hold switch is activated for more than 137 seconds the door will begin close in "nudge mode" (while closing in "nudge mode" the elevator door does not stop for any potential obstructions in the elevator door's path of travel). Resident #1 was attempting to enter the elevator when the elevator door began closing in "nudge mode". While closing in "nudge mode" the elevator's door struck resident #1 knocking [REDACTED] backwards causing [REDACTED] to fall onto [REDACTED] left side. Resident #1 suffered a skin tear to [REDACTED] left elbow and left hand. Resident #1 received dressings on [REDACTED] wounds within approximately 10 minutes of the incident. However, it was not until approximately 2:30 p.m., that staff member A re-assessed the resident, due to resident #1's wounds bleeding through the previously applied dressings. During the re-assessment, staff member A observed what [REDACTED] interpreted as possible bone / tendons at the site of the skin tear at the left elbow. Emergency medical services were requested to the home and resident #1 was subsequently transported to [REDACTED] Hospital, where [REDACTED] was treated for the lacerations.*

*Multiple staff members indicated they believed the elevator to be unsafe and that there was a history of incidents to support their beliefs. Instructions to operate the elevator were posted inside the elevator and staff members also received formal training/education from the home on how to operate the elevator. On 5/8/25, at approximately 11:15 a.m., resident #2 was not aware of how to properly operate the elevator's hold button, allowing for the elevator door to enter into "nudge mode" and strike resident #1 causing [REDACTED] to fall. The fall resident #1 encountered resulted in significant skin tears of [REDACTED] left elbow and hand, necessitating the provision of outside medical services.*

**Plan of Correction****Accept ([REDACTED] - 05/30/2025)**

*In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2025 by the Director of Plant Operations to have the elevator company called to come and assess the situation. Elevator company stated the elevator was up to code and working properly. The speed of the elevator closing was adjusted to a slower setting.*

*To enhance the current compliant operations, on 05/06/2025 the administrator educated the residents on only having staff use the stop button on the elevator. (See attached), with a completion date of 05/23/25. The resident received sutures to open areas and are healing. A key system will be installed on the elevator and the stop button will be removed to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 06/23/2025****Implemented ([REDACTED] - 07/15/2025)**

## 82c - Locking Poisonous Materials

**2. Requirements**

2600.

**82c - Locking Poisonous Materials (continued)**

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

**Description of Violation**

*At approximately 10:50 a.m., there was an aerosol can of Claire Ceramic Cleaner located in the lower-level floor kitchenette's cabinet that was positioned directly between the refrigerator and the stove. The cleaning product had a warning label of call Poison Control Center or doctor for treatment advice if swallowed. However, resident #3 was assessed to be unsafe around poisons.*

*At approximately 10:53 a.m., there were multiple containers of poisonous materials located on the first floor's kitchenette's sink cabinet to include, a container of Clorox Urine Remover with a warning label of if swallowed, drink a glass of water, call a doctor or Poison Control Center and a canister of Lysol Disinfectant spray with a warning label of call Poison Control Center or doctor for treatment advice if swallowed. However, resident #3 was assessed to be unsafe around poisons.*

**Plan of Correction****Accept ( ) - 05/30/2025)**

*In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2025 by the administrator to remove the poisonous materials.*

*To enhance the current compliant operations, on 05/06/2025 maintenance installed a combination lock under all kitchenette sinks for only staff to access. See attached.*

*Effective 05/22/2025 the Villa Angela staff will perform weekly combination lock audits through 06/26/2025 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 06/26/2025**

**Implemented ( ) - 07/15/2025)****88a - Surfaces****3. 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 approximately 11:29 a.m., there were multiple small holes approximately 3 feet from the floor in the far-right wall in resident room #106a. The largest hole measured approximately 1 to 1.5 inches in diameter.*

**Plan of Correction****Accept ( ) - 05/30/2025)**

*In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2025 by Villa Angela staff who submitted a maintenance request to patch the holes in the resident's room.*

**88a - Surfaces (continued)**

*To enhance the current compliant operations, starting on 05/06/2025, maintenance will patch the holes in the wall with a completion date of 05/21/2025 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

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

**Implemented** (█) - 07/15/2025)

**103d - Storing Food Off Floor**

**4. Requirements**

2600.  
103.d. Food shall be stored off the floor.

