

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

October 7, 2025

[REDACTED]
VS WALLINGFORD LLC
[REDACTED]

RE: CHESTNUT RIDGE RETIREMENT
LIVING
2700 CHESTNUT PARKWAY
CHESTER, PA, 19086
LICENSE/COC#: 14141

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/24/2025, 07/28/2025, 07/29/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CHESTNUT RIDGE RETIREMENT LIVING **License #:** 14141 **License Expiration:** 01/30/2026
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19086
County: DELAWARE **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: VS WALLINGFORD LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/19/1997 **Issued By:** CWOPA L&I

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 07/29/2025

Inspection Dates and Department Representative

07/24/2025 - On-Site: [REDACTED]
07/28/2025 - On-Site: [REDACTED]
07/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 **Residents Served:** 69

Secured Dementia Care Unit

In Home: Yes **Area:** SCDU **Capacity:** 50 **Residents Served:** 19

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 68
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

07/24/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/29/2025

Inspections / Reviews *(continued)*

09/02/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/03/2025
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 09/07/2025

09/10/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/03/2025
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/03/2025

10/07/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 10/03/2025
Reviewer: [REDACTED] Follow Up Type: Not Required

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

On [REDACTED], the 5th floor assignment book containing resident names and room numbers with laundry and showers details was unlocked, unattended, and accessible.

Repeated Violation: [REDACTED] et al, [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/10/2025)

Effective 8/1/25, all Assignment sheets will be placed in a folder labeled, "Confidential", the folder will be placed in a secured area when not in use. Effective 8/1/25, the Executive Director of Designee will conduct weekly Confidentiality Audits for 12 weeks, monthly audits for 4 months, and random audits for an additional 4 months; Audits will be reviewed monthly at QAPI for ongoing compliance; beginning with August QAPI scheduled for 9/5/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [REDACTED] - 10/06/2025)

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

On [REDACTED] at 9:34 am, contracted painters were working in the building unsupervised. The home did not complete criminal background checks 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).

Repeated Violation: [REDACTED] et al, [REDACTED] et al, and [REDACTED]

Plan of Correction

Accept ([REDACTED] 09/02/2025)

Criminal background checks were immediately performed for the contractors providing service on the physical bldg. Effective 8/1/25, the Executive Director or Designee shall ensure that a criminal background check has been completed for all contracted vendors prior to the date of contracted service. Documentation shall be kept in vendor staff records. Effective 9/1/25, Executive Director or Designee will complete monthly audits of all contracted vendor employee records to ensure compliance with requirement PA 2600.51.

Licensee's Proposed Overall Completion Date: 08/29/2025

51 Criminal Background Check (continued)

Implemented [REDACTED] 10/07/2025)

62 Contact List

3. Requirements

2600.

62. List of Staff Persons The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, the administrator, does not maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 09/02/2025)

Due to technical issues at the time, the Staff List was not immediately available. Effective 8/1/25, The Business Office Manager or Designee shall keep a current Staff List on file; the Staff list will be updated as often as needed to reflect any changes. The Executive Director or Designee will audit the staff list on a monthly basis, to ensure that the list is being maintained for accuracy and includes the names, addresses and telephone numbers of all staff persons including substitute personnel and volunteers.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented [REDACTED] - 10/07/2025)

65a FS Orientation 1st Day

4. Requirements

2600.

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

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

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

65a - FS Orientation 1st Day (continued)

Repeat Violation: [REDACTED] et al, [REDACTED] et al, and [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/10/2025)

Staff Person B did receive the required Orientation Trainings, although [REDACTED] did sign the document in its entirety, [REDACTED] did not initial next that particular training module. On 8/1/25, the Executive Director audited all training records for newly hired staff or staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation PA 2600.65a. All current employee records will be audited by Executive Director or Designee by 9/15/25 to ensure compliance. Effective 9/1/25, the Executive Director or Designee will complete monthly audits of all new hire records to ensure compliance with requirement PA 2600.65a. Audits will be reviewed during monthly QAPI meetings, beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [REDACTED] - 10/07/2025)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.

Description of Violation

Staff person B completed [REDACTED] 40th scheduled work hour on or around [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan.

