



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ALEXANDRIA MANOR OF ALLENTOWN INC
LEGAL ENTITY

To operate ALEXANDRIA MANOR
NAME OF FACILITY OR AGENCY

Located at 7 SOUTH NEW STREET, NAZARETH, PA 18064
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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

The total number of persons which may be cared for at one time may not exceed 93
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

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

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

and shall remain in effect from September 24, 2025 until March 24, 2026 ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **210641**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

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

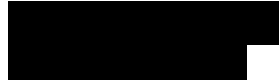


Pennsylvania Department of Human Services

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: SEPTEMBER 24, 2025



Alexandria Manor of Allentown Inc
7 South New Street
Nazareth, Pennsylvania 18064

RE: Alexandria Manor
License #210641

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on June 18, 2025 and August 13, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 21064) dated July 9, 2025 to July 9, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated July 9, 2025 to July 9, 2026 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from SEPTEMBER 24, 2025 TO MARCH 24, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *ALEXANDRIA MANOR* License #: *21064* License Expiration: *07/09/2025*
Address: *7 SOUTH NEW STREET, NAZARETH, PA 18064*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *6107594060* Email: [REDACTED]
[REDACTED]

Legal Entity

Name: *ALEXANDRIA MANOR OF ALLENTOWN INC*
Address: *7 SOUTH NEW STREET, NAZARETH, PA, 18064*
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/17/1994* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/18/2025*

Inspection Dates and Department Representative

06/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *93* Residents Served: *75*

Secured Dementia Care Unit

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

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

06/18/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/20/2025*

07/28/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/05/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/04/2025

08/05/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/05/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/07/2025

09/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/05/2025

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

17 - Record Confidentiality

1. Requirements

2600.

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

Description of Violation

At 9:41 a.m. the kitchenette on 1st floor was unlocked. Posted on the bulletin board was a list with resident's names indicating if they were on a toileting schedule or needed foley care. The information was unlocked, unattended, and accessible to anyone who entered the kitchenette.

At 9:38 a.m. in the 3rd floor kitchenette, a treatment book containing resident records was stored on top of a microwave. The area was unlocked, accessible, and unsupervised.

Repeat Violation 4/11/24 et al.

Plan of Correction

Accept [redacted] - 07/28/2025)

All staff persons responsible for maintaining confidentiality at time of inspection on 6/18/2025, received a written warning and re-education on Regulation 2600.17 on 6/23/2025, by [redacted]. All staff received re-education in Regulation 2600.17 on 6/24; 6/25; and 6/28/2025 by [redacted]. All kitchenettes were equipped with signage inside and out to distinguish doors must be closed and locked at all times. The [redacted] are responsible to correct the problem and monitor compliance. Starting on 6/24/2025, audits were conducted by [redacted], Monday-Friday and alternating weekends with Med Tech Supervisor and all Med Techs daily per shift x four weeks, then weekly x four weeks. [redacted] will then perform audits monthly x twelve months thereafter. The [redacted], [redacted], will review all audits and take appropriate action upon all findings to maintain compliance with DHS Regulations. Documentation Attached-[redacted].

Licensee's Proposed Overall Completion Date: 07/16/2025

Not Implemented ([redacted] - 09/04/2025)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A began working in the home on [redacted]/25. The staff person's Pennsylvania State Police Criminal Background check was not requested until 4/4/25.

Plan of Correction

Accept [redacted] - 07/28/2025)

[redacted], is responsible for maintaining all criminal background checks. [redacted] received re-education in Regulation 2600.51 on 6/24/2025 by [redacted]

51 - Criminal Background Check (continued)

██████████, will maintain responsibility for all criminal background completion to be performed on or before commencement date. Staff Chart Audits were created by ██████████ and will be completed by ██████████, initially for all current employees beginning 7/7/2025, during orientation, annually, and as needed to maintain compliance with DHS Regulations. Documentation Attached- ██████████.

Licensee's Proposed Overall Completion Date: 07/21/2025

Implemented ██████████ - 09/04/2025)

65i - Training Record**3. 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 conducted annual training regarding Fall Prevention on 4/12/24 and Care of Residents with Dementia and Cognitive Impairments on 9/13/24. The home's record of direct care staff training does not include the length of the courses.

