

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

February 6, 2026

[REDACTED]
ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC
[REDACTED]

RE: MEMORY MEADOWS PERSONAL
CARE HOME
321 GODFREY ROAD
LEECHBURG, PA, 15656
LICENSE/COC#: 44705

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/09/2025 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: *MEMORY MEADOWS PERSONAL CARE HOME* License #: *44705* License Expiration: *10/30/2025*
 Address: *321 GODFREY ROAD, LEECHBURG, PA 15656*
 County: *ARMSTRONG* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ROSS' MEMORY MEADOWS ASSISTED LIVING FACILITY LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *08/30/1993* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *05/09/2025*

Inspection Dates and Department Representative

05/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *7*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *2*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *7*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *90*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

05/09/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/01/2025*

06/02/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/01/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/09/2025*

Inspections / Reviews (*continued*)

02/06/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/15/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

02/06/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

2. 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 [REDACTED], the building lost electrical power. However, the home did not report the incident to the department until [REDACTED]

On [REDACTED], resident [REDACTED] in the home. However, the home did not report the resident's [REDACTED] to the department until [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/18/2025)

2600.16.c. Memory Meadows lost power for 4 days due to the Armstrong County Disaster Storm. MM had no means by internet, or lack of phone that's connected to the internet. Carin from AOA reached out to my mother previous owner. [REDACTED] assured [REDACTED] that we food, water, o2 and waiting on generator. [REDACTED] (PCHA) will notify the state by calling the report into the hotline when incident happens. [REDACTED] (PCHA) will then send a incident report to the state when able to. [REDACTED] (PCHA) reread the Regulation 2600.16.c. to educate herself on all reportable incidents. [REDACTED] (PCHA) placed a list of all reportables in [REDACTED] office on 5/11/2025.

[REDACTED] (PCHA) will report all deaths to the state right away before they are taken from the home. [REDACTED] (PCHA) reread the Regulation 2600.16.c. to educate herself on all reportable incidents. [REDACTED] (PCHA) placed a list of all reportables in [REDACTED] office on 5/11/2025.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [REDACTED] - 02/06/2026)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person B, whose first day of work was [REDACTED] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and, telephone use and notification of emergency services, until [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/18/2025)

2600.65. a. Staff #B was given the packet with application of emergency preparedness. [REDACTED] (Supervisor) made a whole new hire check list. Staff #B was orientated on evacuation, staff duties, and responsibilities during a fire drill. [REDACTED] (Supervisor) reeducated on all the above the day after this inspection. 1st Day check list attached. Gilpin Fire Chief [REDACTED] and the Volunteer Fire Fighters came out on 5/19/2025. All staff attended the Supervised (Chief) fire drill and Safety Inspection. [REDACTED] Supervisor also apart of the GTVFD walked every employee

65a FS Orientation 1st Day (continued)

through the home with the crew showing all the fire extinguishers locations, emergency doors, evacuation plan and how to use fire extinguisher.

Licensee's Proposed Overall Completion Date: 06/15/2025

Implemented (████) - 02/06/2026)

65d - Initial Direct Care Training

4. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

3. Initial direct care staff person training to include the following:

Description of Violation

Direct care staff person B, hired on █████, began providing unsupervised ADL services on █████ from 4:00 p.m., through 11:00 p.m. However, the staff person A did not complete the following initial direct care staff person training: safe management techniques, ADLs and IADLs, personal hygiene, care of residents with █████, █████ and other █████ until █████

REPEAT ET AL █████

Plan of Correction

Accept (████) - 06/18/2025)

2600.65.d. █████ (Supervisor) added the Direct Care staff to Hire packet on 5/10/2025. The Direct Care Training will be done before the first day of training. █████ (Administrator) changed hiring check list on 5/10/2025. All new hires will complete Temple Direct Care staff at Memory Meadows. █████ (Administrator) will attend the first and last day of training on New Hires for 6months to make sure all paperwork is done and correct.

