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

July 22, 2025

[redacted]
DEER MEADOWS OPERATING II LLC
[redacted]

RE: DEER MEADOWS RESIDENCES
8301 ROOSEVELT BOULEVARD
PHILADELPHIA, PA, 19152
LICENSE/COC#: 14126

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2025 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: *DEER MEADOWS RESIDENCES* **License #**: *14126* **License Expiration**: *12/01/2025*

Address: *8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *DEER MEADOWS OPERATING II LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *10/14/2010* **Issued By**: *City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *89* **Waking Staff**: *67*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *05/13/2025*

Inspection Dates and Department Representative

05/13/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *182* **Residents Served**: *60*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Floors 3 and 5* **Capacity**: **Residents Served**: *24*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *60*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *29* **Have Physical Disability**: *0*

Inspections / Reviews

05/13/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/09/2025*

06/26/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/08/2025*

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

Inspections / Reviews *(continued)*

06/27/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/08/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/08/2025*

07/22/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/08/2025*

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

65i - Training Record

1. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training dated [redacted] does not include the length or source of training.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

Upon recognition of violation 65i- training record, Administrator corrected the training record completed on 2/25/2025 to include employee notification/signage and record of training (see attached). In order to ensure the Home remains in compliance going forward, Administrator also met with Community Human Resources Personnel and Community Nurse Educator on 6/5/2025 to review the home's Community Education Policy which reviews the requirements of training records. (see attached)

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

Implemented [redacted] - 07/22/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.
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

An open closet containing resident's personal hygiene items including PeriGuard ointment, Medline shampoo and bodywash and Polident denture cleaner, all with a manufacturer's label indicating "if ingested contact poison control", was unlocked, unattended, and accessible to residents in the secure dementia care unit (SDCU) quiet room. Not all the residents of the home, including residents of SDCU, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept[redacted] - 06/25/2025)***

Upon recognition of Violation 82C- Locking Poisonous Materials; the Director of Plant Operations whom was with DHS representative immediately secured door and immediately notified Residential Health Center Coordinator. Coordinator met with staff on the unit to address and remind them of the need to close and secure the door to the nurses station. In order to address the violation further, door closures and combination locks were placed on all doors that are deemed as needing to be closed and secured in order to ensure Poisonous materials shall are kept locked and inaccessible to residents on the Secured Dementia Unit. Administration added additional signage that states "Door Must Be Closed & Locked" on doors throughout the unit to offer reminders to staff and visitors. Deer Meadows' Nurse Educator also met with Residential Staff, Front Desk (Concierge/Security) and Maintenance Staff to complete an in-service on
regulation 82c- and Deer Meadows' policies regarding closing and securing doors on the SDU.
Training was offered and held with Residential staff on 5/15/2025, 5/16/2025 and 5/19/2025. Training was held with Maintenance Staff on 5/19/2025 & 5/20/2025. Training was held with the Concierge Department on 5/19/2025. Attached are postings for meetings and staff sign in sheets for all listed departments.
Deer Meadows Concierge Staff will conduct daily audits on every shift on the Bair 3 & 5 units, where doors had

82c Locking Poisonous Materials (continued)

been found not secured. The audit will be recorded for the next 60 days to ensure the Home remains in compliance. Administrator will receive the daily report of the findings to review, after 60 days the findings will be reviewed by Administrator at QA meeting to determine if ongoing written audits need to continue. See attached for daily audit sheet, recorded audits began 5/28/2025. (attached)

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

Implemented (- 07/22/2025)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On at approximately 9:45 am, room had a strong odor of urine and there was feces on the floor of the bathroom.

There was a used glove and used face mask on the steps between the 4th and 5th floor landing in fire tower #3.

Plan of Correction ***Accept - 06/25/2025)***

On 5/13/2025 immediately following the identification of violation 85a Sanitary conditions, in room 302, Director of Environmental Services reported to room 302 while inspectors were on site and corrected the violation immediately. Room 302 received a "deep cleaning" on 5/13/2025 and is now scheduled to receive daily housekeeping services. Resident's room to receive weekly room Audit's that will be completed by Administrator or designee for the next 30 days, Room Audits began on 5/14/2025 (see attached).
Following the identification of violation 85a Sanitary Conditions in fire tower 3, and the finding of a used glove and face mask on the steps, Director of Plant Operations immediately disposed of the glove and face mask. An additional walk through was completed by Administrator and Director of Plant Operations to ensure all fire towers are in compliance. In order to ensure the Home remains in compliance a daily audit of all fire towers will be completed by Director of Plant Operations or designee. Administrator will receive the daily report of the findings to review, after 60 days the findings will be reviewed by Administrator at QA meeting to determine if ongoing written audits need to continue. See attached for daily audit sheet, recorded audits began 5/28/2025. (attached).