Plan of Correction

Accept ██████████ - 07/28/2025)

██████████, responsible for maintaining compliance with the staff training record, were re-educated in Regulation 2600.65I on 6/24/2025 and 7/11/2025. ██████████, was unable to fix violation for Fall Prevention Class on 4/12/2024, due to access to previous payroll company. The training record for the class on the Care of Residents w/Dementia/Cognitive Impairments/MH/MR, was adjusted and noted to show training hours after verifying through current payroll company by ██████████, ██████████ developed and posted the remaining annual staff training record, describing all upcoming and previously scheduled education for 2025. ██████████, will maintain responsibility for scheduling, posting, and ensuring all viable information is correctly documented for all mandatory annual educations to maintain compliance with DHS Regulations. Documentation attached. ██████████.

Licensee's Proposed Overall Completion Date: 07/15/2025

Implemented ██████████ - 09/04/2025)

85a - Sanitary Conditions**4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 10:20 a.m. Resident # 6's bedroom trash can was filled with adult incontinence briefs, that had a pungent odor of urine.

At approximately, 11:26 a.m., a wet and unlabeled bath loofah sponge was hanging in the shared shower of Resident #8 and Resident #9.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept ([redacted] 07/28/2025)

#1: Staff person responsible for maintaining the trash and odor involving Resident #6 at time of inspection on 6/18/2025, received a written warning and re-education in Regulation 2600.85A on 6/25/2025 by [redacted]. All staff will be re-educated in Regulation 2600.85A on 7/7/2025; 7/10/2025, and 7/16/2025. Starting 7/7/2025, all Med Tech's on duty will be responsible to ensure all PCA's conduct Resident Room Audits during shift responsibilities per shift x two weeks; weekly x four weeks, then monthly x four weeks, and continue monthly thereafter to maintain compliance with DHS Regulations.

#2: All staff and management are responsible for ensuring all residents in shared rooms maintain possession of their own personal items. [redacted], purchased waterproof adhesive hooks for Resident #8 and Resident #9 and clearly labeled for each resident to distinguish personal belongings. Starting 7/7/2025, all Med Tech's on duty will be responsible to ensure all PCA's conduct Resident Room Audits during shift responsibilities per shift x two weeks; weekly x four weeks, then monthly x four weeks, and continue monthly thereafter to maintain compliance with DHS Regulations and to ensure all shared room personal belongings are clearly identified and separately stored to avoid common usage.

The [redacted], will review all audits and take appropriate action upon all findings to maintain ongoing compliance. Documentation attached-[redacted].

Licensee's Proposed Overall Completion Date: 07/16/2025

Not Implemented [redacted] - 09/05/2025)

85e - Trash Outside Home

5. Requirements

2600.

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

Description of Violation

At 9:31 a.m., loose garbage was located behind the HVAC system in the rear of the building.

Plan of Correction

Accept [redacted] - 08/05/2025)

Staff persons responsible for maintaining the grounds of the facility at the time of inspection on 6/18/2025, received a written warning on 6/23 and 7/8/2025 and re-education in Regulation 2600.85E on 6/20 and 6/23/2025 by [redacted]. Starting 6/23/2025, the Maintenance Department will be responsible to audit all indoor and outdoor areas of the facility pertaining to Regulation 2600.85E, weekly x four weeks, monthly x four weeks, and continue monthly and as needed thereafter to maintain compliance with DHS Regulations. The [redacted], will review all audits and take appropriate action upon all findings to maintain ongoing compliance with DHS Regulations. Documentation attached-[redacted].

Garbage located behind the HVAC system in the rear of the building was immediately cleaned up and disposed (placed in a garbage bag and taken to the dumpster) by maintenance [redacted] during the time of inspection 6/18/2025. [redacted]

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented [redacted] - 09/04/2025)

86b - Bathroom

6. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At approximately 10:00 a.m. Resident # 1's, windowless bathroom's exhaust fan, was not operable when the switch was turned on.

Plan of Correction

Accept [redacted] - 08/05/2025)

Staff persons responsible for maintaining all sources of ventilation in the facility are present and operable at the time of inspection on 6/18/2025 received a written warning and re-education on 6/20, 6/23, and 7/8/2025, by [redacted] Starting 6/23/2025, the Maintenance Department will be responsible to audit all indoor areas of the facility pertaining to Regulation 2600.86B, weekly x four weeks, monthly x four weeks, and continue monthly and as needed thereafter to maintain compliance with DHS Regulations.