Licensee's Proposed Overall Completion Date: 06/15/2025

Implemented (████) - 02/06/2026)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There was a lump of unidentified feces behind the door granting egress to resident room █████

Plan of Correction

Accept (████) - 06/18/2025)

2600.85.a. The cat is no longer in the home. █████ belonged to Resident █████ When █████ passed █████ gave the cat to █████ (caregiver). █████ (PCHA) held staff meeting on 5/10/2025 discussed that animals need to let out 2QH. █████ (PCHA) educated staff on awareness of all areas of the home. If any mess was made they will cleanup when found. Staff is to notify █████ (PCHA) if this becomes a issue. If we get a Residents Animal as they are to be able to take 100% responsibility for there pet. █████ (PCHA) has plans to change the Pet Policy. New Policy will be written by 7/15/2025

Licensee's Proposed Overall Completion Date: 06/15/2025

85a - Sanitary Conditions (continued)

Implemented [REDACTED] - 02/06/2026)

107a - Emergency Preparedness

6. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

At approximately 10:00 a.m., there was no Emergency Plan available in the home.

Plan of Correction

Accept [REDACTED] - 06/18/2025)

2600.107.a. The emergency plan binder stays on the shelf in the living room. [REDACTED] (PCHA) took the binder to my house on 5/7/2024 to update. After the storm I decided to make some changes. When asked during inspection about the binder. [REDACTED] (PCHA) had [REDACTED] [REDACTED] bring it to the facility arrived 20-30 minutes later during the inspection on 5/9/2025. The emergency plan binder will stay at the facility for any reason [REDACTED] (PCHA) made copies and put together 2 binders. One for me to have at home and one for [REDACTED] (Supervisor) to have at home. This way in case of emergency we can have the same binder that's at the facility on us if needed. [REDACTED] (PCHA) will check the shelf in LR Weekly for 1 year.

Licensee's Proposed Overall Completion Date: 06/15/2025

Implemented [REDACTED] - 02/06/2026)

121a - Unobstructed Egress

7. Requirements

2600.

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

Description of Violation

At approximately 9:00 a.m., there was a loop pin mechanism being used to secure the home's side yard fence's gate. The gate was blocking the evacuation route leading from the home's main back deck exit. However, multiple residents to include resident [REDACTED] were unable to operate the loop pin mechanism securing the gate.

Plan of Correction

Accept [REDACTED] - 06/18/2025)

2600.121.a. [REDACTED] (Supervisor) took the pins out right away with inspector there on 5/9/2025. [REDACTED] (PCHA) purchased and added two more motion alarms to that rear gate 5/20/2025. [REDACTED] (PCHA) held staff meeting on 5/10/2025 educated staff on not put anything on the gate that could prevent resident to not be able to evacuate on own. [REDACTED] (PCHA) educated all staff on the Motion alarm sounds and to go out every time the alarm goes off. They are on all doors to outside and by all gates. [REDACTED] (Living Caregiver) will do checks twice daily to make sure all batteries are working. No end date was added to new hire employee training record.

Licensee's Proposed Overall Completion Date: 06/15/2025

Implemented [REDACTED] - 02/06/2026)

132d - Evacuation

8. Requirements

2600.

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 home failed to evacuate resident [redacted] during multiple fire drills to include fire drills held on [redacted], and [redacted].

Plan of Correction

Accept [redacted] 06/18/2025)

2600.132.d. Resident [redacted] Hospice Patient. [redacted] POA verbally told us if [redacted] is having a bad day, [redacted] didn't want [redacted] participating in drills. Resident # [redacted] is a retired Fire Fighter so [redacted] was afraid it would trigger [redacted]. On 5/19/2025 [redacted] did participate in fire safety class drill with the Fire Chief with no behavioral problems. [redacted] (PCHA) has implemented in the hospice book that if Hospice, POA or Dr. feel Resident shouldn't participate in drills a Notarized letter needs to be kept on file. [redacted] (PCHA) added this into admission paperwork on 06/12/2025.

Licensee's Proposed Overall Completion Date: 06/15/2025

Implemented [redacted] - 02/06/2026)

182c - Medication Administration

9. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

Resident [redacted] was ordered [redacted] take one tablet by mouth every day and [redacted] take one tablet by mouth every 12 hours. However, on [redacted] at approximately 9:00 a.m., staff member C failed to ensure the medication was administered by mouth to resident [redacted] who was not assessed to self-administer medications.