Licensee's Proposed Overall Completion Date: *06/18/2025*

Implemented - 07/22/2025)

88a - Surfaces

4. 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

On in fire tower 7, there was peeling paint on the 4th floor, and on the 5th floor the paint was scraped and patched.

In fire tower 5, there was peeling paint on the 3rd floor leading up to the 4th floor.

88a - Surfaces (continued)

In fire tower 4 the floor was dirty, baseboards were missing and falling off and there were stained and missing ceiling tiles on the second-floor landing.

Plan of Correction ***Accept (- 06/25/2025)***

After identifying the violations of 88a- Surfaces, in regards to Fire Towers #7, 5 and 4, a full walk through of all of the Homes Fire Towers was completed by Administrator and Director of Plant Operations to identify the work that needed to completed on 5/14/2025. All fire towers were cleaned and repaired by the Homes Maintenance and Environmental services staff, work was completed by 5/27/2025. An additional walk through was completed by Administrator and Director of Plant Operations to ensure all fire towers are in compliance. In order to ensure the Home remains in compliance a daily audit of all fire towers will be completed by Director of Plant Operations or designee. Administrator will receive the daily report of the findings to review, after 60 days the findings will be reviewed by Administrator at QA meeting to determine if ongoing written audits need to continue. See attached for daily audit sheet, recorded audits began 5/28/2025. (attached).

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

Implemented - 07/22/2025)

89a - Water Pressure

5. Requirements

2600.
89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On at approximately 10:00 am , the home did not have sufficient hot water pressure in the 5th floor bathroom near the dining area in the SDCU.

Plan of Correction ***Accept 06/25/2025)***

Upon recognizing the violation in regards to 89a- water pressure, the Director of Plant Operations, who was with the DHS inspector, immediately cleaned the sink's aerator in the 5th floor bathroom near the dining area in the SDCU, which immediately resolved the violation.
To ensure no further violations were evident in the home in relation to 89a- water pressure, the home completed an audit of all faucets within the home. The audit was completed by maintenance department staff on 5/20 & 5/21/2025 (see attached). All findings were reported to Administrator and Director of Plant Operations, any further findings have been corrected. To help ensure further compliance a full audit of all faucets in the home will be completed once a month for the next two months (June and July). Findings of the audit will be submitted to Administrator and reviewed at Quarterly QA meeting to determine if ongoing monthly audits must continue. (see attached)

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

Implemented - 07/22/2025)

92 - Windows

6. Requirements

2600.

92 Windows *(continued)*

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 window on the 2nd floor landing in fire tower #4 was broken, the top windowpane was unable to properly close.

Plan of Correction ***Accept (06/25/2025)***

Upon recognition of the violation in regards to 92 Windows, the window that was identified in fire tower 4 as broken was repaired on 5/19/2025 by home maintenance staff. A full walk through of all of the Homes Fire Towers was completed by Administrator and Director of Plant Operations to identify the work that needed to completed on 5/14/2025. All fire towers were cleaned and repaired by the Homes Maintenance and Environmental services staff, work was completed by 5/27/2025. An additional walk through was completed by Administrator and Director of Plant Operations to ensure all fire towers are in compliance. In order to ensure the Home remains in compliance a daily audit of all fire towers will be completed by Director of Plant Operations or designee. Administrator will receive the daily report of the findings to review, after 60 days the findings will be reviewed by Administrator at QA meeting to determine if ongoing written audits need to continue. See attached for daily audit sheet, recorded audits began 5/28/2025. (attached).

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

Implemented (- 07/22/2025)

102h - Toilet Paper

7. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On at approximately 9:45 am, there was no toilet paper for the toilet in the bathroom of

Plan of Correction ***Accept (- 06/25/2025)***

On 5/13/2025 immediately following the identification of violation 102h Toilet Paper, in room , Director of Environmental Services reported to room while inspectors were on site and corrected the violation immediately. Director completed a room audit check of all occupied rooms on the 3rd floor and common bathrooms to ensure there were no further toilet paper violations, no other violations were found. Resident's room to receive weekly room Audit's that will be completed by Administrator or designee for the next 30 days. Room Audits began on 5/14/2025 (see attached).