**Description of Violation**

*At approximately 11:35 a.m., there were multiple boxes of food items on the floor of the home's walk-in freezer, to include two boxes of Sarah Lee sheet cakes.*

*At approximately 11:35 a.m., there were multiple boxes of food items on the floor of the home's dry food storage area to include two boxes of Applesauce.*

**Plan of Correction**

**Accept** (█) - 05/30/2025)

*In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/08/2025 by the dietary staff to move the boxes off of the floor and put away items.*

*To enhance the current compliant operations, starting on 05/08/2025 the dietary department will complete a dietary audit twice a week to ensure that food is put away properly, with a completion date of 06/05/2025. See attached.*

*Effective 05/08/2025 the dietary department will complete audits twice a week through 06/05/2025 to maintain ongoing compliance with ensuring food is stored off the floor. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** 06/05/2025

**Implemented** (█) - 07/15/2025)

**108 - Firearms & Weapons**

**5. Requirements**

2600.  
108. Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

**Description of Violation**

*The home did not have a Firearms / Weapons Policy.*

**Plan of Correction**

**Accept** (█) - 06/03/2025)

*In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/25 by the Administrator to complete a firearm and weapons policy.*

108 - Firearms & Weapons (continued)

To enhance the currently compliant operations, on 06/03/25 the Administrator will complete staff education regarding the firearms and weapons policy and have the staff sign off that they understand the policy. The policy will be reviewed yearly and updated if any changes occur, with a completion date of 06/30/25.

Effective 06/03/25 the Administrator will perform yearly firearm/weapon policy reviews through 06/30/2025 to maintain ongoing compliance with permitting firearms, weapons and ammunition on the licensed premises only when law enforcement is involved and deemed necessary. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Any staff/visitors/residents that do not follow the proposed policy will be escorted off the premises.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 07/15/2025

131f - Fire Extinguisher Inspection

6. 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

At approximately 1:30 PM the fire extinguisher located in the administrator's office was most recently inspected by a fire safety expert during the calendar year of 2020.

Plan of Correction

Accept (█) - 05/30/2025

In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2025 by the Maintenance department removing the out-of-date fire extinguisher.

To enhance the current compliant operations, on 05/06/2025 maintenance will complete the fire extinguisher monthly inspection log, with a completion date of 06/21/2025. See attached.

Effective 05/06/2025 maintenance will perform monthly audits through 06/21/2025 to maintain ongoing compliance with ensuring fire extinguishers are inspected and approved annually by a fire safety expert, and to ensure the date of the inspection is on each extinguisher. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/21/2025

Implemented (█) - 07/15/2025

132d - Evacuation

7. Requirements

2600.

132d - Evacuation (continued)

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

**Description of Violation**

*The fire drill on 3/30/25, at 4:33 a.m., had an evacuation time of 14 minutes and 22 seconds to complete. However, the most recently completed fire safety inspection completed by a fire expert indicated an evacuation time of 13 minutes.*

**Plan of Correction**

**Accept (█ - 05/30/2025)**

*In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/27/2025 by the administrator to educate staff that fire drills need to be completed quickly and safely under 13 minutes.*

*To enhance the current compliant operations, on 04/30/25 an afternoon fire drill was completed with an evacuation time of 5 min. 30 sec.*

*On 05/28/25 a morning fire drill was completed with an evacuation time of 7 min. 47 sec. (see attached).*

*Villa Angela staff will continue to evacuate residents in a timely manner, with a completion date of 06/30/2025.*

*Effective 05/28/25 the Villa Angela staff will perform fire drills through 06/30/25 and thereafter, to maintain ongoing compliance with fire drill times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

