pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **RENAISSANCE HOME PINEBROOK LLC**
LEGAL ENTITY

To operate **RENAISSANCE HOME PINEBROOK**
NAME OF FACILITY OR AGENCY

Located at **2 WOODBRIDGE ROAD, ORWIGSBURG, PA 17961**
(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 **68**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

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

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

and shall remain in effect from **December 4,** **2025** until **June 4,** **2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **227551**

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

Sent via email to: [redacted]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 4, 2025

[redacted]
Renaissance Home Pinebrook
2 Woodbridge Road,
Orwigsburg, Pennsylvania 17961

RE: Renaissance Home Pinebrook
License #: 227551

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) licensing inspections on June 24, 2025, July 24, 2025, and September 30, 2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 215900) dated May 20, 2025, to May 20, 2026, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated May 20, 2025, to May 20, 2026, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from DECEMBER 4, 2025 to JUNE 4, 2026.

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

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

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

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

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *RENAISSANCE HOME PINEBROOK* **License #:** *22755* **License Expiration:** *05/20/2026*

Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA 17961*

County: *SCHUYLKILL* **Region:** *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *RENAISSANCE HOME PINEBROOK LLC*

Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA, 17961*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *08/28/2018* **Issued By:** *West Brunswick Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *30* **Waking Staff:** *23*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date:** *07/24/2025*

Inspection Dates and Department Representative

07/24/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* **Residents Served:** *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *27*

Diagnosed with Mental Illness: *4*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *3*

Have Physical Disability: *1*

Inspections / Reviews

07/24/2025 - Partial

Lead Inspector: [redacted]

Follow-Up Type: *Bypass Document Submission*

10/14/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *10/14/2025*

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

181c - Self-administration Assessment

3. Requirements

2600.

181c - Self-administration Assessment *(continued)*

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 has self-administered medications to include Albuterol sol 2.5 mg/3ml; however, resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction ***Directed [redacted] - 09/15/2025)***

(Directed)

The home will get resident #1 accessed to self-administer by 9/22/25. Staff will be trained to look for medications unlocked in resident's rooms and report to the home's administrator. In the future, the home will ensure that the ability to self-administer medications is documented during the initial and annual medical evaluations.

Directed Completion Date: *09/22/2025*

Implemented [redacted] - 10/14/2025)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

On 7/11/25, 8 unopened medication vials of Albuterol sol 2.5 mg/3ml were found in resident #1"s room. Resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer medication. The resident's medical evaluation dated [redacted]25 documents the resident cannot self-administer medication. The resident's medication administration record indicated all dosages of the medication were administered from 7/1/25 to 7/11/25. Resident #1 reported on occasion; staff leaves the albuterol medication vials in the room for the resident to self-administer the medication which did not occur.

Plan of Correction ***Directed [redacted] - 09/15/2025)***

(Directed)

The home will train all medication technicians on following prescribers orders. The home will complete weekly audits of all resident's MARs and document the audit. The audits will be maintained at the home upon the Departments request.

Directed Completion Date: *09/22/2025*

Not Implemented ([redacted] - 10/14/2025)

221b - Activity Types

6. Requirements

2600.
221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

221b The home's activities program is not being followed as indicated on the July 2025 Calendar. On 7/24/25 the schedule indicated baking club will occur. At 10:00 A.M. this activity did not take place. Based on interviews with the administrator and staff, the home has not had an activities staff person in several months and is unable to consistently follow the home's activities calendar.

Plan of Correction ***Directed [redacted] - 09/15/2025)***

(Directed)

The administrator will develop an activities program. The program will:
1. Include other residents and residents' family members.
2. Offer at least 2 group activities per day at scheduled times.
3. Include residents' input on the types of activities they would enjoy.
4. Include an activity calendar that is posted in a conspicuous and public place within the home.

Directed Completion Date: *09/22/2025*

221b - Activity Types *(continued)*

Implemented ([redacted] 10/14/2025)

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

Facility Information

Name: *RENAISSANCE HOME PINEBROOK* **License #:** *22755* **License Expiration:** *05/20/2026*

Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA 17961*

County: *SCHUYLKILL* **Region:** *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *RENAISSANCE HOME PINEBROOK LLC*

Address: *2 WOODBRIDGE ROAD, ORWIGSBURG, PA, 17961*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *08/29/2018* **Issued By:** *West Brunswick Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *30* **Waking Staff:** *23*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date:** *06/24/2025*

Inspection Dates and Department Representative

06/24/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* **Residents Served:** *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *27*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *3* **Have Physical Disability:** *1*

Inspections / Reviews

06/24/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *Bypass Document Submission*

10/14/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted**: *10/14/2025*

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

18 - Compliance With Laws

1. 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

The batteries in the carbon monoxide detector located in the home's dining room were last installed on 4/20/2023. As per the Care Facility Carbon Monoxide Standards Act, the batteries must be replaced at least once annually.