Plan of Correction

Accept [redacted] 06/18/2025)

2600.182.c. Staff member C was educated by [redacted] PCHA on the importance of watching every resident take their medications. Staff member C was also written up for this violation on 5/10/2025. [redacted] (PCHA) will monitor medication passer for the next month to make sure this doesn't happen again.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [redacted] 02/06/2026)

183b - Meds and Syringes Locked

10. 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

At approximately 11:50 a.m., there were two unlocked, unsecured, and accessible medications identified as [redacted] and [redacted] on the floor next to resident [redacted] bed.

183b - Meds and Syringes Locked (continued)

Plan of Correction

Accept [REDACTED] - 06/18/2025)

2600.183.b. Resident [REDACTED] Prescription medication CAM and syringes shall be kept in the med cart that is locked at all times. This includes all medications and syringes kept in residents' room. During inspection there were two unlocked, unsecure and accessible meds on floor next to residents' bed. The trained staff that is administering medication will remain with the resident and watch residents' take each medication to ensure resident has not dropped any meds during administration "meds will never be left at bedside if resident does not take the medication, it will be destroyed and logged in medication record as residents' refusal and Physician notified. [REDACTED] PCHA held staff meeting 5/10/2025 to go over how every single medication will be locked up at all times.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [REDACTED] - 02/06/2026)

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.

Description of Violation

Resident [REDACTED] date of death [REDACTED], was prescribed [REDACTED] by mouth every 4 hours as needed for pain. However, the medication remained in the home's medication cart.

Plan of Correction

Accept [REDACTED] - 06/18/2025)

2600.183.d. Resident [REDACTED] who [REDACTED] on [REDACTED] and was prescribed morphine sulfate for pain medication remained in cart unopened post discharged. [REDACTED] PCHA will account for logging and destroying all narcotics upon Residents discharge or discontinuation of narcotic medication. Narcotics will be destroyed in a drug deactivation disposable system pouch. [REDACTED] PCHA or [REDACTED] Supervisor and a trained staff member two people will destroy and sign that narcotics were disposed of properly. All medications will be removed from the cart and locked in return bin for pharmacy pickup. [REDACTED] (PCHA) will audit the med cart weekly to assure all discontinued meds and narcotics have been removed and or destroyed.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [REDACTED] - 02/06/2026)

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 [REDACTED] was prescribed [REDACTED] by mouth every 2 hours is needed for anxiety. Prescription #s [REDACTED], and [REDACTED], ordered 12 and 24 prefilled [REDACTED] be dispensed on [REDACTED]. There were 17 prefilled amber oral syringes present. However, there were no narcotic log documentations associated with the medication, leaving 19, prefilled amber oral [REDACTED] unaccounted for.

Resident [REDACTED] was prescribed [REDACTED] by mouth every 1 hour as needed for pain. Prescription #s [REDACTED] and [REDACTED], ordered 12 and 24 prefilled [REDACTED] be

185a Implement Storage Procedures (continued)

dispensed on [REDACTED]. There were 24 prefilled [REDACTED] present. However, there were no narcotic log documentations associated with the medication, leaving 12, prefilled [REDACTED] unaccounted for.

Residents [REDACTED] was prescribed [REDACTED] take one tablet by mouth every four hours as needed. Prescription [REDACTED] ordered 15 tablets to be dispensed on [REDACTED]. There was 1 tablet of [REDACTED] medication remaining in the medication card. However, there were no narcotic log documentations associated with the medication, leaving [REDACTED] unaccounted for.

Resident [REDACTED] was prescribed [REDACTED] take one tablet by mouth every four hours as needed. Prescription [REDACTED] ordered 15 tablets dispensed on [REDACTED]. There were 8 tablets of [REDACTED] medication remaining in the pill card. However, there were no narcotic log documentations associated with this medication, leaving 7 tablets of [REDACTED] medication unaccounted for.

Resident [REDACTED] was prescribed [REDACTED] take one tablet by mouth as needed every four hours. Prescription [REDACTED] ordered a quantity of 15 tablets dispensed on [REDACTED]. There were 9 tablets of [REDACTED] medication remaining in the pill card. However, there were no narcotic log documentation associated with this medication, leaving a total of 6 tablets of [REDACTED] unaccounted for.

