pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE GATHERING PLACE PERSONAL CARE LLC**
LEGAL ENTITY

To operate **THE GATHERING PLACE PERSONAL CARE**
NAME OF FACILITY OR AGENCY

Located at **390 MOUNTAIN ROAD, UNIONTOWN, PA 15401**
(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 **16**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

PROVISIONAL

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 **December 24, 2025** until **June 24, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **454173**

ISSUING OFFICER

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.

HS 628P – 04/23

Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 24, 2025

[redacted]
The Gathering Place Personal Care LLC
[redacted]

RE: The Gathering Place Personal Care
390 Mountain Road
Uniontown Pennsylvania 15401
License/COC #: 454173

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 21, 2025, and September 22, 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 issues you a THIRD PROVISIONAL license to operate the above facility. A THIRD PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your THIRD PROVISIONAL license is enclosed and is valid from DECEMBER 24, 2025 to JUNE 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
63(a)	II	12	$5	$60	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
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
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

Facility Information

Name: *THE GATHERING PLACE PERSONAL CARE* **License #**: *45417* **License Expiration**: *10/09/2025*

Address: *390 MOUNTAIN ROAD, UNIONTOWN, PA 15401*

County: *FAYETTE* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *THE GATHERING PLACE PERSONAL CARE LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *02/06/1993* **Issued By**: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *16* **Waking Staff**: *12*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *07/21/2025*

Inspection Dates and Department Representative

07/21/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served**: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *13*

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

Have Mobility Need: *2* **Have Physical Disability**: *1*

Inspections / Reviews

07/21/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/11/2025*

08/14/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/19/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/19/2025*

Inspections / Reviews *(continued)*

08/25/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/19/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/01/2025*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The licensing inspection summary (LIS) dated 12/16/24 was not posted in a public and conspicuous place in the home.

Plan of Correction ***Accept[redacted] - 08/25/2025)***

On 7/21/25, during a full inspection it was discovered that the 12/16/24 LIS was not posted in a public place in the home. The full LIS is posted on a public notice bulletin board that is located in the hallway of the facility. This bulletin board in in full view of the public. The LIS is placed on that board with a binder clip. That is where all of the public information is found for any residents or visitors coming into the facility. The Administrator was unaware that ALL inspections needed to be placed on this board. Only the last full inspection was posted, not the partial inspections. On 7/21/25, after learning they were not all present for public viewing, the Administrator added all inspections to the board. In order to ensure that all inspections are posted on the board, it will be added to the bi-monthly QM meetings and will be checked with our walkthroughs of the facility at that time. The QM meeting is conducted by either the house manager or the Administrator. Documentation of the audit will be kept in accordance of PA Code 2600.3c.

Licensee's Proposed Overall Completion Date: *08/19/2025* Implemented[redacted] - 11/3/25)

17 - Record Confidentiality

2. 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

The Resident Privacy Coding was included with the licensing inspection summary (LIS) dated 9/16/24 which was posted on the bulletin board in the hallway just beyond the living room which included the names of residents #1, #2 and #3.

Plan of Correction ***Directed[redacted] - 08/25/2025)***

On 7/21/25, during a full inspection it was discovered that the LIS that was posted on the bulletin board in the hallway contained the page that identified residents and employees. The Administrator was unaware that that page wasn't allowed to be in the report due to confidentiality issues. On 7/21/25, after being told by the Agent that the page needed to be removed from the inspection report, the Administrator removed this page immediately from the public copy of the inspection. All inspections posted on this board will be reviewed after completion and before posting that there is no identifying information, names, room numbers, etc. noted for the public to identify a certain resident. In order to ensure that all inspections are posted on the board and that all personal information in removed from the inspection, it will be added to the bi-monthly QM meetings and will be checked with our walkthroughs of the facility at that time. The QM meeting is conducted by either the house manager or the Administrator. Documentation of the audit will be kept in accordance of PA Code 2600.17

Proposed Overall Completion Date: 08/19/2025

DIRECTED

17 - Record Confidentiality (continued)

Within 5 days of receipt of the plan of correction: The administrator shall educate all staff with regards to Regulation 2600.17 and the home's policy and procedures to maintain compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [redacted] 8/25/25

Directed Completion Date: *08/30/2025*

Implemented [redacted] - 11/3/25)

18 - Compliance With Laws

3. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Care Facility Carbon Monoxide Alarms Standards Act, enactment of June 23, 2016, Section 3(b)(3), The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery. However, at approximately 11:00 a.m., the carbon monoxide battery in the home was not dated. The date on the carbon monoxide detector casing was 3/22/24.

REPEAT VIOLATION: 12/16/24

Plan of Correction ***Directed [redacted] - 08/25/2025)***

During a full inspection on 7/21/25, it was discovered that a carbon monoxide detector in the basement didn't have a current battery. Upon this discovery, the Designated Employee changed the battery immediately. In order to prevent this from happening in the future, the batteries will be changed bi-annually when the clocks are changed forward and back for the seasons. This will be monitored by the Administrator or the designated employee. An entry will also be placed in the office calendar for the coinciding months of clock changes to remind us of this duty. Either the Administrator or the Designated Employee will change, initial, and date the batteries at the time of change. Documentation of the battery changes will be kept in accordance with PA Code 2600.18

Proposed Overall Completion Date: 08/19/2025

DIRECTED
Within 1 day of receipt of the plan of correction: The administrator or designated staff person shall complete an initial and 6 month audit of all carbon monoxide detectors to ensure the appropriate functional batteries are present and dated. Documentation of audits shall be kept. [redacted] 8/25/25

Directed Completion Date: *08/26/2025*

Implemented [redacted] - 11/3/25)

25b - Contract Signatures

4. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #4's contract completed on 7/8/25 was not signed by the administrator or any other representative of the home.

Plan of Correction ***Accept [redacted] - 08/25/2025)***

During a full inspection on 7/21/25, it was discovered that a resident's chart was not signed by the Administrator

25b - Contract Signatures (continued)

or the designated employee. Employee B is the [redacted] and did the contract with the new resident. [redacted] was unaware that [redacted] could sign the contract at the time of admission. On 7/22/25, Employee B was trained on how to completely fill out the contract portion of new resident paperwork. At this time, she signed the contract with the Administrator present. All current and future resident paperwork will be audited starting 8/19/2025 and any missing signatures will be acquired at that time. This audit will be conducted by the Administrator and will be completed by 8/30/2025. As we utilize a check sheet for two people to go over new resident paperwork, the contract would have been signed before filing. The resident was a new resident who didn't have their folder completed or stored with other resident folders as of yet. A record of training was signed and will be kept in accordance with PA Code 2600.25b.