Plan of Correction ***Directed [redacted] 08/28/2025)***

(Directed)

The home will immediately replace and label the batteries with date of installation for the carbon monoxide detector located in the dining room. The home will train and maintain the training log for the maintenance on the important of changing batteries annually. The home will create an audit tool for the carbon monoxide detectors in the home and maintain it. These training and audit documents will be available upon the Departments request.

The home's kitchen ventilation and hood exhaust system will be immediately service by a professional contractor and documentation of the service will be maintained by the home. The home will document on a calendar the next service 6 months later.

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)

64c - Annual Training

2. Requirements

2600.
64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the [redacted], was not present at the time of the inspection. The required 24 hours of Department-approved training for the year 2024 could not be verified as Staff person A's training records were not accessible to the appointed designee.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

Staff person B will produce the completed 24 hours of administrator training or will sign up and completed the 24 hours of administrator training. Staff person B annual training for 2024 will be assessable to the Department upon request. The home's designee will have access to these training when the home's administrator is not available in the home.

64c - Annual Training *(continued)*

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

A black moldlike substance and turquois limescale build-up were observed in the home's ice maker machine.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

The home will clean the inside of the ice maker machine removing the black moldlike substance and turquois limescale build up immediately. The home will complete monthly audits of the ice marker machine and documented the audits. The home will maintain these audit sheets upon the Departments request.

Directed Completion Date: *09/19/2025*

Implemented [redacted] - 10/14/2025)

87 - Lighting

4. Requirements

2600.
87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The home had many hallways with dimmed and burned-out lightbulbs not providing sufficient lighting.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

The home will audit and replace burnt out light bulbs immediately. The home will make an audit sheet for the lightbulb changes. The administrator will conduct monthly audits of the home's lights. The audit sheet will be maintained by the home upon the Departments request.

Directed Completion Date: *09/19/2025*

Implemented [redacted] - 10/14/2025)

88a - Surfaces

5. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a - Surfaces *(continued)*

Description of Violation

At 9:50, In the Bistro room an extension cord was plugged into a wall outlet and stretched across the floor approximately 6 feet to an electric reclining chair creating a possible tripping hazard.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

The home will immediately remove the 6 ft extension cord located in the home's Bistro. The home will create an audit tool and maintain it upon the Departments request. The home will complete weekly checks throughout the home and document the audit tool.

Directed Completion Date: *09/19/2025*

Implemented [redacted] - 10/14/2025)

92 - Windows

6. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 9:00 a.m. a screen in an exterior window located near the facility entrance was detached and leaning against the facility's exterior wall.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

The home will audit all exterior windows that require a window screen and replace the screens immediately. The home will create and maintain an audit tool and complete monthly audits for the window screens. The audit tool will be available upon the request of the Department.

Directed Completion Date: *09/19/2025*

Implemented [redacted] 10/14/2025)

105g - Lint Removal and Duct Cleaning

7. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 6/24/25, a thin layer of lint covering ½ of the lint trap was observed in the dryer's lint trap. There were no clothes in the dryer at the time.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

105g - Lint Removal and Duct Cleaning (continued)

The home will train all staff who perform laundry services on the importance of cleaning the lint trap. This training will be documented and maintained by the home. Staff will immediately remove lint from the dyer lint traps after every use. The home's administrator will create and audit tool and have staff sign it when the lint is removed. The administrator will complete weekly checks and document the audit.

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)

109b - Rabies Vaccination

8. Requirements

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 6/24/2025, resident #1's feline was present at the home. The home does not have a current certificate of rabies vaccination for the resident's pet.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

Resident #1's feline will be immediately vaccinated by a veterinarian. The vaccine will be maintained at the home upon the Departments request. The administrator will audit all resident or home's pets for updated vaccines. The administrator will create an audit sheet and conducted audits every 6 months for updated vaccines.

Directed Completion Date: *09/19/2025*

Implemented [redacted] 10/14/2025)

124 - Notice to Fire Department

9. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's written notification to the local fire department, dated 3/17/25, indicates that 33 residents are living in the home. On 6/24/25 the census was 27.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

The Administrator or designee will notify the local fire department in writing of the address of the home,

124 - Notice to Fire Department (continued)

location of the bedrooms and the assistance needed to evacuate in an emergency. A general layout of the home, diagram or blueprint which shows the number of floors, wings, rooms, exits, etc. will be provided and documentation of the notification will be kept.
Completion date 9/19/25.

This information will be updated when any of the information that appears on the notification (or is requested by the fire department) changes. The administrator will review the written notification to the fire department on a quarterly basis to ensure the information is accurate. The administrator will document the quarterly reviews.
Overall completion date 9/19/25.

Directed Completion Date: *09/19/2025*

Implemented [redacted] - 10/14/2025)

131f - Fire Extinguisher Inspection

10. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

All fire extinguishers in the facility have not been inspected by a fire safety expert since May 2024.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

The identified fire extinguisher(s) will be inspected by a fire-safety expert.
Completion date 9/19/25.
The administrator will ensure that all fire extinguishers in the home are inspected as required by this regulation by setting an annual reminder 60 days prior to the annual inspection expiration date.
Overall completion date 9/19/25.