Licensee's Proposed Overall Completion Date: *06/18/2025*

Implemented - 07/22/2025)

121a - Unobstructed Egress

8. 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

On at approximately 9:45 am, resident moved bedside table in front of the door to room , blocking the exit from the room. Staff stated during interviews that resident often uses bed side table to

121a - Unobstructed Egress (continued)

block the bedroom door.

Plan of Correction ***Accept [redacted] - 06/27/2025)***

Upon recognition of 121a- unobstructed egress, Director of Plant Operations was able to immediately move the bedside table from blocking the door. Administrator met with resident and resident's [redacted] POA on 5/16/2025, resident and family were agreeable to have bed side table removed from room at this time to ensure the the room door remains unobstructed. Administrator also notified PCP of resident's ongoing behaviors. Resident's room to receive weekly room Audit's that will be completed by Administrator or designee for the next 30 days. Room Audits began on 5/14/2025 (see attached).
At this time a waiver is not needed, during Resident [redacted] most recent Family meeting, on 6/18/2025 family had suggested/requested that a "folding bedside shelf" be installed for the resident to use. Shelving was installed on Monday, 6/23/2025 by Director of Plant Operations. (see attached) Administrator or Director of Plant Operations will continue to audit resident's room weekly to ensure egress remains unobstructed and resident has bedside shelf and accessible light in place for the next 30 days. If any findings during audit or staff reports that compliance is not able to be maintained Administrator will complete a request for waiver if needed.

Licensee's Proposed Overall Completion Date: *07/25/2025*

Implemented [redacted] - 07/22/2025)

183d - Prescription Current

9. 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

On [redacted], [redacted] prescribed for resident [redacted], was in the home's medication cart; however, the medication was discontinued on [redacted]

Also in the medication cart for resident [redacted] orange flavor and [redacted] however the resident does not have an order for these medications.

There was a bottle of valerian root, and a blister pack of [redacted] for resident [redacted] in the home's medication cart, however the resident does not have an order for these medications.

[redacted] prescribed for resident [redacted], was in the home's medication cart; however, the medication was discontinued on [redacted].

Plan of Correction ***Accept [redacted] - 06/25/2025)***

Upon recognition of violation 183d- prescription current. RHCC removed Resident [redacted] discontinued [redacted] medication. RHCC also removed Resident [redacted] orange flavor and [redacted] from the medication cart, Resident was notified that medications were removed from the cart and agreed to medication being destroyed (see attached). RHCC met with Resident [redacted] to explain importance of having a current prescription/order for all medications.
Also in response to violation, Administrator immediately removed Resident [redacted]'s bottle of [redacted] and supply of ferosul tablet while DHS on site. RHCC met with Resident [redacted] on 5/13/2025 regarding bottle of [redacted],

183d - Prescription Current (continued)

resident did not wish to take the valerian root, and asked for family to pick up. RHCC contacted [redacted] agreed to pick up medication. Provider was contacted regarding the supply of [redacted], RHCC received confirmation of the order and supply was replaced on the med cart on 5/14/2025 (see attached).
RHCC removed resident[redacted] discontinued medication of [redacted] on 5/13/2025, RHCC notified Resident to ensure [redacted] was aware of the discontinued medication. Medication was destroyed on 5/14/2025 (see attached).
A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings
To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached) _schedule/roster & observation sheet.

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented [redacted] 07/22/2025)

183e - Storing Medications

10. 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

On [redacted] there was an open and undated fluticasone propionate diskus inhaler for resident [redacted] in the home's medication cart. According to the manufacturer's instructions this must be discarded one month after opening.

There were bottles of [redacted] and [redacted] both with a discard after [redacted] label and a box of [redacted] that expired [redacted] were in the home's medication cart for resident [redacted].

Resident [redacted] blister pack of [redacted] tablets were punctured at pills 5 and 13, the pills remained inside the packaging.

Resident [redacted]s [redacted] was opened with a date of [redacted] according to manufacturer's instructions this medication should have been discarded after 6 weeks.