The [redacted], will review all audits and take appropriate action upon all findings to maintain ongoing compliance with DHS Regulations. Starting 7/7/2025, all Med Tech's on duty will be responsible to ensure all PCA's conduct Resident Room and Ancillary Room Audits during shift responsibilities per shift x two weeks; weekly x four weeks, then monthly x four weeks, and continue monthly thereafter to increase level of inspection of operable ventilation systems. The [redacted], will review all audits and take appropriate action with the Maintenance Department upon all findings to maintain ongoing compliance with DHS Regulations. Documentation attached-

Parts needed for repair were purchased and replaced by maintenance [redacted] on 6/20/2025. Video of fan in working order emailed to reviewing inspector [redacted]

Licensee's Proposed Overall Completion Date: 08/04/2025

Not Implemented [redacted] 09/04/2025)

88a - Surfaces

7. 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 2:47 p.m., in the back-room kitchen, an air conditioner was leaking into a black trash can that contained approximately 6 inches of water. The baseboard below the air conditioner had exposed and discolored insulation. Also, approximately 3 feet away from the leaking air conditioner was a light switch covered by yellow masking tape.

Plan of Correction

Accept [redacted] - 08/05/2025)

Staff persons responsible for maintaining all surfaces of the facility are clean, in good repair, and free of hazards at the time of inspection on 6/18/2025, received a written warning and re-education in Regulation 88A on 6/20; 6/23; and 7/8/2025, by [redacted]. Starting 6/23/2025, the Maintenance Department will be responsible to audit all indoor and outdoor areas of the facility pertaining to Regulation 2600.88A, weekly x four weeks, monthly x four weeks, and continue monthly and as needed thereafter

88a - Surfaces (continued)

to maintain compliance with DHS Regulations. [REDACTED], [REDACTED], will review all audits and take appropriate action upon all findings to maintain ongoing compliance with DHS Regulations. Documentation Attached-[REDACTED]. On 6/25/2025 Maintenance [REDACTED] removed the air conditioner unit from the wall permanently and replaced the wall to the kitchen, they also removed the tape from the light switch replacing the cover. [REDACTED]

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented [REDACTED] - 09/04/2025)

91 - Telephone Numbers**8. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the 1st floor kitchenette.

Plan of Correction

Accept [REDACTED] - 07/28/2025)

All staff are responsible for maintaining emergency telephone numbers are posted on or by each telephone with an outside line. All emergency telephone numbers were posted, however, stated at time of inspection on 6/18/2025, phone numbers required were not posted. Upon investigation by [REDACTED], original posting was removed and replaced with a new emergency telephone number posting by the land line in the 1st floor kitchenette. Starting 7/7/2025, all Med Techs on duty will be responsible to ensure all PCA's conduct Resident Room and Ancillary Room Audits during shift responsibilities per shift x two weeks, weekly x four weeks, then monthly x four weeks, and continue monthly thereafter to maintain compliance with DHS Regulations. The [REDACTED] [REDACTED], will review all audits and take appropriate action upon all findings to maintain ongoing compliance. Documentation attached-[REDACTED].

Licensee's Proposed Overall Completion Date: 07/15/2025

Not Implemented [REDACTED] - 09/04/2025)

95 - Furniture and Equipment**9. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 2:02 p.m. freezer 1 had a large accumulation of ice that covered the inside of the freezer, leaving the contents of the freezer contaminated and freezer burnt.

Plan of Correction

Accept [REDACTED] - 07/28/2025)

Freezer #1 was removed from the facility and destroyed. All food was disposed of and replaced. Staff persons

95 - Furniture and Equipment (continued)

responsible for the daily maintenance of food and refrigeration received a written warning on 6/24/2025, and re-education in Regulation 2600.95 on 7/15 & 7/16/2025 by [REDACTED], [REDACTED], has implemented a new daily refrigeration log and a new monthly cleaning and defrosting log, indicating all newly labeled refrigeration equipment on 7/7/2025. All kitchen staff are responsible for maintaining daily temperature logs, cleaning, and defrosting appropriate refrigeration equipment monthly, and as needed rotating between shifts. The [REDACTED], will review all logs and take appropriate action upon all findings to maintain ongoing compliance with DHS Regulations. Documentation Attached [REDACTED]

Licensee's Proposed Overall Completion Date: 07/15/2025

Implemented [REDACTED] - 09/04/2025)

121a - Unobstructed Egress

10. 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 9:45 a.m. the 1st floor courtyard exit door would not open without the use of excessive force, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept [REDACTED] - 08/05/2025)

Staff persons responsible for maintaining all egress routes remain unblocked and unobstructed at the time of inspection on 6/18/2025, received a written warning on 6/23 and 7/8/2025, and re-education in Regulation 2600.121A 6/20; and 6/23/2025. Starting 6/23/2025, the Maintenance Department will be responsible to audit all egress routes of the facility pertaining to Regulation 2600.121A, weekly x four weeks, monthly x four weeks, and continue monthly and as needed thereafter to maintain compliance with DHS Regulations. The [REDACTED], [REDACTED], will review all audits and take appropriate action upon all findings to maintain ongoing compliance with DHS Regulations. Documentation [REDACTED].