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

**Implemented (█ - 07/15/2025)**

132g - Fire Drills Days/Times

**8. 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 holds fire drills at the end of each month as evidenced by 13 of the last 16 monthly fire drills being conducted at the end of the month.*

**Plan of Correction**

**Accept (█ - 05/30/2025)**

*In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2025 to inform the Director of plant operations that the fire drills cannot only take place at the end of the month.*

*To enhance the current compliant operations, on 05/06/2025 the Director of plant operations will hold fire drills at random times throughout the month, with a completion date of 06/30/2025.*

132g - Fire Drills Days/Times (continued)

Effective 05/06/2025 the Director of plant operations will perform monthly sporadic fire drills to maintain ongoing compliance with ensuring fire drills are 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ( ) - 07/15/2025)

142a - Secure Medical Care

9. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

At approximately 11:15 a.m., resident #1 was attempting to enter the elevator across the hall from the home's main dining room. When ( ) was struck by the elevator door resulting in ( ) sustaining skin tears to ( ) left elbow and left hand. Resident #1 received dressings on ( ) wounds within approximately 10 minuets of the incident. However, at approximately 2:30 p.m., staff member A re-assessed the resident due to resident #1's wounds bleeding through ( ) dressings. During the re-assessment, staff member A observed what ( ) interpreted as possible bone / tendons being visible at the site of the skin tear on resident #1's left elbow. Emergency Medical Services were requested to the home and resident #1 was subsequently transported to ( ) Hospital, where ( ) was treated for the laceration/s.

Plan of Correction

Accept ( ) - 05/30/2025)

In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2025 by the Resident Care Coordinator to send resident to the hospital for evaluation.

To enhance the current compliant operations, the med nurse will notify the Resident Care Coordinator of any further incidents to assess resident together and come up with a plan of action, with a completion date of 06/30/25 and thereafter.

Effective 05/28/25 the Resident Care Coordinator and the med nurse will perform wound/injury assessments through 06/30/25 and thereafter, to maintain ongoing compliance with assisting each resident with securing medical care if a resident's health status declines, and to document the resident's need for the medical care, including updating the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ( ) - 07/15/2025)

183b - Meds and Syringes Locked

10. Requirements

2600.

**183b - Meds and Syringes Locked (continued)**

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

**Description of Violation**

At approximately 11:30 a.m., there was an unlocked, unattended and accessible tube of zinc oxide apply topically to [REDACTED] area twice daily for soilage on the bedside dresser located in resident #4's private resident room. However, resident #4's most recent assessment completed [REDACTED] did not indicate the resident was assessed to self-administer medication.

At approximately 11:30 a.m., there was an unlocked, unattended, and accessible tube of Remedy Clinical Antifungal Treatment on the bedside dresser located in resident #4's private resident room. However, resident 4's most recent assessment completed on [REDACTED], did not indicate the resident was assessed to self-administer medication.

At approximately 11:30 a.m., there was an unlocked, unattended, and accessible tube of Diclofenac Gel% on the bedside dresser located in resident #4's private resident room. However, resident 4's most recent assessment completed on 5/1/24, did not indicate the resident was assessed to self-administer medication.

At 11:40 a.m., there were unlocked, unattended, and accessible Systain eye drops on the bed side dresser located in resident #5's private resident room. However, resident 5's most recent assessment completed on 11/20/24, did not indicate that the resident was able to self-administer medication.

REPPEAT VIOLATION: 4/9/24, ET. AL.

**Plan of Correction**

Accept [REDACTED] - 05/30/2025)

In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2025 by the administrator to remove the medications from resident's rooms until a physician order was received.

Resident #4 medications at bedside were removed and creams were discontinued by hospice. See attached. Resident #5 had a self-medication assessment completed to administer [REDACTED] own eye drops and keep at bedside signed by the doctor. See attached assessment and doctor's order. Villa Angela staff will complete weekly apartment audits for poisonous materials/medications left in resident's rooms, with a completion date of 06/22/2025. See attached.