Plan of Correction ***Accept [redacted] - 06/25/2025)***

Upon identifying violations in regards to 183e- storing medications, RHCC immediately removed resident [redacted] opened and undated diskus inhaler, Resident [redacted] had supply of inhaler in the medication room, and new inhaler was dated and placed on medication cart. RHCC also removed resident 5's expired bottle of [redacted] and [redacted], and expired box of [redacted]. Pharmacy was contacted and new supply was received and placed on medication cart, resident was notified of the need to replace expired medication (see attached). RHCC removed

183e Storing Medications (continued)

Resident [redacted] dated [redacted] and replaced with new [redacted] (see attached)
A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to storing medications (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings

To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. Education will be completed for all med techs by 6/19/2025. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented [redacted] - 07/22/2025)

184a - Resident's Meds Labeled

11. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident [redacted] tablets reads as "give 1 tablet by mouth 2 times a day as needed" the resident's medication administration record indicates the instructions as "give 1 tablet by mouth two times a day". There was no direction change sticker on this medication.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to the violation, RHCC immediately spoke to visiting Nurse Practitioner to confirm the resident's active order, NP verified order, sticked was immediately placed on medication while DHS on site. Pharmacy was notified of the correct order instructions, upon receiving resident's next supply on 5/16/2025, RHCC confirmed accuracy on MAR and pharmacy label.
A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to labeling of medications (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings

To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration

184a - Resident's Meds Labeled (continued)

Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented [redacted] - 07/22/2025)

184b - Labeling OTC/CAM

12. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted], bottles of low dose [redacted], [redacted], [redacted] and [redacted] orange flavored, all belonging to resident [redacted] were in the home's medication cart and was not labeled with the resident's name.

[redacted] belonging to resident [redacted] was in the home's medication cart and not labeled with the resident's name.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

Immediately upon recognition of violation 184b- labeling OTC/CAM, Administrator labeled Resident's name on [redacted] and low dose [redacted]. RHCC removed resident [redacted] softener and [redacted] orange flavored, RHCC notified resident and resident agreed to medication being destroyed at this time (see attached).
RHCC met with Resident [redacted] on 5/13/2025 to confirm that [redacted] did not wish to follow up with provider in regards to valerian root, bottle of valerian root was removed from medication cart, and per resident's request, [redacted] was contacted to pick up the medication.
A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to labeling of medications (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings
To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented ([redacted] - 07/22/2025)

185a - Implement Storage Procedures

13. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

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

On [redacted], resident [redacted] narcotic log for [redacted] tablets shows the pill count going from 26 to 25 pills. There is no indication of who signed out this medication or the time this medication was signed out. Resident [redacted] MAR does not indicate the resident received this medication. On [redacted] current count for this medication was 25, and this medication was discontinued on [redacted].

The home's narcotic policy reads " If a dose is removed from the container for administration but refused by the resident or not given for any reason do not put it back into the container. It must be destroyed in the presence of two licensed nurses or MedTechs, and the disposal document [sic] on the accountability record on the line representing that dose."

On [redacted] resident [redacted] narcotic log for [redacted] tablets indicated 24 pills remaining. On [redacted] at 5:00 pm the record indicated "21 received". Staff interviewed stated that the resident was out of the home with family on [redacted] and [redacted], and was given the medication to take with them.

The home's narcotic policy states "Upon arrival on each shift the oncoming nurse or MedTech will count the controlled substances with the off going nurse or MedTech." and "That if there is a discrepancy in the count, refusal to count, or any incident in regard to the count, staff must notify the administrator or RHC coordinator immediately". The resident's narcotic count gave no indication this medication was not present in the home at any time from [redacted] -to [redacted] at 5:00 PM, and there was no explanation in the narcotic log for the discrepancy.

Plan of Correction ***Accept [redacted] 06/25/2025)***

In response to the violation of 185a- Implement Storage Procedures, resident [redacted] that was discontinued on [redacted] was removed from the medication cart on 5/13/2025, resident was notified and agreed to have medication destroyed. Medication was destroyed on 5/14/2025 (see attached). Administrator conducted through investigation in regards to the narcotic count discrepancy. Investigation included staff interviews. Upon completion of investigation staff received appropriate counseling and education as staff member 1 did not complete appropriate documentation and did not follow the home's policy and procedures in regards to medication storage.