Maintenance [REDACTED] repaired the courtyard door on 7/15/2025. Video of functioning door sent to reviewing inspector [REDACTED]

Licensee's Proposed Overall Completion Date: 08/04/2025

Implemented [REDACTED] - 09/04/2025)

144c1 - Smoking Area Guidelines

11. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 8:45 a.m., in a non-designated smoking area an excess of 10 cigarette butts were observed on the

144c1 - Smoking Area Guidelines (continued)

ground outside the basement laundry rooms exit door. Also, an extinguished cigarette butt was on the interior stairs leading to the same laundry exit door.

Plan of Correction

Accept [REDACTED] - 07/28/2025)

All staff who use tobacco are responsible for following the home rules as described in Regulation 2600.144C1. At the time of inspection on 6/18/2025, all cigarette butts were removed and cleaned up from the area. All tobacco users were re-educated in Regulation 2600.144C1 on 7/7/2025. The area will be monitored during maintenance audits and by [REDACTED], daily and as needed to ensure home rules and regulations are followed. [REDACTED] posted signage on the entrance/exit doors of laundry room and purchased and posted signage on outer facility wall in same location to ensure ongoing compliance with DHS Regulations. Documentation attached-[REDACTED].

Licensee's Proposed Overall Completion Date: 07/15/2025

Implemented [REDACTED] - 09/04/2025)

182c - Medication Administration

12. 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

At 11: 57 a.m. a medication cup containing pills was observed sitting on a table in resident #10's room. The resident who requires assistance taking medications said that a Med Tech left the medication cup on their table without watching the resident ingest the medication.

Plan of Correction

Accept [REDACTED] - 07/28/2025)

At time of inspection on 6/18/2025, [REDACTED] administrated Resident #10's medication after violation found. On 6/20/2025, [REDACTED], notified the PCP of Resident #10's late administration dose of medication on 6/18/2025. On 6/20/2025, [REDACTED], received a written warning and re-education in Regulation 2600.182C by [REDACTED]. All Med Tech's are responsible to follow the activities of medication administration, based on the specific needs of the resident. [REDACTED] has developed and implemented a Med Tech Medication Administration Audit. Starting the week of 7/16/2025, Assistant Administrator and Medication Train the Trainer, [REDACTED] will observe all Med Tech's during their shift responsibilities weekly x four weeks, monthly x four weeks, continuing monthly thereafter, to ensure all medication administration activities are followed per resident need in relation to Regulation 2600.182C to maintain ongoing compliance with DHS Regulations. Documentation attached-[REDACTED].

Licensee's Proposed Overall Completion Date: 07/16/2025

Not Implemented [REDACTED] - 09/04/2025)

185a - Implement Storage Procedures

13. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #2 is prescribed Oxycodone HCL 5mg tablets as needed. On 6/18/25 the medication was not available in the home.

Resident #2 has an order for blood glucose checks daily at 6:00 a.m. On 6/14/25 the resident had a blood glucose reading of 137 observed in the resident's glucometer. The blood glucose reading was not recorded on the resident's medication administration record.

Resident #3 is prescribed Hydrocortisone cream as needed. On 6/18/25 the medication was not available in the home.

Repeat Violation: 6/6/24 and 4/11/24 et al.

Plan of Correction

Accept [REDACTED] - 07/28/2025)

(1)-Resident #2's Oxycodone was discontinued by [REDACTED] on 6/22/2025. Med Tech responsible for managing and auditing all ordered medications for Resident #2 received a written warning and re-education in Regulation 2600.185A on 6/28/2025. [REDACTED], will maintain responsibility of managing and auditing the 1st and 3rd floor medication carts and blood sugar audits, [REDACTED] for 2nd new side medication cart and blood sugar audits, and [REDACTED] for 2nd old side medication carts and blood sugar audits weekly x four weeks and maintain weekly thereafter to ensure all developed and implemented procedures for safe storage, access, security, distribution, and use of medications is compliant with DHS Regulations. [REDACTED], will review all audits and take appropriate action upon all findings to further maintain ongoing compliance.