Licensee's Proposed Overall Completion Date: *08/30/2025* Implemented [redacted] - 11/3/25)

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma from an accredited school, a GED or active registry status on the Pennsylvania nurse aide registry. Staff person A began working for a personal care home in [redacted] but was not employed by a PCH from January 2022 through September 23, 2024, when [redacted] began working for this home. However, staff person A has provided direct care services to residents to include the following dates: 7/7/25, 7/8/25, 7/9/25, 7/11/25, 7/12/25, 7/14/25, 7/15/25, 7/16/25, 7/18/25 and 7/19/25.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

During a full inspection on 7/21/25, it was discovered that Staff Person A did not have a diploma from an accredited school. On 7/25/25, the Administrator reached out to [redacted] previous employer to get dates of employment and positions held to see if [redacted] is still grandfathered in because there were no breaks of a year or more. The Director of Nursing confirmed that [redacted] was employed at their facility and will be emailing me the dates of employment. This email will be available for submission of corrections. To prevent this from occurring in the future, before a potential employee is hired, due diligence will be done by the Administrator to ensure that the diploma/GED is from an accredited school. If not, they will be given the opportunity to enroll in and obtain a GED within 6 months of employment. If one is not obtained and progress isn't shown on active classes, termination of employment will happen.

An audit of all current employee folders will be conducted by the Administrator and will be completed by 8/30/2025. Any information not present will be obtained or the employee will be removed from the schedule until said documentation is acquired.

Licensee's Proposed Overall Completion Date: *08/30/2025* Implemented [redacted] - 11/3/25)

91 - Telephone Numbers

7. 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

The emergency telephone numbers taped to the dresser near the phone in the hallway by room #6 did not include the correct phone number for the PCH complaint hotline. The number posted was 1-800-254-5164.

REPEAT VIOLATION: 12/16/24

Plan of Correction ***Accept [redacted] - 08/25/2025)***

During a full inspection on 7/21/25, it was discovered that the Complaint Hotline number was wrong on the phone number lists by the phones in the facility. Upon being notified that the phone numbers were wrong, the Administrator immediately reprinted an updated list and posted by all phones on 7/21/25. The phone number that was on the phone list is the phone number that can be found online by searching for personal care home complaint information. The number that was posted was the same one that was posted during all previous inspections. During daily cleanings, we will note if the papers are torn or frayed and replace as needed. During our bi-monthly QM meetings, during the home walk-through, the Administrator will ensure these phone numbers are legible and current. Documentation will be kept in the QM meeting notes of any changes that needed to be made during that particular meeting. If any discrepancies are found, it will be checking during the next meeting for accuracy.

Licensee's Proposed Overall Completion Date: *08/19/2025* Implemented [redacted] - 11/3/25)

103e - Left Overs

8. Requirements

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

Description of Violation

At 10:49 a.m., the following undated items were in the upright freezer in the food storage area in back room at end of the building:

** Two zip-top bags with 5 ears of corn*

** One zip-top bag with 4 ears of corn*

** One zip-top bag with approximately 8 pork chops*

**One zip-top bag with 7 summer sausages. The bag was labeled "pancakes."*

There was an undated, unlabeled zip-top bag with approximately two pounds of cut up steak in marinade in the refrigerator section of the black refrigerator/freezer in the home's kitchen.

Plan of Correction ***Accept [redacted] - 08/14/2025)***

During a full inspection on 7/21/25, it was discovered that there was food in the back freezer that was not labeled or dated or even mislabeled. At the time that it was brought to the Administrators attention, the food was immediately removed from the freezer and labeled on 7/21/25. The steak tips that were in the refrigerator were marinating for that days dinner and was just placed in there as the Agents arrived at the facility. A training was done on August 1st at the QM meeting with all staff on how to properly label and store leftovers in the freezer. To ensure this doesn't happen in the future, during weekly grocery trips, all freezer products will be checked when rotated out using the FIFO method. Anything that is not labeled or mislabeled will be removed and labeled or used for the next meal. There is also a sign on all refrigerators and freezers stating to date and label all incoming foods.

Licensee's Proposed Overall Completion Date: *08/10/2025* Implemented [redacted] - 11/3/25)

183a - Original Containers and Injections

9. Requirements

2600.
183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

At 3:11 p.m., there was a medication box with 32 compartments in the medication cart for resident #5. The left half of the pill box had a piece of tape with the resident's initials and "8am" on it; the right half had a piece of tape with the resident's initials and "8pm" on it. The resident's AM medications had been pre-poured for five days and put in compartments on the left (8am) side of the organizer. The resident's PM medication had been pre-poured for seven days and put in compartments on the right (8pm) side of the organizer. The medications in these compartments are used to administer the resident's medication.

Plan of Correction ***Accept [redacted] - 08/25/2025)***

During a full inspection on 7/21/25, it was discovered that there was a pill box with medications pre-poured. Because this was done like this during the last inspection, nothing was thought of as being against regulations. When it was brought to the Administrator's attention that it was not allowed to be done that way, the medications were immediately all taken from the pill box and placed back in their original containers and the pill box was disposed of. Because this particular resident receives [redacted] medication from the [redacted], they do not authorize pre-packaged medications to be delivered. Resident #5 will have [redacted] medication dispensed from the bottles that are in [redacted] drawer

183a - Original Containers and Injections (continued)

at the prescribed times. [redacted] medication will be kept in a locked cabinet at all times, inaccessible to residents, visitors, or other employees.

A training session was held on 8/18/25 by the Administrator about the home's policies and procedures regarding pre-pouring of medications in the pill box. All were retrained that all medications need to be pulled no more than one hour of the time of dispensing. Documentation will be kept in accordance with PA Code 2600.183a. To prevent this in the future, an audit will be done weekly during medication/MAR reviews that there is no medication that is pre-poured for any resident. Documentation will be kept in accordance with PA Code 2600.183a. Also, no pill boxes will be used to dispense future medications for any resident.

Licensee's Proposed Overall Completion Date: *08/19/2025* Implemented [redacted] - 11/3/25)

185a - Implement Storage Procedures

10. 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

According to resident #5's medication administration record (MAR), the resident is ordered blood glucose checks three times daily with meals. The home does not have a way to verify the blood glucose measurements obtained by the continuous glucose monitoring (CGM) system reader with what is recorded on the resident's MAR or separate handwritten (HW) log. The readings on the CGM reader do not coincide with the documentation for the blood glucose readings entered on the resident's MAR or separate handwritten blood glucose log from 7/15/25 to 7/21/25 to include:
7/21 6:34 a.m. 275 on glucose reader; HW log for 8:00 a.m. indicates 197
7/20 7:46 a.m. 258 on glucose reader; HW log for 8:00 a.m. indicates 198
7/19 8:21 a.m. 253 on glucose reader; HW log for 8:00 a.m. indicates 228
7/18 1:17 p.m. 306 on glucose reader; HW log for 12:00 p.m. indicates 127
7/15 12:00 p.m. 251 on glucose reader; HW log for 12:00 p.m. indicates 200