Resident [REDACTED] was prescribed early on [REDACTED] take one tablet by mouth twice a day is needed. Prescription [REDACTED] ordered 15 tablets be dispensed on [REDACTED]. There were 3 tablets present in the pill card. However, there were no narcotic log documentations associated with this medication leaving, 12 [REDACTED] tablets unaccounted for.

Resident [REDACTED] was prescribed [REDACTED] take one tablet by mouth twice a day as needed. Prescription [REDACTED] ordered 15 tablets be dispensed on [REDACTED]. There were 15 [REDACTED] present in the pill card. However, there was no narcotic log documentations associated with the medication.

REPEAT [REDACTED]

Plan of Correction

Accept ([REDACTED] - 06/18/2025)

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. Staff meeting held 5/10/2025 by [REDACTED] on the above. Resident [REDACTED] was prescribed narcotic [REDACTED] medications requiring narcotic log of documentation. No log was maintained by trained staff persons for medications administered besides the medication record. [REDACTED] PCHA checked all Narcotics in the med cart on 5/9/2025 before I left after inspection. The facility will maintain a narcotic log to include name of drug, physicians order, directions for the med to be given, the date meds received from pharmacy, the numbered medication received, and documentation of each dose given. Narcotics should be counted by trained staff at the end of each shift to ensure all meds are accounted for. The trained staff will report to the Administrator or designated person immediately with any discrepancy in the narcotic log. [REDACTED] PCHA or [REDACTED] will check during biweekly med cycle that all narcotics have a pharmacy Narc log, if not [REDACTED] PCHA is to be notified. PCHA will complete a Narc log for any missing Narc sheets on day of med cycle. [REDACTED] will do a Narc Audit weekly on Wednesday for 6 months.

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. Staff meeting held 5/10/2025 by [REDACTED] PCHA

185a Implement Storage Procedures (continued)

on the above. Resident [REDACTED] was prescribed narcotic [REDACTED] medications requiring narcotic log of documentation. No log was maintained by trained staff persons for medications administered besides the medication record. [REDACTED] PCHA checked all Narcotics in the med cart on [REDACTED] before I left after inspection. The facility will maintain a narcotic log to include name of drug, physicians order, directions for the med to be given, the date meds received from pharmacy, the numbered medication received, and documentation of each dose given. Narcotics should be counted by trained staff at the end of each shift to ensure all meds are accounted for. The trained staff will report to the Administrator or designated person immediately with any discrepancy in the narcotic log. [REDACTED] PCHA or [REDACTED] will check during biweekly med cycle that all narcotics have a pharmacy Narc log, if not [REDACTED] PCHA is to be notified. PCHA will complete a Narc log for any missing Narc sheets on day of med cycle. [REDACTED] will do a Narc Audit weekly on Wednesday for 6 months.

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. Staff meeting held 5/10/2025 by [REDACTED] PCHA on the above. Resident [REDACTED] was prescribed narcotic [REDACTED] medications requiring narcotic log of documentation. No log was maintained by trained staff persons for medications administered besides the medication record. [REDACTED] PCHA checked all Narcotics in the med cart on 5/9/2025 before I left after inspection. The facility will maintain a narcotic log to include name of drug, physicians order, directions for the med to be given, the date meds received from pharmacy, the numbered medication received, and documentation of each dose given. Narcotics should be counted by trained staff at the end of each shift to ensure all meds are accounted for. The trained staff will report to the Administrator or designated person immediately with any discrepancy in the narcotic log. [REDACTED] PCHA or [REDACTED] will check during biweekly med cycle that all narcotics have a pharmacy Narc log, if not [REDACTED] PCHA is to be notified. PCHA will complete a Narc log for any missing Narc sheets on day of med cycle. [REDACTED] will do a Narc Audit weekly on Wednesday for 6 months.