Repeat Violation: [REDACTED] et al and [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/10/2025)

Staff Person B did receive the required Orientation Trainings, although [REDACTED] did sign the document in its entirety, [REDACTED] did not initial next that particular training module. On 8/1/25, the Executive Director reviewed all training records for newly hired staff or staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in Emergency Medical Plan training in accordance with regulation PA 2600.65b. All current employee records will be audited by Executive Director or Designee by 9/15/25 to ensure compliance. Effective 9/1/25, the Executive Director or Designee will complete monthly audits of all new hire records to ensure compliance with requirement PA 2600.65a. Audits will be reviewed during monthly QAPI meetings, beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [REDACTED] - 10/07/2025)

65d - Initial Direct Care Training

6. Requirements

2600.

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

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Repeat Violation: [REDACTED] et al and [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 09/10/2025)

Staff Person C did complete and passed the Department -approved Direct Care Staff training course on 10/4/24, which was prior to [REDACTED] hire date of 10/8/24; the document was emailed to DHS on 8/7/25. All current employee records will be audited by Executive Director or Designee by 9/15/25 to ensure compliance. Effective 9/1/25, the Executive Director or Designee will complete monthly audits of all new hire records to ensure compliance with requirement PA 2600.65d. Audits will be reviewed during monthly QAPI meetings, beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [REDACTED] 10/07/2025)

65e - 12 Hours Annual Training

7. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person D received only 5.25 hours of annual training in training year 2024.

Direct care staff person E received only 4 hours of annual training in training year 2024.

Repeat Violation: [REDACTED] et al and [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 09/10/2025)

Upon internal audit conducted on 8/18/25, it was discovered that the 2024 training records could not be obtained. A staff training schedule for Calendar Year 2025 was implemented effective 2/2025, to maintain compliancy with guideline 2600.65. Effective 9/1/25, The Executive Director or Designee will conduct a monthly audit of all staff to ensure that the training schedule is being adhered to; audits will be reviewed during monthly QAPI for ongoing compliance; beginning with August QAPI scheduled for 9/5/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [REDACTED] - 10/07/2025)

65g - Annual Training Content

8. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person F did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year January 2024 to December 2024.

Repeat Violation: [redacted] et al and [redacted] et al

Plan of Correction

Accepted [redacted] - 09/10/2025)

Upon internal audit conducted on 8/18/25, it was discovered that the 2024 training records could not be obtained. A staff training schedule for Calendar Year 2025 was implemented effective 2/2025, to maintain compliancy with guideline 2600.65. Effective 9/1/25, The Executive Director or Designee will conduct a monthly audit of all staff to ensure that the training schedule is being adhered to; audits will be reviewed during monthly QAPI for ongoing compliance beginning with August QAPI scheduled for 9/5/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented ([redacted] - 10/07/2025)

82a - Poisonous Materials

9. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On [redacted] at 9:29 am, plain spray bottles with the words "Windex" and "Bleach" written on them were being stored in an unlocked stored room on the 7th floor.

Plan of Correction

Accepted [redacted] - 09/10/2025)

The Hospitality Services Associate immediately disposed of unlabeled spray bottles which were replaced with the original, labeled containers. Effective 9/1/25, the Hospitality Services Associate will conduct weekly audits of the housekeeping storage closets to ensure compliance with PA 2600.82a. Audits will be reviewed during monthly QAPI for ongoing compliance; beginning with August QAPI scheduled for 9/5/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

82a - Poisonous Materials (continued)

Implemented [redacted] - 10/07/2025)

82c - Locking Poisonous Materials

10. Requirements

2600.

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

Description of Violation

On [redacted] SparCreme liquid crème cleanser, Lysol spray, Citrus hand sanitizer, and disinfecting wipes all with a manufacture's label indicating "if ingested call poison control", were unlocked, unattended, and accessible to residents on the 5th floor Secured Dementia Care Unit. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [redacted] et al, [redacted], and [redacted]

Plan of Correction

Accept [redacted] - 09/10/2025)

The poisonous materials were immediately removed from the resident's room, labeled and stored in secured medicine cabinet located in the bathroom. Effective 8/1/25, the Life Stages Director or Designee will conduct daily Poisonous Materials Audits on the Memory Care floors. On 8/28/25, Staff were re-educated on proper storage of poisonous materials. Audits will be reviewed monthly at QAPI for ongoing compliance, beginning with August QAPI scheduled for 9/5/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [redacted] - 10/07/2025)

89a - Water Pressure

11. Requirements

2600.

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

Description of Violation

On [redacted] at 10:15 am, the home did not have sufficient hot water to take showers. The water temperature in room [redacted] was 82.2 degrees Fahrenheit and in room [redacted] the water temperature was 78.2 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 09/10/2025)

On 7/24/25, a new water heater was installed. Effective 8/1/25, the Safety & Maintenance Engineer or Designee will conduct daily Water Temp Audits on all floors to ensure that water temperatures are with the guidelines of PA 2600.89a. Audits will be reviewed monthly at QAPI for ongoing compliance; beginning with August QAPI scheduled for 9/5/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [redacted] - 10/07/2025)

95 - Furniture and Equipment

12. Requirements

2600.