(2)-Med Tech responsible for the documentation of Resident #2's blood sugar result on 6/14/2025 at 6:00am received a written warning and re-education on 6/28/2025. [REDACTED] has developed and implemented a Med Tech Medication Administration Audit. [REDACTED], will maintain responsibility of managing and auditing the 1st and 3rd floor medication carts and blood sugar audits, [REDACTED] for 2nd new side medication cart and blood sugar audits, and [REDACTED] for 2nd old side medication carts and blood sugar audits weekly x four weeks and maintain weekly thereafter. Starting the week of 7/16/2025, [REDACTED] will observe all Med Tech's during their shift responsibilities weekly x four weeks, monthly x four weeks, continuing monthly thereafter to maintain compliance of Regulation 2600.185A.

(3)-Resident #3's Hydrocortisone Cream was reordered from the pharmacy and delivered on 6/20/2025. Med Tech responsible for managing and auditing all ordered medications for Resident #3 received a written warning and re-education in Regulation 2600.185A on 6/28/2025. [REDACTED] will maintain responsibility of managing and auditing the 1st and 3rd floor medication carts weekly x four weeks and maintain weekly thereafter to ensure all developed and implemented procedures for safe storage, access, security, distribution, and use of medications is compliant with DHS Regulations. The [REDACTED], will review all audits and take appropriate action upon all findings to further maintain ongoing compliance. Documentation Attached-[REDACTED].

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 07/16/2025

Not Implemented [REDACTED] - 09/04/2025)

187a - Medication Record

14. Requirements

2600.

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

11. Special precautions, if applicable.

Description of Violation

Resident #2 is prescribed Metoprolol Tartrate 25 mg tablets which are to be held if the resident's systolic blood pressure is less than 100 or heart rate is less than 50. Resident's 2's medication administration record does not indicate the resident's blood pressure readings or pulse.

Plan of Correction

Accept [REDACTED] - 07/28/2025)

All Med Techs responsible for the documentation of the medication record received a written warning and re-education in Regulation 2600.187A on 6/23; 6/25; and 6/28/2025 by [REDACTED]. The [REDACTED], adjusted the Metoprolol Tartrate 25mg order for Resident #2 in the Quikmar System to include the documentation of Resident #2's Blood Pressure and Heart Rate on 6/19/2025 at 9:08am. [REDACTED], will maintain responsibility of managing and auditing the 1st and 3rd floor medication carts, [REDACTED] old side medication cart weekly x four weeks and maintain weekly thereafter to ensure all medication records include all special precautions for each resident for whom medications are administered. The [REDACTED], and [REDACTED], will review all audits and take appropriate action upon all findings to further maintain ongoing compliance. Documentation Attached- [REDACTED].

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/04/2025)

187b - Date/Time of Medication Admin.

15. 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 #4 is prescribed Amlodipine besylate, Lorazepam, Quetiapine Fumarate, Tramadol, and Venlafaxine. Resident #4's medication administration record does not include the initials of the staff person who administered Amlodipine besylate on 6/14/25 at 5:00 a.m., Lorazepam on 6/9/25 at 12:00 p.m. and 6/14/25 at 5:00 a.m., Quetiapine Fumarate on 6/14/25 at 5:00 a.m., Tramadol on 6/9/25 at 12:00 p.m. and 6/14/25 at 5:00 a.m., and Venlafaxine on 6/14/25 at 5:00 a.m.

Resident #5 is prescribed Aspirin, Freestyle Libre, Furosemide, Lantus Solostar, Lisinopril, Metformin, Metoprolol, Novolog sliding scale, Novolog 5 units, and Thera – M. Resident #5's medication administration record does not

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

include the initials of the staff person who administered Aspirin, Freestyle Libre, Furosemide, Lantus Solostar, Lisinopril, Metformin, Metoprolol, Novolog sliding scale, Novolog 5 units, and Thera – M on 6/17/25 at 8:00 a.m.

Resident #7 is prescribed Clonidine, Eliquis, Glyburide, and Metformin. Resident 7's medication administration record does not include the initials of the staff person who administered Eliquis on 6/11/25 at 4:00 p.m. and Clonidine, Glyburide, and Metformin on 6/11/25 at 4:30 p.m.