REPEAT VIOLATION 12/16/24

Plan of Correction ***Accept [redacted] - 08/25/2025)***

During a full inspection on 7/21/25, Resident #5 was pulled for a medication review. During this review, it was discovered that the glucose readings that were in the HW log wasn't matching the glucometer. After doing some research on this machine, and the Administrator speaking with the manufacturer of the device, it appears that the machine will automatically do a scan every 5 minutes and record the reading in the machine. Because there is no way to disable the automatic readings, we reached back out to the manufacturer. They stated that using the app on the phone will only work if within range of the meter, which doesn't work for the facility because there is no "facility" cell phone to track it. On 8/19/25, the Administrator spoke to the resident's [redacted] and discussed this situation of the log book discrepancies and possibly switching devices back the the Libre 2. That device has been discontinued, which is why the transition to the 3 was made. The Administrator explained the situation to the [redacted] and [redacted] is in agreeance to do finger sticks only at mealtimes, using [redacted] own glucometer that will be provided by the pharmacy. This will record mealtime readings only, and the Libre 3 will still read continuously to alert of any highs or lows of [redacted] glucose. On 8/19/25, all staff were trained on the finger stick procedure for this resident. Documentation will be kept in accordance with Regulation 2600.65i. Starting 8/19/25, the Administrator or Designated Employee will monitor

185a - Implement Storage Procedures (continued)

the glucometer with the handwritten log to ensure accuracy and will initial off weekly that the numbers and dosage is correct.

Licensee's Proposed Overall Completion Date: *08/19/2025*

Not Implemented ([redacted] - 11/3/25)

187a - Medication Record

12. 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.

187a - Medication Record *(continued)*

6. Dose.
7. Route of administration.
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 #5 is ordered pantoprazole Sod Dr 40mg tab – Take 1 tablet (40mg total) by mouth twice a day before meals for 30 days. Contact PCP for refills. At 3:15 p.m., there was one bottle of the medication filled on 2/6/25 and two unopened bottles filled on 7/14/25 with pharmacy labels – take one tablet by mouth twice a day before meals for ulcer (take 30 minutes before meal). There is no entry for this medication on the resident's July 2025 medication administration record (MAR).

At 3:15 p.m., there was a bottle of medication with pharmacy label for resident #5 for Empagliflozin 25mg – take one-half tablet by mouth every day. However, the MAR entry for this medication only indicated Jardiance 25mg tablet – take ½ tablet by mouth once a day.

REPEAT VIOLATION; 12/16/24

Plan of Correction ***Accept [redacted] - 08/25/2025)***

During a full inspection, a medication review was done on Resident #5. The MAR was listed as Jardiance and not using the generic name of Empagliflozin. On 7/24/25, the Administrator called the [redacted] nurse about this issue. It was told to the Administrator that the [redacted] uses generic names, not the brand name. Because the pharmacy does the MARs, they put the Brand name on the MAR, not the generic name. The pharmacy was asked to correct the MAR to reference the exact med list sent by the [redacted] nurse. They complied and all medications now match the labels on the bottles. On 8/18/2025, a training session was held by the Administrator for all employees who administers medication of what the infraction was and what to look for moving forward. To prevent this from happening in the future, during med review audits, if any brand names are on the MAR for a [redacted] resident, the pharmacy will be requested to change the name of the medication to match the label.

Licensee's Proposed Overall Completion Date: *08/19/2025* Not Implemented [redacted] - 11/3/25)

187d - Follow Prescriber's Orders

13. Requirements

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

Description of Violation

Resident #5 is ordered Pantoprazole Sod Dr 40mg tab – Take 1 tablet (40mg total) by mouth twice a day before meals for 30 days. Contact PCP for refills. At 3:15 p.m., there was one bottle of the medication filled 2/6/25 and two unopened bottles of this medication filled 7/14/25 with instructions – take one tablet by mouth twice a day before meals for ulcer (take 30 minutes before meal). There is no entry for this medication on the resident's July 2025 medication administration record (MAR). Staff person C verified that this medication is not included in the compartments of the pre-poured pill organizer which is what the home uses to administer this resident's medication. It is unknown for how

187d - Follow Prescriber's Orders (continued)

long the resident has not been administered this medication. There is no documentation that the resident received this medication from 7/1/25 – 7/20/25.

Resident #5 is ordered Novolin N insulin injection – inject SubQ three times a day with meals per sliding sale: 200-250=4U; 251-300=6U; 301-350=8U; 351-400=10U; >400, Call MD. However, according to the resident's July 2025 MAR, the resident's blood glucose level was not measured on the following dates and times and there was no indication why in the exceptions on the medication administration record:
7/19/25 at 8:00 a.m. and 12:00 p.m.
7/5/25 at 12:00 p.m. (the separate "log" kept by the home indicates a reading at 12:00 p.m. but no reading at 4:00 p.m.)

Resident #5 is ordered Novolin N insulin injection – inject SubQ three times a day with meals per sliding sale: 200-250=4U; 251-300=6U; 301-350=8U; 351-400=10U; >400, Call MD. On 7/15/25 at 8:00 a.m. the resident's blood glucose reading was 252 requiring 6 units of insulin. However, 4 units were administered.

Plan of Correction ***Directed - 08/25/2025)***

During a full inspection on 7/21/25, a medication review was done on Resident #5. During this review, there was a discrepancy in the amount of units that were given. While I am sure this was just a misprint, I cannot guarantee it. Everyone is aware of the sliding scale that is located on insulin pen. Because there is no way to be sure, on 7/25/25, all diabetic trained employees had a refresher course by the Administrator on how to read, administer, and log correct amounts of insulin. All employees were shown how to fill out an incident report and where it needs to be sent and filed at this training session. They were instructed on the list of people that need to be notified in the event of medication errors, including prescribing physician, family, and resident. It was also discussed that all medication errors need to be made part of the resident's permanent record. The Administrator or the Designated Employee will audit resident folders immediately following a medication error and will be done monthly to ensure all documentation is kept in accordance with PA Code 2600.187d. To ensure accuracy morning forward, all entries will be checked and initialed off on weekly by either the Administrator or the house manager. These initials will be kept on the daily handwritten log sheet and available upon request by the Agency.