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

Description of Violation

On [REDACTED], the water heater located on the 4th floor was not heating water to temperatures above 83 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 09/10/2025

On 7/24/25, a new water heater was installed. Effective 9/1/25, the Safety & Maintenance Engineer or Designee will conduct daily Water Temp Audits on all floors to ensure that water temperatures are with the guidelines of PA 2600.89a. Audits will be reviewed monthly at QAPI for ongoing compliance; beginning with August QAPI scheduled for 9/5/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [REDACTED] - 10/07/2025

98c - TV and Radio

13. Requirements

2600.

98.c. The home shall have a working television and radio available to residents in a living room or lounge area.

Description of Violation

On [REDACTED] there was no operable television on the 5th floor Secured Dementia Care Unit. There has been no working television for approximately 3 weeks.

Plan of Correction

Accept [REDACTED] - 09/02/2025

The Safety & Maintenance Engineer immediately reconnected the TV to the Wi-Fi network, which solved the issue. It was discovered that the TV had been disconnecting from the WI-FI network at various times, due to the poor WI-FI connection in that area of the community. To curtail the unstable WI-FI connection, Cable Servies have been scheduled for installation for 09/25.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented [REDACTED] - 10/07/2025

101j3 - Bed/Linens/Pillows/Blankets

14. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On [REDACTED], the beds for resident [REDACTED] and resident [REDACTED] did not have pillowcases, sheets and blankets.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/10/2025

Clean bedding was immediately placed on the resident's mattress. The bedding was removed by staff, as the room was scheduled for cleaning. Effective 9/1/25, the Hospitality Executive Associate or Designee will conduct daily

101j3 - Bed/Linens/Pillows/Blankets (continued)

audit of two rooms scheduled for cleaning and bed linen change to ensure compliance with regulation PA.2600.101j3. Audits will be reviewed monthly at QAPI for ongoing compliance; beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [redacted] - 10/07/2025)

141b1 - Annual Medical Evaluation

15. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted]'s most recent medical evaluation was completed on [redacted]

Repeat Violation: [redacted] et al and [redacted]

Plan of Correction

Accept [redacted] 09/10/2025)

Upon internal audit conducted on 8/1/25, it was discovered that the Resident's 2024 DME could not be obtained. Effective 8/1/25, the Corporate Nurse Consultant and Executive Director completed an audit of all resident charts and implemented a resident document tracking system to ensure all residents have a medical evaluation completed within the required timeframe. Effective 9/1/25, the Nursing Director or Designee will conduct monthly chart audits of all new residents to ensure compliance with regulation 141b1. Audits will be reviewed during monthly QAPI for ongoing compliance; beginning with August QAPI scheduled for 9/5/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [redacted] - 10/07/2025)

162c - Menus Posted

16. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

There was no menu posted on near the dining room on the 5th floor of the home and the menu posted on the 4th floor was incorrect.

Plan of Correction

Accept [redacted] - 09/10/2025)

The daily menu was laying on a counter; the menu was immediately placed in its hanging sleeve. On 8/22/25, a full-sized Menu Board was installed in the dining area. Effective 8/1/25, the Dining Experiences Director will conduct a biweekly audit for posted menus; Audits will be reviewed monthly at QAPI for ongoing compliance; beginning with August QAPI scheduled for 9/5/25.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [redacted] - 10/07/2025)

182b - Prescription Medication

17. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [redacted] at 8PM staff person G administered medications to residents to include the following; [redacted] tablet, [redacted] tablet and [redacted] capsule. Staff person G is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction

Accept [redacted] - 09/02/2025)

Staff Person B has been promptly removed from the nursing schedule. Staff person B shall not administer medications until the completion of a medication administration course conducted by a Department-approved medication Train – the – Trainer; on 7/28/25, Staff Person B was enrolled in a Medication Administration Training Course. On 8/1/25, the Executive Director audited all Med Tech records to ensure that all staff persons administering medications completed a Department-approved medication administration training course. Effective 9/1/25, Executive Director or Designee will conduct an audit of all new-hire Med Techs' training records upon employment; records will be audited on an ongoing basis to maintain compliance with regulation 182b.4.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented ([redacted] - 10/07/2025)

183b - Meds and Syringes Locked

18. Requirements

2600.