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. Staff meeting held 5/10/2025 by [REDACTED] PCHA on the above. Resident [REDACTED] was prescribed narcotic [REDACTED] medications requiring narcotic log of documentation. No log was maintained by trained staff persons for medications administered besides the medication record. [REDACTED] PCHA checked all Narcotics in the med cart on 5/9/2025 before I left after inspection. The facility will maintain a narcotic log to include name of drug, physicians order, directions for the med to be given, the date meds received from pharmacy, the numbered medication received, and documentation of each dose given. Narcotics should be counted by trained staff at the end of each shift to ensure all meds are accounted for. The trained staff will report to the Administrator or designated person immediately with any discrepancy in the narcotic log. [REDACTED] PCHA or [REDACTED] will check during biweekly med cycle that all narcotics have a pharmacy Narc log, if not [REDACTED] PCHA is to be notified. PCHA will complete a Narc log for any missing Narc sheets on day of med cycle. [REDACTED] will do a Narc Audit weekly on Wednesday for 6 months.

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. Staff meeting held 5/10/2025 by [REDACTED] PCHA on the above. Resident [REDACTED] was prescribed narcotic [REDACTED] medications requiring narcotic log of documentation. No log was maintained by trained staff persons for medications administered besides the medication record. [REDACTED] PCHA checked all Narcotics in the med cart on 5/9/2025 before I left after inspection. The facility will maintain a narcotic log to include name of drug, physicians order, directions for the med to be given, the date meds received from pharmacy, the numbered medication received, and documentation of each dose given. Narcotics should be counted by trained staff at the end of each shift to ensure all meds are accounted for. The

185a Implement Storage Procedures (continued)

trained staff will report to the Administrator or designated person immediately with any discrepancy in the narcotic log. [REDACTED] PCHA or [REDACTED] will check during biweekly med cycle that all narcotics have a pharmacy Narc log, if not [REDACTED] PCHA is to be notified. PCHA will complete a Narc log for any missing Narc sheets on day of med cycle. [REDACTED] will do a Narc Audit weekly on Wednesday for 6 months.

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. Staff meeting held 5/10/2025 by [REDACTED] PCHA on the above. Resident [REDACTED] was prescribed narcotic [REDACTED] medications requiring narcotic log of documentation. No log was maintained by trained staff persons for medications administered besides the medication record. [REDACTED] PCHA checked all Narcotics in the med cart on 5/9/2025 before I left after inspection. The facility will maintain a narcotic log to include name of drug, physicians order, directions for the med to be given, the date meds received from pharmacy, the numbered medication received, and documentation of each dose given. Narcotics should be counted by trained staff at the end of each shift to ensure all meds are accounted for. The trained staff will report to the Administrator or designated person immediately with any discrepancy in the narcotic log. [REDACTED] PCHA or [REDACTED] will check during biweekly med cycle that all narcotics have a pharmacy Narc log, if not [REDACTED] PCHA is to be notified. PCHA will complete a Narc log for any missing Narc sheets on day of med cycle. [REDACTED] will do a Narc Audit weekly on Wednesday for 6 months.

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. Staff meeting held 5/10/2025 by [REDACTED] PCHA on the above. Resident [REDACTED] was prescribed narcotic [REDACTED] medications requiring narcotic log of documentation. No log was maintained by trained staff persons for medications administered besides the medication record. [REDACTED] PCHA checked all Narcotics in the med cart on 5/9/2025 before I left after inspection. The facility will maintain a narcotic log to include name of drug, physicians order, directions for the med to be given, the date meds received from pharmacy, the numbered medication received, and documentation of each dose given. Narcotics should be counted by trained staff at the end of each shift to ensure all meds are accounted for. The trained staff will report to the Administrator or designated person immediately with any discrepancy in the narcotic log. [REDACTED] PCHA or [REDACTED] will check during biweekly med cycle that all narcotics have a pharmacy Narc log, if not [REDACTED] PCHA is to be notified. PCHA will complete a Narc log for any missing Narc sheets on day of med cycle. [REDACTED] will do a Narc Audit weekly on Wednesday for 6 months.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [REDACTED] - 02/06/2026)

187a - Medication Record

13. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

9. Administration times.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] to [REDACTED] to skin every 72 hours at 9:00 p.m., However, the resident's May 2025, medication administration record indicated [REDACTED] patch apply 1 patch to upper extremity every 72 hours at 9:00 a.m.