Proposed Overall Completion Date: 08/19/2025

DIRECTED
Within 1 day of receipt of the plan of correction: The administrator shall notify resident #5 and the designated person (if applicable) of the medication errors. Documentation of the notifications shall be kept. 8/25/25

Within 1 day of receipt of the plan of correction: The administrator shall notify the prescriber of the medication errors for resident #5. Documentation of the notification shall be kept. 8/25/25

Within 1 day of receipt of the plan of correction: The administrator shall submit an incident report for the medication errors for resident #5. 8/25/25

Within 1 day of receipt of the plan of correction: The administrator shall document the medication errors for resident #5 in the resident's permanent record. 25/25

Directed Completion Date: 08/26/2025 Not Implemented - 11/3/25)

190a - Completion Medication Course

14. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B has not successfully completed the Department-approved Standard Medication Administration course. Staff person B has completed only the Modified Medication Administration course on 6/15/24. However, staff person B administered medication to resident #5 on 7/5-7/9/25, 7/11-7/13/25, 7/15/25 and 7/21/25.

Plan of Correction ***Accept - 08/25/2025)***

During a full inspection on 7/21/25, it was discovered that Staff person B did not complete the correct Medication Administration course. This course was completed at a previous employer and paperwork was not given to the employee at the time of home closure. (Generations Personal Care). Because the certificate was provided, a recertification was performed by the facility to keep [redacted] in compliance. The Agent informed us that [redacted] needed to go back and take the actual course, but the other employer never conveyed that information or made arrangements for [redacted] to take the corrected course. Staff person B is scheduled to begin the Medication Administration Course on 8/15 in order to be fully compliant with PA Code 1600.190a. To prevent this from happening in the future, if all paperwork is not provided by all new hires of the correct course, they will not be able to administer medication until they complete a course provided by a certified trainer. Also, during the complete review of all employee folders, if the employee is an employee who administers medications, those files will also be audited by the Administrator to ensure they are current and accurate. The audit will begin or or around 8/19/25 and will be completed by 8/30/2025. All documentation of the course will be kept in the training files and available upon request from the agency. Documentation will be kept in accordance with PA Code 2600.190a.

Licensee's Proposed Overall Completion Date: *08/30/2025* Not Implemented [redacted] - 11/3/25)

227h - Support Plan Refuse Sign

15. Requirements

2600.
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #6 significant change support plan dated 4/6/25 did not indicate that the resident was provided the opportunity to participate in development of the support plan. The signature page has the resident's [redacted] name in the box used for the resident name. It indicates that [redacted] was "unable to participate." There is no indication that the resident was unable or refused to participate/sign.

Plan of Correction ***Accept [redacted] - 08/25/2025)***

During a full inspection on 7/21/25, during a resident folder review, it was discovered that Resident #6 signature page was not filled out properly. I didn't realize that the resident should have an option to sign this form if they are not in the mental capacity to do so, which is why I didn't add [redacted] to the form. Only [redacted] name was on the form and [redacted] stated when asked about [redacted] support plan "I trust that you will do everything that my [redacted] needs. I don't know how I can participate in helping since I am not in the area to help". That is why it was marked that [redacted] was unable to participate and sign. On 8/18/25, the Administrator corrected the document to indicate that the resident was unable to participate due to mental decline. Moving forward, if a resident or support person refuses to sign, a

227h - Support Plan Refuse Sign (continued)

note will be added to the signature page of such. This will also be checked during the monthly resident chart audit.

Licensee's Proposed Overall Completion Date: *08/19/2025*

Implemented [redacted] - 11/3/25)

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

Facility Information

Name: *THE GATHERING PLACE PERSONAL CARE* **License #**: *45417* **License Expiration**: *10/09/2025*

Address: *390 MOUNTAIN ROAD, UNIONTOWN, PA 15401*

County: *FAYETTE* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *THE GATHERING PLACE PERSONAL CARE LLC*

[redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *13* **Waking Staff**: *10*

Inspection Information

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

Reason: *Complaint, Monitoring* **Exit Conference Date**: *09/22/2025*

Inspection Dates and Department Representative

09/22/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served**: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *11*

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

Have Mobility Need: *1* **Have Physical Disability**: *1*

Inspections / Reviews

09/22/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/16/2025*

Inspections / Reviews *(continued)*

10/20/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *11/02/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/24/2025*

10/24/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *11/02/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/01/2025*

11/03/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *11/02/2025*

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

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/25, resident #1 brought to the attention of staff person A, [redacted], that there was a scuffle through the night regarding the night shift between direct care staff person B and resident #2. Staff person B was rough with resident #2 during incontinence care and slapped resident #2 with an open hand on the side of [redacted] face. However, as of 9/22/25, this allegation of abuse had not been reported to Adult Protective Services.

Plan of Correction ***Directed [redacted] - 10/24/2025)***

On [redacted]/25, it was reported to the Administrator of an incident that was witnessed by another resident of possible abuse by staff person B. Staff person B was immediately suspended and, later that day, terminated from [redacted] duties, removed from building, and barred from returning to the facility. Family was notified of the incident on [redacted]/25 by the Administrator and explained what was reported to have happened and what the consequences were for the employee involved. We did our investigation and we did not notify Adult protective services as we should have. On 10/7/25, all staff were retrained on Resident Rights and Mandatory Reporting. Because we terminated the employee on [redacted]/25, [redacted], the Administrator didn't notify APS. This was [redacted] error and will not happen again. Anything even remotely suspected will be reported to the state and an investigation will ensue from there. Beginning 10/22/25, random residents will be interviewed by the Administrator to ensure they feel safe and comfortable in the home. Interviews will be done weekly for three months and then two monthly for the next three months. A reminder of the interviews will be kept in the planner that is on the desk for the Administrator and the Designated Employee to view. These interview sheets will be kept in a file for review in accordance with PA Code 2600.15a.

Proposed Overall Completion Date: 11/30/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The administrator shall audit any allegations of abuse to ensure any allegation of abuse is reported in accordance with Regulation 2800.15(a). [redacted] 10/24/25

Within four days of receipt of the plan of correction: The administrator shall ensure all steps within the plan of correction have been implemented. [redacted] 10/24/25

Directed Completion Date: *10/28/2025*

Implemented [redacted] - 11/03/2025)

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]/25, resident #1 brought to the attention of staff person A, [redacted], that there was a scuffle

16c - Written Incident Report (continued)

through the night regarding the night shift between direct care staff person B and resident #2. Staff person B was rough with resident #2 during incontinence care and slapped resident #2 with an open hand on the side of [redacted] face. However, as of 9/22/25, this incident had not been reported to the Department.

Plan of Correction ***Directed [redacted] - 10/24/2025)***

2600.16.c. On 9/23/25, an incident report was written. The home was unsure as to whether to submit the report. Upon clarification, it will be transmitted if instructed. on 10/7/25, all staff have been retrained on Resident Rights and Mandatory Reporting. We have also trained employees on how to fill out and file an incident report so that the home is compliant on reporting all incidents. Incident reports have been added as a topic for discussion during the bi-monthly QM meetings. We also just started a new training program called Relias Learning that each employee takes courses on Abuse prevention and investigation and reporting are included. On 10/23/25, the Administrator transmitted the incident report that was dated 9/2/25 to report the incident of alleged abuse involving a resident and a direct care staff employee. The Administrator also retrained all employees on how to properly fill out and file an incident report. This training was held on 10/7/25. Moving forward, staff has been instructed to notify the Administrator immediately when an incident report is filed. The Administrator will begin the investigation and monitor that the incident report was filed in a timely fashion. The investigation will ensue and a final incident report will be filed with DHS and documentation will be kept in compliance with PA Code 2600.16c.