In response to violation, Administrator confirmed that Resident [redacted] did go on an LOA with family on 4/4/2025, family did sign for resident's medications (see attached). Count was completed by staff prior to resident leave, count was given to family as well. Family was educated and received instructions for all medications, family did return medications on 4/6/2025 and staff recorded medications returned. Staff member 1 received education regarding appropriate documentation going forward in regards to narcotic log.

A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to labeling of medications (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings
To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication

185a - Implement Storage Procedures (continued)

Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented [redacted] 07/22/2025)

14. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] give every 12 hours as needed.
On [redacted] this medication was not available in the home.

Plan of Correction ***Accept [redacted] - 06/27/2025)***

In response to the violation identified of Resident [redacted] prescribed [redacted] administrator confirmed that medication is currently present and available on cart (labeled as received 5/1/2025, see attached). A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to medications available in the home(see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings

To further ensure the home remains in compliance mandatory staff education for all Med Techs was held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented ([redacted] - 07/22/2025)

15. 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] is prescribed [redacted] readings to be taken twice a day at 8:00 and 16:00. This reading was taken on [redacted] at 16:00; however, this reading is not included on resident [redacted]'s medication administration record.

Plan of Correction ***Accept [redacted] - 06/25/2025)***

In response to violation 185a, Resident [redacted] missing [redacted] reading from the record, staff member received appropriate counseling on 5/16/2025 and education on 5/19/2025. (see attached)
To ensure home remains in compliance going forward a daily audit will be completed by overnight staff to ensure all glucometer readings are recorded appropriately. Audit will be reviewed by RHCC and submitted to Administrator to be reviewed at Quarterly QA Meeting. Audit will continue daily for the next 60 days, at QA meeting findings will be reviewed and determined if recorded audit needs to continue. Audit began on 6/6/2025. (see attached)

Licensee's Proposed Overall Completion Date: *06/09/2025*

185a - Implement Storage Procedures *(continued)*

Implemented [redacted] - 07/22/2025)

186a - Authorized Prescriber

16. Requirements

2600.
186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

The prescription medication [redacted] with directions to take by mouth 3 times daily with meals belonging to resident [redacted] was not prescribed by an authorized prescriber. According to staff interviewed, the medications was sent by the pharmacy but the home did not receive a doctor's order for it.

Plan of Correction ***Accept [redacted]J - 06/25/2025)***

In response to violation Administrator immediately removed medication from cart. Staff person a received immediate verbal education while DHS on site. That afternoon RHCC met with resident 3 and contacted resident [redacted]'s [redacted] Resident was made aware that provider needed to be contacted in order to administer medication. Order was confirmed the following day (5/14/2025), medication was placed on cart.
Staff person A received appropriate counseling and education before administering additional medication to residents (see attached).

A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to labeling of medications (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings
To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented [redacted] - 07/22/2025)

187a - Medication Record

17. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.

187a - Medication Record *(continued)*

8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted] by mouth once daily. Resident [redacted]'s [redacted] medication administration record indicates that staff person A administered this medication on [redacted] and [redacted] at 9:00 AM, However, staff person A admitted [redacted] has been administering one [redacted] instead of the oral liquid and therefore signing off on the wrong medication. Resident 3 does not have a current order for [redacted] tablets.

Resident [redacted]s [redacted] MAR indicates the resident has an order for [redacted]), give one tablet by mouth once a day for depression, however the resident's medication order is [redacted] tablets take two by mouth every day.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

In response to violation Administrator immediately removed medication (ferosul tablet) from cart. Staff person A received immediate verbal education while DHS on site. That afternoon RHCC met with resident [redacted] and contacted resident[redacted] [redacted] Resident was made aware that provider needed to be contacted in order to administer medication. Order was confirmed the following day (5/14/2025), medication was placed on cart. A Medication Error report was made, RHCC notified Resident [redacted], Resident's [redacted] and PCP of the medication error.
Staff person A received appropriate counseling and education before administering additional medication to residents (see attached). Staff member A also received additional Observation from Certified Trainer.
Resident [redacted] [redacted] tablets were removed from the cart. PCP was notified, PCP confirmed new order, pharmacy contacted, order confirmed on MAR, staff notified of change, new supply placed on cart. Resident and POA notified of change in medication, agreed to have remaining discontinued medication destroyed and new medication ordered.
A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to labeling of medications (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings
To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Licensee's Proposed Overall Completion Date: *07/06/2025*

Implemented [redacted] - 07/22/2025)

187b - Date/Time of Medication Admin.

18. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed glucometer readings to be taken twice a day at 8:00 and 16:00. Resident [redacted] medication administration record does not include the initials of the staff person who took the reading on [redacted] at 16:00.

Plan of Correction ***Accept ([redacted] - 06/25/2025)***

RHCC confirmed reading was done with DHS inspector, staff member received appropriate counseling and education regarding documentation of medication administration (see attached). RHCC notified PCP that resident's blood sugar was not documented on 5/8/2025 at 16:00, RHCC also met with resident to make [redacted] aware, resident had no additional concerns to report.
To ensure home remains in compliance going forward a daily audit will be completed by overnight staff to ensure all glucometer readings are recorded appropriately. Audit will be reviewed by RHCC and submitted to Administrator to be reviewed at Quarterly QA Meeting. Audit will continue daily for the next 60 days, at QA meeting findings will be reviewed and determined if recorded audit needs to continue. Audit began on 6/6/2025. (see attached)

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

Implemented [redacted] 07/22/2025)

19. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [redacted] and [redacted] at 9:00 am, resident [redacted] was administered one [redacted] tablet. Staff person A did not initial or record the date and time of administration. Resident [redacted] does not have a current order for [redacted] tablets.

Plan of Correction ***Accept [redacted] - 06/26/2025)***

In response to violation Administrator immediately removed medication [redacted] from cart. Staff person A received immediate verbal education while DHS on site. That afternoon RHCC met with resident [redacted] and contacted resident [redacted] Resident was made aware that provider needed to be contacted in order to administer medication. Order was confirmed the following day (5/14/2025), medication was placed on cart. A Medication Error report was made on 5/13/2025 (see attached), RHCC notified Resident [redacted], Resident's [redacted] and PCP of the medication error.
Staff person A received appropriate counseling and education before administering additional medication to residents (see attached). Staff member A also received additional Observation from Certified Trainer on 6/4/2025.
A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to labeling of medications (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings
To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

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

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented [redacted] - 07/22/2025)

187d - Follow Prescriber's Orders

20. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] by mouth once daily. However, resident [redacted] was administered one [redacted] tablet on [redacted] and [redacted] at 9:00 AM.

Plan of Correction ***Accept ([redacted] - 06/26/2025)***

In response to violation Administrator immediately removed medication [redacted]) from cart. Staff person A received immediate verbal education while DHS on site. That afternoon RHCC met with resident [redacted] and contacted resident [redacted]s [redacted] Resident was made aware that provider needed to be contacted in order to administer medication. Order was confirmed the following day (5/14/2025), medication was placed on cart. A Medication Error report was made, RHCC notified Resident [redacted] Resident's [redacted] and PCP of the medication error.
Staff person A received appropriate counseling and education before administering additional medication to residents (see attached). Staff member A also received additional Observation from Certified Trainer on 6/4/2025.
A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to labeling of medications (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings
To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented[redacted] 07/22/2025)

21. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted], give one capsule by mouth one time a day. However, this medication was not administered to resident [redacted] from [redacted] because the medication was not available in the home.

Plan of Correction ***Accept [redacted] - 06/26/2025)***

In response to violation RHCC notified PCP immediately of resident's medication not being administered due to unavailability. PCP discontinued medication on 5/13/2025. Resident's [redacted] was made aware by RHCC.
A full medication cart audit and order review was started by Administrator and RHCC of all Personal Care residents on 5/14/2025 and completed on 5/19/2025 to ensure there were no further errors in relation to labeling of

187d - Follow Prescriber's Orders (continued)

medications (see attached). Monthly medication cart audits will be completed by the RHCC or designee for the next 12 months and findings will be reported to Administrator. Administrator will review and communicate findings at Quarterly QA meetings

To further ensure the home remains in compliance mandatory staff education for all Med Techs will be held on 6/16/2025, 6/17/2025 and 6/18/2025 with the home's certified trainer in regards to Medication Administration Regulatory Compliance. All Med Techs will receive one additional observation by the home's certified Medication Trainer or the home's qualified practicum observer in the next thirty days, additional observations started 6/4/2025. (see attached)

Licensee's Proposed Overall Completion Date: *07/08/2025*

Implemented [redacted] - 07/22/2025)