187a - Medication Record (continued)

Plan of Correction

Accepted [redacted] - 06/18/2025)

2600.187.a. Resident [redacted] was put on at 9:00PM requested by [redacted] POA because it makes [redacted] to tired if given in am. Hospice was to notify the pharmacy of the change, [redacted] PCHA held staff meeting on 5/10/2025 discussed the correct way to do medication records, only given or apply medication as the MAR is printed. All trained staff is to call [redacted] PCHA if there is a error on the MAR at time they notice. [redacted] PCHA) or [redacted] Supervisor will always check with the pharmacy whenever Hospice changes a prescription. [redacted] PCHA or [redacted] Supervisor will check in all medications biweekly when pharmacy does cycle change. No end date will do as a permit medication standard for PCHA and Supervisor.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [redacted] - 02/06/2026)

187d - Follow Prescriber's Orders

14. Requirements

2600.187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] was prescribed [redacted] take one tablet by mouth every day. However, resident [redacted] was not administered on [redacted], at 9:00 a.m.

Resident [redacted] was prescribed [redacted] take one tablet by mouth every day. However, resident [redacted] was not administered this medication on 5/9/25, at 9:00 a.m.

Plan of Correction

Accepted [redacted] - 06/18/2025)

2600.187.d. Resident [redacted] Resident [redacted] not administered on 5/9/2025, at 9:00am. [redacted] PCHA held mandatory staff meeting on 5/10/2025. Trained staff have been educated by [redacted] (PCHA) on the importance of knowing the 5 Rights of passing medications. RIGHT RESIDENT, RIGHT MEDICATION, RIGHT DOSE, RIGHT ROUTE AND RIGHT TIME. [redacted] PCHA also spoke to all employees about the importance of watching each Resident take and swallow all medications. Staff meeting on 5/10/2025 Sign in attached. [redacted] Supervisor arrived at MM on 5/9/2025 @8PM to check all medications were given the correct way. [redacted] PCHA will be doing weekly Medication Audits weekly on Wednesdays for 6 months. Audit Calendar in folder by med cart. Audit Calendar attached,

2600.187.d. Resident [redacted] [redacted] not administered on 5/9/2025, at 9:00am. [redacted] PCHA held mandatory staff meeting on 5/10/2025. Trained staff have been educated by [redacted] (PCHA) on the importance of knowing the 5 Rights of passing medications. RIGHT RESIDENT, RIGHT MEDICATION, RIGHT DOSE, RIGHT ROUTE AND RIGHT TIME. [redacted] PCHA also spoke to all employees about the importance of watching each Resident take and swallow all medications. Staff meeting on 5/10/2025 Sign in attached. [redacted] Supervisor arrived at MM on 5/10/2025 @8PM to check all medications were given the correct way. [redacted] PCHA will be doing weekly Medication Audits weekly on Wednesdays for 6 months. Audit Calendar in folder by med cart. Audit Calendar attached,

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented [redacted] - 02/06/2026)

227a - Support Plan 30 Days

15. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] most recent assessment completed on 12/15/24, indicated a personal care need for transferring of "[redacted] is bedridden due to two Hoyer lift drops" with a plan to meet this need of "staff will assist [redacted] from [redacted] bed". However, multiple staff indicated that there is a need of a "2 person plus assist to transfer the resident from the resident's bed to [redacted] Broda Chair.

REPEAT ET AL. [redacted]

Plan of Correction

Accepted [redacted] - 06/18/2025)

2600.227.a. Resident [redacted] upon admission [redacted] was bedridden from "2 Hoyer lift incident at another personal care home". When [redacted] [redacted] thought it was ok and after many scans. [redacted] PCHA and Amy Gastnor [redacted] POA decided staff to try it with [redacted] [redacted] there as a extra support person. [redacted] (administrator) and [redacted] (supervisor) were always there with another staff. [redacted] transfers were always scheduled by [redacted] Amy. [redacted] (PCHA) updated support plan with change of on 05/9/2025. [redacted] PCHA Staff meeting held on 5/10/2025. [redacted] PCHA educated all staff and was given resident [redacted] RASP to read over. [redacted] [redacted] PCHA will be doing biweekly checks on all residents to document on RASP if any individual care needs updated. [redacted] PCHA will continue Biweekly checks for 6months. Calendars is attached. Calendar is placed in a yellow folder to do biweekly checks. [redacted] PCHA has already did a biweekly check on 5/30/2025.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented ([redacted] - 02/06/2026)