Proposed Overall Completion Date: 10/31/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The administrator shall review all reportable incidents and conditions at least twice weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. [redacted] 10/24/25

Directed Completion Date: *10/31/2025* Not Implemented [redacted] 11/3/25)

42b - Abuse

3. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted]/25, resident #1 brought to the attention of staff person A, [redacted], that there was a scuffle through the night regarding the night shift between direct care staff person B and resident #2. Staff person B was rough with resident #2 during incontinence care and slapped resident #2 with an open hand on the side of [redacted] face.

Plan of Correction ***Directed [redacted] - 10/24/2025)***

On [redacted]/25, it was reported to the Administrator of an incident that was witnessed by another resident of possible abuse by staff person B. Staff person B was immediately suspended and, later that day, terminated from [redacted] duties, removed from building, and barred from returning to the facility. Family was notified of the incident on 9/2/25 by the Administrator and explained what was reported to have happened and what the consequences were for the employee involved. We did our investigation and we did not notify Adult protective services as we should have. On 10/7/25, all staff were retrained on Resident Rights and Mandatory Reporting. Because we terminated the employee on [redacted] 25, [redacted], the Administrator didn't notify APS. This was [redacted] error and will not happen again. Anything even remotely suspected will be reported to the state and an investigation will ensue from there. All staff retraining will be kept in accordance with PA Code 2600.42b. Beginning 10/22/25, interviews will be conducted by

42b - Abuse (continued)

the Administrator with 3 residents a week for three months and then at least 3 residents a month thereafter to ensure their safety and to convey any concerns by the residents. Documentation will be kept in accordance with PA Code 2600.42b.

Proposed Overall Completion Date: 11/30/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The administrator shall document all interviews with residents. [redacted] *10/24/25*

Within 24 hours of receipt of the plan of correction: The administrator shall ensure documentation of education is be kept in accordance with Regulation 2600.65(i). [redacted] *10/24/25*

Within four days of receipt of the plan of correction: The administrator shall ensure all steps within the plan of correction have been implemented. [redacted] *10/24/25*

Directed Completion Date: *10/28/2025* Not Implemented[redacted] - 11/3/25)

60a - Staff/Support Plan

4. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home serves several residents who are ordered PRN medications as follows:
** Resident #3*
- Albuterol HFA inhaler – inhale 2 puffs by mouth every 4 hours as needed for shortness of breath/wheezing
- APAP 500mg tablet – take 1 tablet by mouth every 6 hours as needed for pain
- Ipratr-Albuterol 0.5mg-2.5(3mg) – Inhale contents of 1 vial nebulizer 4 times a day as needed for shortness of breath/wheezing
- Methocarbamol 500mg tablet – take 1 tablet by mouth once a day as needed for muscle spasms
-Senna tablet – take 1 tablet by mouth twice a day as needed for constipation

** Resident #4*
- APAP 325mg tablet – Take 2 tablets by mouth every 6 hours as needed for temperature greater than 100.4 degrees

However, there was no staff person present in the home during the following shifts who is a licensed medical professional, a graduate of an approved nursing program, a student nurse of an approved nursing program or has successfully completed a Department-approved medications administration course to administer these medications as follows:
** 8/31/25 – 3:00 a.m. – 3:00 p.m.*
** 9/1/25 - 3:00 p.m. – 3:00 a.m.*
** 9/2/25 - 3:00 a.m. – 3:00 p.m.*
** 9/3/25 - 3:00 a.m. – 3:00 p.m.*
** 9/4/25 - 3:00 a.m. – 3:00 p.m.*

60a - Staff/Support Plan (continued)

** 9/5/25 - 3:00 a.m. – 3:00 p.m.*
** 9/7/25 - 3:00 p.m. - 3:00 a.m.*
** 9/8/25 - 3:00 a.m. - 3:00 p.m.*
** 9/9/25 - 3:00 a.m. – 3:00 p.m. and 3:00 p.m.-3:00 a.m.*
** 9/10/25 - 3:00 p.m. – 3:00 a.m.*
** 9/11/25 - 3:00 a.m. – 3:00 p.m.*
** 9/12/25 - 3:00 a.m. – 3:00 p.m.*

Plan of Correction ***Accept [redacted] - 10/24/2025)***

On days 9/10 and 9/9 and 9/7, a staff person was present with a current med tech. As we explained at the time of the inspection, staff person A lives directly in the back yard. If and when medications are given, or if PRN medications are requested, either the owner and staff person A, [redacted], are in a residence right behind the facility and are available 24/7. Both owners are very much involved in care home. At least one of them, if not both, are present at any given time.

On 10/18/25, the Designated Employee conducted a schedule review and made changes according to PA Code 2600.60a which states that a qualified person be on staff at all times to administer medications. A qualified person was added to all shifts to ensure that someone is available and on shift, if needed. The Designated Employee will review upcoming schedules to ensure that there is a qualified person to administer medications on all shifts. In the even of call offs, the Administrator or the Owner who are both LPNs will cover these call-offs.

Licensee's Proposed Overall Completion Date: *10/31/2025* Not Implemented [redacted] 11/3/25)

63a - First Aid/CPR Training

5. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On the following dates and times, the only staff person working in the home did not have current training in first aid as follows:

** 8/31/25 from 3:00 a.m. - 3:00 p.m.*
** 9/2/25 from 3:00 a.m. - 3:00 p.m.*
** 9/3/25 from 3:00 a.m. - 3:00 p.m.*
** 9/4/25 from 3:00 a.m. - 3:00 p.m.*
** 9/5/24 from 3:00 a.m. -3:00 p.m.*
** 9/7/25 from 3:00 p.m. – 3:00 a.m.*
** 9/8/25 from 3:00 a.m. - 3:00 p.m.*
** 9/9/25 from 3:00 a.m. - 3:00 p.m. and 3:00 p.m. – 3:00 a.m.*
** 9/10/25 from 3:00 p.m. – 3:00 a.m.*
** 9/11/25 from 3:00 a.m. - 3:00 p.m.*
** 9/12/25 from 3:00 a.m. - 3:00 p.m.*
** 9/13/25 from 3:00 a.m. -3:00 p.m. and 3:00 p.m. – 3:00 a.m.*

Repeat violation 12/16/24

63a - First Aid/CPR Training *(continued)*

Plan of Correction ***Accept [redacted] 10/24/2025)***

There was at least one staff member who had the correct first aid and CPR. Staff person first aid expires the end of September. We will have a class for first aid for all employee s coming up within the next couple weeks. We also have on the Relias program CPR and First aid courses that all employees must complete. On 10/18/25, the Designated Employee conducted a schedule review and made changes according to PA Code 2600.63a which states that a staff person be on staff at all times who is trained in first and and certified in obstructed airway techniques and CPR. A qualified person was added to all shifts to ensure that someone is available and on shift, if needed. The Designated Employee will review upcoming schedules to ensure that there is a qualified person to administer first aid and certified in obstructed airway techniques and CPR on all shifts. In the event of call offs, the Administrator or the Owner who are both LPNs will cover these call-offs.