Effective 05/06/2025 Villa Angela staff will complete weekly apartment audits through 06/22/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/22/2025

Implemented [REDACTED] - 07/15/2025)

**183d - Prescription Current****11. Requirements**

2600.

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

## 183d - Prescription Current (continued)

**Description of Violation**

At approximately 11:30 a.m., there was a tube of zinc oxide on the bedside dresser located in resident #4's private resident room. However, there were no prescriber's orders for the medication.

At approximately 11:30 a.m., there was a tube of Remedy Clinical Antifungal Treatment on the bedside dresser located in resident #4's private resident room. However, there were no prescriber's orders for the medication.

At approximately 11:30 a.m., there was a tube of Diclofenac Gel% on the bedside dresser located in resident #4's private resident room. However, there were no prescriber's orders for the medication.

At approximately 11:40 a.m., there were Systain eye drops on [REDACTED] bed side dresser located in resident #5 private resident room. However, there were no prescriber's orders for the medication.

At approximately 2:30 p.m., there was a unit canister of Airsupro 80-90 dash 80 mcg inhaler inhale two puffs by mouth every six hours as needed for wheezing and shortness of breath in the medication cart with resident #6's name on its label. However, there was no physician's order for the medication.

**Plan of Correction**

Accept [REDACTED] - 05/30/2025)

In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2025 by the administrator to remove the medications from resident's rooms until a physician order was received.

Resident #4 medications at bedside were removed and creams were discontinued by hospice. See above attachment. Resident #5 had a self-medication assessment completed to administer [REDACTED] own eye drops and keep at bedside signed by the doctor. See above attachment. Resident #6 inhaler was discarded due to nonuse and no physician order. Villa Angela staff will complete weekly apartment audits for poisonous materials/medications left in resident's rooms, with a completion date of 06/22/2025. See above attachment.

Licensee's Proposed Overall Completion Date: 06/22/2025

Implemented [REDACTED] - 07/15/2025)

## 185a - Implement Storage Procedures

**12. 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 #6's May 2025, medication administration record indicated Pro Air HFA inhaler 108 inhale two puffs via inhalation every six hours as needed for wheezing. However, the medication's label indicated Ventolen hfa inhale to puffs by mouth every six hours as needed for wheezing.

**Plan of Correction**

Accept [REDACTED] - 05/30/2025)

In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2025 by the Resident Care Coordinator to remove the inhaler from the medication cart.

**185a - Implement Storage Procedures (continued)**

To enhance the currently compliant operations, on 05/22/2025, Heartland Hospice discontinued the inhaler due to nonuse, with a completion date of 05/22/2025. See attached.

Effective 05/22/2025 the Resident Care Coordinator will perform biweekly med cart audits through 06/22/2025 (see attached) to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/22/2025

Implemented (█) - 07/15/2025)

**227d - Support Plan Medical/Dental****13. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #5's most recent Documented Medical Evaluation completed on █ indicated 2 diagnoses, (Severe Protein) malnutrition, and abnormality of gait & mobility). However, these diagnoses were not on resident #5's most recent support plan completed █

Resident #6's most recent Documented Medical Evaluation completed █ indicated 1 diagnosis (vitamin D deficiency) However, this diagnosis was not on resident #6's most recent support plan completed on █

**Plan of Correction**

Accept (█) - 05/30/2025)

In response to the violation on 05/06/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2025 by the administrator to add the missing diagnoses to the resident's most current RASP. See attached.

To enhance the current compliant operations, starting on 05/07/2025 the administrator or designee will complete a full house DME and RASP audit to ensure the diagnoses from the DME match the most current RASP, with a completion date of 06/28/25. See attached.

Effective 05/07/2025 the administrator or designee will perform monthly audits through 05/31/2025 to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

227d - Support Plan Medical/Dental (*continued*)

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█ - 07/15/2025)