Plan of Correction**Accept** [REDACTED] - 07/28/2025)

[REDACTED], responsible for the documentation of medication administration at time of inspection on 6/18/2025, received a written warning and re-education in Regulation 2600. 187b on 7/15 and 7/16/2025 by [REDACTED]. All med techs are responsible to maintain compliance with recording proper documentation at the time of medication administration. [REDACTED] will maintain responsibility of managing and auditing the medication records for 2nd new side residents, [REDACTED], for 2nd old side residents, and [REDACTED], [REDACTED] for all 1st and third floor residents, weekly x four weeks and continuing weekly thereafter. Starting the week of 7/16/2025, [REDACTED] and [REDACTED] will observe all Med Tech's during their shift responsibilities weekly x four weeks, monthly x four weeks, continuing monthly thereafter to maintain compliance of Regulation 2600.187b. The [REDACTED], [REDACTED] will review all audits and take appropriate action upon all findings to further maintain ongoing compliance. Documentation Attached [REDACTED].

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/04/2025)**187c - Refusal of Medication****16. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 6/4/25 at 9:01 a.m., 6/5/25 at 3:52v p.m., 6/10/25 at 7:17 a.m., 6/13/25 at 7:53 a.m., and 6/15/25 at 8:00 a.m. resident #11 refused to take a scheduled dose of Novolog. The home did not notify the prescriber regarding the refusals.

On 6/9/25 at 8:00 a.m. on 6/9/25 Resident #2 refused Pantoprazole Sodium 40mg pack. On 6/8/25 at 10:00 p.m., 6/9/25 at 6:00 a.m, 6/11/25 at 10:00 p.m. and 6/12/25 at 6:00 a.m. the resident refused Remedy Phytoplex Hydraguard. The home did not notify the prescriber regarding the refusals.

Plan of Correction**Accept** [REDACTED] - 07/28/2025)

All med techs responsible for following the proper procedures of resident refusals at the time of inspection on 6/18/2025, received a written warning and re-education on Regulation 2600.187C on 6/20; 6/23; 6/25/ and 6/28/2025. Resident #11 and Resident #2 's PCP, [REDACTED] was notified via fax of documented refusals. All med techs are responsible to properly notify and document all refusals within 24 hours, unless instructed otherwise by the ordering Physician. [REDACTED] will maintain responsibility of

187c - Refusal of Medication (continued)

managing and auditing the medication records for 2nd new side residents, [REDACTED], for 2nd old side residents, and [REDACTED], for all 1st and third floor residents, weekly x four weeks and continuing weekly thereafter, to ensure compliance with Regulation 2600.187C is met. The [REDACTED], and [REDACTED], will review all audits and take appropriate action upon all findings to further maintain ongoing compliance. Documentation [REDACTED].

Licensee's Proposed Overall Completion Date: 07/16/2025

Implemented [REDACTED] - 09/04/2025)

187d - Follow Prescriber's Orders**17. Requirements**

2600.

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

Description of Violation

Resident #2 has an order for blood glucose checks to be completed daily at 6:00 a.m. The resident's blood glucose checks were not completed by staff on 6/15/25 and 6/16/25.

Resident #7 is prescribed Clonidine HCL .1 mg tablets which are to be held if systolic blood pressure is less than 110. However, the resident's systolic blood pressure was 103 and resident #7 was administered the medication on 6/6/25 at 4:30 p.m.

Repeat violation 4/11/24 et al.

Plan of Correction

Accept [REDACTED] 07/28/2025)

Med techs responsible for the violation of Regulation 2600.187D, at the time of inspection on 6/18/2025, received a written warning and re-education in said regulation on 6/23/2025. The PCPs for both Residents #2 and #7 were notified via fax of said violation on 6/20 and 6/23/2025. All med techs are responsible to follow the directions as ordered by the prescriber. [REDACTED] will maintain responsibility of managing and auditing the medication records and blood sugars for 2nd new side residents, [REDACTED], for 2nd old side residents, and [REDACTED], for all 1st and third floor residents, weekly x four weeks and continuing weekly thereafter, to ensure compliance with Regulation 2600.187D is met. Starting the week of 7/16/2025, [REDACTED] will observe all Med Tech's during their shift responsibilities weekly x four weeks, monthly x four weeks, continuing monthly thereafter to maintain compliance. The [REDACTED], will review all audits and take appropriate action upon all findings to further maintain ongoing compliance. Documentation Attached- [REDACTED].

Licensee's Proposed Overall Completion Date: 07/16/2025

Not Implemented [REDACTED] 09/04/2025)