Licensee's Proposed Overall Completion Date: *10/31/2025* Not Implemented [redacted] - 11/3/25)

103i - Outdated Food

6. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 10:47 a.m., there were two vacuum sealed packs of two burger patties each that were not dated in the freezer section of black refrigerator/freezer in the home's kitchen.

At 10:55 a.m., there were five undated packages each containing 10 Eggo Waffles removed from the original box and had no best by/use by date in the upright Midea white freezer in the back food storage room.

Plan of Correction ***Accept ([redacted] 10/24/2025)***

2600.03 The waffles came from the box that was behind the pack of waffles. We buy a box a week. From now on, any food taken from any type of box will be dated as well and checked every Saturday. On the day shopping gets done, the date will be written on the box. We also have learning courses on program Relias scheduled on storage procedures on outdated food. Food checks began on 9/27/25 and occur every Saturday when new groceries are delivered and put away. On 9/22/25, the Designated Employee dated all of the product that was removed from the box that was stored behind it. All staff were retrained on proper labeling procedures with open product on 10/23/25. Homes policies and procedures were reviewed to ensure compliance. Documentation will be kept in accordance with PA Code 2600.65i.

Licensee's Proposed Overall Completion Date: *10/31/2025* Not Implemented [redacted] - 11/3/25)

184a - Resident's Meds Labeled

7. 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.

184a - Resident's Meds Labeled *(continued)*

Description of Violation

At approximately 12:00 p.m., resident #3's albuterol inhaler was not in the medication cart. Staff person A located the inhaler in the resident's bedroom setting on a tray table. The medication did not have a pharmacy label nor did the home have a box with the pharmacy label for this medication.

Resident #3 is ordered Senna 8.6mg oral tablet; Take 1 tab oral once (at bedtime) as needed for constipation. At 11:45 a.m., there were 3 blister packs of this medication. Two of the pharmacy labels were correct but one label indicated Senna S – Take 1 tablet by mouth twice a day as needed for constipation.

REPEAT VIOLATION 3/5/25, 12/16/24

Plan of Correction ***Directed [redacted] - 10/24/2025)***

On 9/22/25, during a medication review, it was discovered that Resident #3 didn't have orders and/or correct medications in the facility. Resident #3 was a brand new resident, having been here less that a week. [redacted] has a very much involved [redacted] who was bringing medications from home and leaving them in the room or with the aide on call. [redacted] switched to the house doctor from the previous facility's provider, and then switched to Hospice care. All medication was kept in the facility until the MARs were correct with the correct dosages and labels. The medication that was in the facility was from other facilities that the [redacted] had provided. Moving forward, there will be not medication changes until the written order is received and the corrected MAR is in place. This will ensure that the correct medication is given at the correct times and dosages.

On 9/22/25, after the inspectors left the facility, the Administrator reached out to the pharmacy and the [redacted] regarding the medication discrepancies and the results from the inspection. It was discussed with both that we need transparency on both ends and that everything needs to match. The [redacted] agreed to not instruct pharmacy on any medications. Pharmacy was to provide the proper MARs with proper dispensing directions.
Staff were retrained on proper orders and following pharmacy orders. Documentation of training will be kept in accordance with PA Code 2600.184a.

Proposed Overall Completion Date: 10/31/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial audit, then a weekly audit of all resident medications to ensure compliance with Regulation 2600.184(a). Documentation of audits shall be kept. [redacted] 10/24/25

Within four days of receipt of the plan of correction: The administrator shall educate all staff persons qualified to administer medications on the regulation and the home's policy and procedures to ensure compliance with Regulation ensure compliance. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 10/24/25

Directed Completion Date: *10/31/2025* Not Implemented [redacted] - 11/3/25)

185a - Implement Storage Procedures

8. 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

At 12:10 p.m., resident #3's Lantus Solostar pen was not dated when opened. There were approximately 220 units remaining in the pen.

At approximately 1:15 p.m., resident #5's Novolog insulin aspart flexpen was not dated when opened. There were approximately 180 units remaining in the pen.

Plan of Correction ***Directed [redacted] - 10/24/2025)***

After discovering that Staff person C did not have the proper Medication Administration course in order to pass medication. On 10/18/25, the Designated Employee conducted a schedule review and made changes according to PA Code 2600.185a which states that a qualified person be on staff at all times to administer medications. A qualified person was added to all shifts to ensure that someone is available and on shift, if needed. The Designated Employee will review upcoming schedules to ensure that there is a qualified person to administer medications on all shifts. In the even of call offs, the Administrator or the Owner who are both LPNs will cover these call-offs. Staff person C came from a different facility with her paperwork. The Administrator of this facility was unaware that addition training needed to be had because the coursework that was done at her other facility was done during Covid and that Administrator didn't have [redacted] complete the proper course after the Covid pandemic. The Gathering Place Administrator didn't know it was required. A course has been scheduled to start so that [redacted] can take the proper course. [redacted] is having trouble getting logged in because of a name change but we are working with the Help Desk to try to get her logged in so that she can begin the course.

Proposed Overall Completion Date: 10/31/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The administrator shall date resident #3's Lantus Solostar pen on the date it was opened or dispose of the medication. [redacted]/24/25

Within 24 hours of receipt of the plan of correction: The administrator shall date resident #5's Novolog insulin aspart flexpen on the date it was opened or dispose of the medication. [redacted] 10/24/25

Within 24 hours of receipt of the plan of correction: The administrator shall ensure that a qualified staff person administers any injections other that insulin injections, unless the home has a waiver to administer such medications. [redacted] 10/24/25

Within four days of receipt of the plan of correction: The administrator shall educate all staff persons qualified to administer medications on the regulation and the home's policy and procedures to ensure compliance. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 10/24/25

185a - Implement Storage Procedures (continued)

Within 24 hours of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial audit, then a monthly audit of all resident medications to ensure compliance with Regulation 2600.185(a). Documentation of audits shall be kept.[redacted]/24/25

Directed Completion Date: *10/31/2025* Not Implemented [redacted] - 11/3/25)

186a - Authorized Prescriber

9. 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 pharmacy label for resident #3's Humalog/Insulin Lispro 100u/ml pen indicates Inject units subcutaneously three times daily with meals if blood sugar: 7-130=0 Less than 70 initiate hypoglycemic protocol and call provider; 131-180=2; 181-240=4; 241-300=6; 301-350=8;351-400=10; Greater than 400: Give 12 units and call a provider(rotate sites). The entry for this medication on the resident's September 2025 medication administration record (MAR) indicates Inject SubQ 3 times a day before meals per sliding scale for diabetes: 0-130, 0u; 131-180, 2u; 181-240, 4u; 241-300, 6u; 301-350, 8u; 351-400, 10u. The MAR does not include the additional parameters for low or high readings. However, the home did not have the current prescription order for resident #3's Humalog.