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

Description of Violation

On [redacted], [redacted] and [redacted] were unlocked, unattended, and accessible in in room [redacted].

Repeat Violation: [redacted] and [redacted]

Plan of Correction

Accept [redacted] 09/10/2025)

The OTC medications were immediately stored in a secured medicine cabinet located in the bathroom. Effective 9/1/25, the Life Stages Director or Designee will conduct daily Poisonous Materials Audits on the Memory Care floors; Audits will be reviewed monthly at QAPI for ongoing compliance. On 8/28/25, Staff were re-educated on proper storage of poisonous materials; beginning with September QAPI scheduled for October 2025.

183b Meds and Syringes Locked (continued)

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [REDACTED] - 10/07/2025)

183d - Prescription Current

19. Requirements

2600.

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

Description of Violation

On [REDACTED] and [REDACTED] [REDACTED] prescribed for resident [REDACTED] was in the home's medication cart; however, the resident passed away on [REDACTED]

On [REDACTED] at 12:50, [REDACTED] tablet chew and [REDACTED] tablet prescribed for resident [REDACTED] were in the home's medications cart; however, the medication has been discontinued since [REDACTED]

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 09/10/2025)

The discontinued and out of use medications were immediately removed from the medication cart. Effective 9/1/25, daily audits of the medication cart and medication refrigerator will be conducted by a designated staff person qualified to administer medications to ensure that all medications are current, for a period of 3 months, then weekly for a period of 3 months; audits will be reviewed monthly at QAPI for ongoing compliance; beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [REDACTED] 10/07/2025)

183e - Storing Medications

20. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], 30 syringes of [REDACTED] prescribed to resident [REDACTED] were being stored in the controlled substance drawer at room temperature. According to the manufacturer's instructions medication was to be stored in the refrigerator, do not freeze.

Repeat Violation: [REDACTED] et al and [REDACTED]

Plan of Correction

Accept (CE - 09/10/2025)

The unrefrigerated medications were immediately removed from the medication cart. Effective 9/1/25, daily audits of the medication cart and medication refrigerators will be conducted by a designated staff person qualified to administer medications to ensure that all medications are stored as directed, for a period of 3 months, then weekly for a period of 3 months; audits will be reviewed monthly at QAPI for ongoing compliance; beginning with September QAPI scheduled for October 2025 .

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [REDACTED] - 10/07/2025)

184a - Resident's Meds Labeled

21. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Nystatin cream with the pharmacy label completely removed remained in the home, staff present were unable to identify who the cream belonged to.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 09/10/2025)

The unlabeled medications were immediately removed from the medication cart. Effective 9/1/25, daily audits of the medication cart and medication refrigerators will be conducted by a designated staff person qualified to administer medications to ensure that all medications are labeled as directed, for a period of 3 months, then weekly for a period of 3 months; audits will be reviewed monthly at QAPI for ongoing compliance; beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [REDACTED] - 10/07/2025)

184b - Labeling OTC/CAM

22. Requirements

2600.

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

Description of Violation

Bottle of [REDACTED], located in the home was not labeled, staff present were unable to identify who the cream belonged to.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/10/2025)

The unlabeled medications were immediately removed from the medication cart. Effective 9/1/25, daily audits of the medication cart and medication refrigerators will be conducted by a designated staff person qualified to administer medications to ensure that all medications are labeled as directed, for a period of 3 months, then weekly for a period of 3 months; audits will be reviewed monthly at QAPI for ongoing compliance; beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [REDACTED] - 10/07/2025)

185a - Implement Storage Procedures

23. 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

On [redacted] at 7:43 am the glucometer for resident [redacted] read [redacted]. This blood sugar reading was recorded on the Medication Administration Record (MAR) as [redacted]

Resident [redacted] is prescribed [redacted] topically as needed. On [redacted] this medication(s) were not available in the home.

The following glucometer readings for resident [redacted] were not documented in the resident's MAR:

- [redacted], 4:30 pm, reading [redacted]
- [redacted] 11:24 am, reading [redacted]
- [redacted] 7:57 am, reading [redacted]

Repeat Violation: [redacted] et al and [redacted]

Plan of Correction

Accept [redacted] 09/10/2025)

On 7/28/25, all Med Techs were re-enrolled in a Medication Administration Training Course, taught by a Department-approved medication Train – the – Trainer, which included training on glucometer usage and the importance of proper documentation. Effective 9/1/25, daily audits of the medication cart and medication refrigerator will be conducted by a designated staff person qualified to administer medications to ensure that all medications are available in the home, for a period of 3 months, then weekly for a period of 3 months; audits will be reviewed monthly at QAPI for ongoing compliance; beginning with QAPI scheduled for October 2025 .