Plan of Correction ***Directed [redacted] - 10/24/2025)***

On 9/22/25, after the Agents left the facility, the Administer contacted the pharmacy to inquire about the correct wording on the label provided by them. The staff were retrained on 9/23/25 covering ensuring that the proper dosages and the 5 Rights were covered when administering medications. The Pharmacy was also asked to send a copy of the current order for the homes records.

Beginning the week of 9/25/25, during the weekly medication audits by the Administrator or the Designate Employee, all wordings will be compared to the prescribers orders for accuracy. Any discrepancies will be addressed with the prescriber and/or the pharmacy so that they both match. Documentation will be kept of all weekly audits according to PA Code 2600.186a

Proposed Overall Completion Date: 11/30/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The administrator shall obtain a prescribers order for resident #3's Humalog/Insulin Lispro 100u/ml pen [redacted] 10/24/25

Within 24 hours of receipt of the plan of correction: The administrator shall ensure all steps within the plan of correction have been implemented. [redacted] 10/24/25

Within four days of receipt of the plan of correction: The administrator shall educate all staff persons qualified to administer medications on the regulation and the home's policy and procedures to ensure compliance. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 10/24/25

Within four days of receipt of the plan of correction: The administrator shall ensure all steps within the plan of correction have been implemented.[redacted]/24/25

186a - Authorized Prescriber *(continued)*

Directed Completion Date: *10/28/2025* Not Implemented [redacted] - 11/3/25)

187a - Medication Record

10. 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.
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 #3 is ordered metolazone 2.5mg tab – take 1 tablet by mouth every other day. However, at 11:41 a.m., the resident's September 2025 medication administration record (MAR) for this medication indicated Metolazone 2.5mg tablet – take 1 tablet by mouth twice a week on Tuesday and Thursday for edema.

Resident #3 is ordered albuterol 2.5mg/3mL (.083%) inhalation solution; Inhale 3 milliliters inhalation 3 times a day for shortness of breath and inhale 3 milliliters inhalation every 4 hours as needed for shortness of breath. However, the only entry on the resident's September 2025 MAR indicates IPRATR-albuterol 0.5mg-2.5(3mg)/ – Inhale contents of 1 vial via nebulizer 4 times a day as needed for shortness of breath.

Resident #3 is ordered Senna 8.6mg oral tablet; Take 1 tab oral once (at bedtime) as needed for constipation. However, at 11:45 a.m., the only entry on the resident's September 2025 MAR indicated Senna tablet – Take 1 tablet by mouth twice a day as needed for constipation.

Repeat violation 12/16/24

Plan of Correction ***Directed [redacted] - 10/24/2025)***

On 9/22/25, after the inspectors left the facility, the Administrator reached out to the pharmacy and the [redacted] regarding the medication discrepancies and the results from the inspection. It was discussed with both that we need transparency on both ends and that everything needs to match. The [redacted] agreed to not instruct pharmacy on any medications. Pharmacy was to provide the proper MARs with proper dispensing directions.

Staff were retrained on proper orders and following pharmacy orders. Documentation of training will be kept in accordance with PA Code 2600.184a.
On 9/22/25, during a medication review, it was discovered that Resident #3 didn't have orders and/or correct medications in the facility. Resident #3 was a brand new resident, having been [redacted] less that a week. [redacted] has a very

187a - Medication Record (continued)

much involved [redacted] who was bringing medications from home and leaving them in the room or with the aide on call. [redacted] switched to the house doctor from the previous facility's provider, and then switched to Hospice care. All medication was kept in the facility until the MARs were correct with the correct dosages and labels. The medication that was in the facility was from other facilities that the [redacted] had provided. Moving forward, there will be not medication changes until the written order is received and the corrected MAR is in place. This will ensure that the correct medication is given at the correct times and dosages.

Proposed Overall Completion Date: 10/31/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The administrator shall reconcile all of resident #3's medications and MARs. [redacted] 10/24/25

Within 24 hours of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial audit, then a weekly audit of all resident medications and MARs to ensure compliance with Regulation 2600.187(a). Documentation of audits shall be kept. [redacted] 10/24/25

Within four days of receipt of the plan of correction: The administrator shall educate all staff persons qualified to administer medications on the regulation and the home's policy and procedures to ensure compliance. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 10/24/25

Directed Completion Date: *10/31/2025* Not Implemented [redacted] - 11/3/25)

187b - Date/Time of Medication Admin.

11. 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

At 1:10 p.m. when resident #5's enalapril was not available in the medication cart, staff person A, the home's [redacted] stated "let me see if staff person C gave the last one of those this morning." Staff person A returned to the medication cart and stated that staff person C gave the last one today and threw the bottle away. When licensing representative asked staff person A to confirm that staff person C gave the last enalapril tablet today, staff person A replied "yes." However, staff person A signed the resident's September 2025 medication administration record (MAR) as having administered this medication.

Plan of Correction ***Directed ([redacted] - 10/24/2025)***

On 9/22/25, after the inspectors left the facility, [redacted] reached out to the pharmacy. It was discussed that we need the wording and the MAR to match exactly. Pharmacy was to provide the proper MARs with proper dispensing directions. Corrected MARs were sent to the facility to match the orders.

Staff were retrained by the Administrator on proper orders and following pharmacy orders. Documentation of training will be kept in accordance with PA Code 2600.187b.

Staff were retrained on proper orders and following pharmacy orders. Documentation of training will be kept in accordance with PA Code 2600.187b.

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

On 9/2/25, it was discovered that there was a medication missing from Resident #5's pill bottles. The bottle was discovered in the Administrator's desk. After [redacted] passed the medication, [redacted] had to leave the medication cart, locked it, and forgot to put the bottle back in [redacted] bin before locking it. [redacted] put the medication in [redacted] pocket and handled the issue that pulled[redacted] away. [redacted] put the medication bottle in [redacted] office in the desk drawer and forgot about it when the Agents were asking about the medication. The resident has since [redacted] away on [redacted] /25 and the family took [redacted] medication with them when they took [redacted] belongings.

Proposed Overall Completion Date: 10/31/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial audit, then a weekly audit of all resident MARs to ensure compliance with Regulation 2600.187(b). Documentation of audits shall be kept. [redacted] 10/24/25

Within four days of receipt of the plan of correction: The administrator shall educate all staff persons qualified to administer medications on Regulation 2600.187(b) and the home's policy and procedures to ensure compliance. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 10/24/25

Directed Completion Date: *10/31/2025* Not Implemented [redacted] - 11/3/25)

187d - Follow Prescriber's Orders

12. Requirements

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

Description of Violation

On 9/5/25, resident #3 was ordered metolazone 2.5mg tab – take 1 tablet by mouth every other day. However, at 11:41 a.m., the resident's September 2025 medication administration record (MAR) for this medication indicated Metolazone 2.5mg tablet – take 1 tablet by mouth twice a week on Tuesday and Thursday for edema. According to resident #3's September 2025 MAR, this medication has only been administered on Tuesdays and Thursdays since 9/5/25.

On 9/5/25, resident #3 was ordered albuterol 2.5mg/3mL (.083%) inhalation solution; Inhale 3 milliliters inhalation 3 times a day for shortness of breath AND inhale 3 milliliters inhalation every 4 hours as needed for shortness of breath. However, the only entry on the resident's September 2025 MAR indicates IPRATR-albuterol 0.5mg-2.5(3mg)/ (incorrect medication) – Inhale contents of 1 vial via nebulizer 4 times a day as needed for shortness of breath. This medication was not administered from 9/6/25 – 9/22/25.

Resident #5 is ordered empagliflozin 25mg tablet – Take ½ tablet by mouth once a day. The medication is dispensed in whole tablets that do not have score marks to enable equal doses when split. However, staff person A cuts the pills in half.

Plan of Correction ***Directed [redacted] - 10/24/2025)***

On 9/22/25, after the inspectors left the facility, the [redacted] reached out to the pharmacy and the [redacted] regarding the medication discrepancies and the results from the inspection. It was discussed with both that we need transparency on both ends and that everything needs to match. The [redacted] agreed to not instruct pharmacy on

187d - Follow Prescriber's Orders (continued)

any medications. Pharmacy was to provide the proper MARs with proper dispensing directions.

Staff were retrained on proper orders and following pharmacy orders. Documentation of training will be kept in accordance with PA Code 2600.184a.On 9/22/25, during a medication review, it was discovered that Resident #3 didn't have orders and/or correct medications in the facility. Resident #3 was a brand new resident, having been less that a week. [redacted] has a very much involved [redacted] who was bringing medications from home and leaving them in the room or with the aide on call. [redacted] switched to the house doctor from the previous facility's provider, and then switched to Hospice care. All medication was kept in the facility until the MARs were correct with the correct dosages and labels. The medication that was in the facility was from other facilities that the spouse had provided. Moving forward, there will be not medication changes until the written order is received and the corrected MAR is in place. This will ensure that the correct medication is given at the correct times and dosages.

Proposed Overall Completion Date: 10/31/2025

DIRECTED
Within 24 hours of receipt of the plan of correction: The Administrator shall notify the resident and the resident's designated persons of the medication errors for each resident. Documentation of education shall be kept. [redacted] 10/24/25

Within 24 hours of receipt of the plan of correction: The Administrator shall notify the prescriber of the medication errors for each resident. Documentation of education shall be kept. [redacted] 10/24/25

Within 24 hours of receipt of the plan of correction: The Administrator shall file an incident report for the medication errors with the Department. [redacted] /24/25

Within 24 hours of receipt of the plan of correction: The Administrator shall document the medications errors were made part of the resident's permanent records. [redacted] 10/24/25

Within four days of receipt of the plan of correction: The administrator shall educate all staff persons qualified to administer medications on Regulation 2600.187(d) and the home's policy and procedures to ensure compliance. Documentation shall be kept in accordance with Regulation 2600.65(i). [redacted] 10/24/25

Within 24 hours of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial audit, then a weekly audit of all resident medications and MARs to ensure compliance with Regulation 2600.187(d). Documentation of audits shall be kept. [redacted] 10/24/25

Directed Completion Date: *10/31/2025* Not Implemented [redacted] - 11/3/25)

190a - Completion Medication Course

13. Requirements

190a - Completion Medication Course *(continued)*

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C has not completed the Department-approved Medication Administration Standard Course. However, staff person C has signed off the residents' medication administration records (MARs) as having administered medications as follows:

Resident #3:

**Duloxetine DR 20mg on 9/12, 17, 19*

**Ferrous sulf 325mg tablet on 9/3, 9/17, 9/19*

**Omeprazole 40mg on 9/17, 9/19*

**Torsemide 1000mg tablet on 9/17 and 9/19*

Resident #5:

**amlodipine 5mg on 9/17/25;*

**Empagliflozin 25mg on 9/17 and 9/19/25 insulin asparte flexpen 9/19/25*

**Isosorbide MN ER 30mg on 9/19/25*

**Ozempic 0.25/0.5mg dose pen on 9/19/25.*

Staff person C also signed off on resident #5's narcotic count sheet as having administered the resident's morphine – take 0.27ml (5mg) by mouth every hour as needed for shortness of breath on 9/8/25, 9/11/25, 9/13/25, 9/16/25 and 9/19/25.

Plan of Correction ***Accept [redacted] 10/24/2025)***

On 10/18/25, the Designated Employee conducted a schedule review and made changes according to PA Code 2600.60a which states that a qualified person be on staff at all times to administer medications. A qualified person was added to all shifts to ensure that someone is available and on shift, if needed. The Designated Employee will review upcoming schedules to ensure that there is a qualified person to administer medications on all shifts. In the even of call offs, the Administrator or the Owner who are both LPNs will cover these call-offs.

A new Medication Administrator course was scheduled on 10/22/25 and all employees who are able to pass medication are enrolled in the course to become certified.

On 9/23/25, an audit was done to the other staff members training files to ensure that the proper training was completed in order to be able to perform the duties of the position. A monthly audit will be done by the Administrator to ensure that all training is current and correct.

On 9/22/25, during an inspection, it was discovered that Staff person C did not have the proper credentials to pass medications. Staff person C came from a different facility with [redacted] paperwork. The Administrator of this facility was unaware that addition training needed to be had because the coursework that was done at her other facility was done during Covid and that Administrator didn't have her complete the proper course after the Covid pandemic. The Gathering Place Administrator didn't know it was required. A course has been scheduled to start so that she can take the proper course. [redacted] is having trouble getting logged in because of a name change but we are working with the Help Desk to try to get [redacted] logged in so that [redacted] can begin the course.

Proposed Overall Completion Date: 10/31/2025

190a - Completion Medication Course *(continued)*

Licensee's Proposed Overall Completion Date: *10/31/2025*

Not Implemented [redacted] - 11/3/25)