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented ([redacted] - 10/07/2025)

187b - Date/Time of Medication Admin.

24. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] topically as needed. Resident [redacted]'s July 2025 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 4:20pm and on [redacted] at 8pm.

Resident [redacted] is prescribed [redacted], [redacted] tab and [redacted] tab take daily at 8am. Medications were not documented at the time of administration. [redacted] tab documented at 9:14pm on [redacted] tab documented 9:13pm on [redacted] and [redacted] documented at 9:14pm on [redacted].

Resident [redacted] is prescribed [redacted]. Resident [redacted] July 2025 medication administration record does not include the initials of the staff person who administered [redacted] tablet on [redacted] at 8 PM.

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

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/10/2025)

On 7/28/25, all Med Techs were re-enrolled in a Medication Administration Training Course taught by a Department-approved medication Train – the – Trainer, which included training on recording the date/time that a medication is administered. Effective 9/1/25, weekly audits of the Medication Administration Record will be conducted by a designated staff person qualified to administer medications to ensure compliancy of PA2600.187b for a period of 6 months; audits will be reviewed monthly at QAPI for ongoing compliance; beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [REDACTED] 10/07/2025)

187d - Follow Prescriber's Orders

25. Requirements

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 24 hr patch. However, resident [REDACTED] was not administered [REDACTED] mg/patch on [REDACTED] and [REDACTED] at 8am because the medication was not available in the home.

Repeat Violation: [REDACTED] et al, and [REDACTED]

Plan of Correction

Accept [REDACTED] 09/10/2025)

On 7/28/25, all Med Techs were re-enrolled in a Medication Administration Training Course, taught by a Department-approved medication Train – the – Trainer, which included training on following prescriber's orders. Effective 9/1/25, weekly audits of the Medication Administration Record will be conducted by a designated staff person qualified to administer medications to ensure compliancy of PA2600.187d for a period of 6 months; audits will be reviewed monthly at QAPI for ongoing compliance; beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [REDACTED] - 10/07/2025)

225a - Assessment 15 Days

26. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident [REDACTED] who was admitted to the home on [REDACTED]

Resident [REDACTED] assessment, dated [REDACTED] does not include assessments for mental health and behavioral cognitive needs.

225a Assessment 15 Days (continued)

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 09/10/2025)

A RASP was completed for Resident [REDACTED] on 6/2/25; due to technical difficulties, the document could not be accessed. On 7/30/25, an audit was conducted on all resident records to ensure all residents have a current assessment completed. Effective 9/1/25, the Executive Director or Designee will conduct weekly RASP audits to ensure all, including new residents have a current assessment completed; audits will be reviewed monthly at QAPI for ongoing compliance; beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [REDACTED] - 10/07/2025)

227g -Support Plan Signatures

27. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Repeat Violation: [REDACTED] et al and [REDACTED]

Plan of Correction

Accept [REDACTED] 09/10/2025)

On 8/29/25, the Executive Director re educated the Life Stages Director on the importance of having an Individual participate in the development of, signing and dating their RASP. By 9/15/25, an audit of all current resident charts will be completed by Executive Director or Designee to ensure compliance with PA regulation 2600.227g. Effective, 9/1/25, Resident Wellness Director or Designee will conduct monthly audit of new RASPs to ensure compliance with resident signatures. Audits will be reviewed monthly at QAPI for ongoing compliance; beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented [REDACTED] - 10/07/2025)

236 - Staff Training

28. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff persons D, E and H who work in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the January 2024 to December 2024 training year.

236 - Staff Training (continued)

Repeat Violation ██████████ et al, ██████████ et al, and ██████████

██████████ Correction

Accept (██████████ - 09/10/2025)

Upon internal audit conducted on 8/18/25, it was discovered that the 2024 training records could not be obtained. A staff training schedule for Calendar Year 2025 was implemented effective 2/2025, to maintain compliance with guideline PA2600.65. Effective 9/1/25, The Executive Director or Designee will conduct a monthly audit of all staff to ensure that the training schedule is being adhered to; audits will be reviewed during monthly QAPI for ongoing compliance beginning with September QAPI scheduled for October 2025.

Licensee's Proposed Overall Completion Date: 10/02/2025

Implemented (██████████ - 10/07/2025)