Directed Completion Date: *09/19/2025*

Implemented [redacted] - 10/14/2025)

132a - Monthly Fire Drill

11. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of September 2024.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

132a - Monthly Fire Drill (continued)

The administrator or designee shall review the fire drill records and the home's policy for conducting monthly unannounced fire drills. The administrator shall create a plan or schedule for the unannounced monthly fire drills for the next 12 months. The planned dates of the upcoming drills shall be kept confidential from residents and other staff of the home.
Completion date 9/19/25.

Only the staff responsible for setting off the alarm or detector and recording the results will be aware that a drill will occur. The staff member setting off the alarm may participate in the drill based on the staffing patter of the home, however may not advise other staff or residents of the drill.
The administrator shall reeducate all staff regarding the requirement that an unannounced fire drill shall be held at least once a month. Documentation of the education shall be kept.
Completion date 9/19/25.

The administrator will monitor and observe the home's drills for the next three months to ensure that all areas of the home are evacuating to either a fire-safe area or to an area outside of the building within the home's designated maximum safe evacuation time as defined by a fire safety expert, or within 2 ½ minutes. Thereafter the administrator will review documentation of the drills each month to ensure the monthly unannounced drills occur. Documentation of the observations and the drills shall be kept and made available for the Department upon request.
The administrator shall add the fire drill review to the next scheduled quality management review and each review thereafter. The quality management review will contain documentation of the fire drill review.

Overall completion date 9/19/25.

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)

132f - Alternate Exit Routes

12. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Fire drills were held on 6/21/24, 7/9/24, 8/22/24, 10/16/24, 11/18/24, 12/12/24, 3/25/25, 4/29/25, and 6/24/25. For each drill, residents were evacuated to the "Wing Exits" inside the building.

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

The Administrator will provide education to all staff on using alternate exit routes during fire drills including varying the location of the hypothetical fire during drills. This training will include reviewing the dire drill regulations and additional information regarding Fire Drills and Evacuation within the

132f - Alternate Exit Routes (continued)

Regulatory Compliance Guide for Chapter 2600 regulations.
Completion date 9/19/25.
The annual fire safety training provided to all staff will be revised to include information on how to conduct a fire drill including using alternate exit routes and varying the location of the hypothetical fire.
Completion date 9/19/25.
The administrator will review the fire drill records each month to ensure that alternate exit routes are being used during drills. Documentation of the education and the fire safety training content will be kept and made available to the Department for review.
The monthly fire drills will be reviewed at the home's periodic quality management reviews.
Overall completion date 9/19/25.

Directed Completion Date: *09/19/2025*

Implemented [redacted] - 10/14/2025)

132h - Designated Meeting Place

13. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Documentation from the fire safety expert dated 8/16/24 indicates the home does not have internal fire safe areas for refuge. During the fire drills held on 6/21/24, 7/9/24, 8/22/24, 10/16/24, 11/18/24, 12/12/24, 1/13/25, 2/19/25, 3/25/25, 4/29/25, 5/15/25, and 6/24/25, residents did not evacuate to a designated meeting place away from the building. The fire drill logs for each of the drills indicate residents were evacuated to the "Closest Exit" or "Wing Exits" inside the building. During the drill held on 6/24/25, several residents were observed evacuated to the main living room.

Plan of Correction ***Directed ([redacted] - 08/28/2025)***

(Directed)

The Administrator or designee will educate all residents and staff of the designated meeting place away from the building and/or the fire safe area within the building. Education will also be provided to all staff and residents that fire drill participation is mandatory, failure to participate in a fire drill can lead to a 30-day notice of discharge being issued.
Completion date 9/19/25.

The Administrator will monitor fire drill logs monthly to ensure all residents are being evacuated. The monthly fire drills will be reviewed at the home's periodic quality management reviews. Documentation of the education and the monthly audit of fire drill logs will be kept and available for review by the Department.
Overall completion date 9/19/25.

132h - Designated Meeting Place (continued)

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)

141a - Medical Evaluation

14. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2 was admitted on [redacted]/2025 and the medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident. The medical evaluation was completed on [redacted]/2025.

Plan of Correction ***Directed[redacted] - 08/28/2025)***

(Directed)

The administrator will ensure that all newly admitted residents have a medical evaluation within the time frames required by this regulation. The administrator will complete new resident's audits of DMEs monthly and documented upon the Departments request.

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)

144c1 - Smoking Area Guidelines

15. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:35 a.m. approximately 10 cigarette butts were on the ground in the staff smoking area located outside of the kitchen exit door.
Repeat Violation-5/21/24

Plan of Correction ***Directed[redacted] - 08/28/2025)***

(Directed)

The home will immediately clean up the cigarette butts from the staff smoking area. The home will train all staff on a home permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper

144c1 - Smoking Area Guidelines (continued)

safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures. The home's administrator will create an audit tool and complete daily checks of the staff and resident smoking area and maintain upon the Departments request.

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)

182c - Medication Administration

16. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

At approximately 1:10 p.m., in the main Livingroom observed staff member B handed a pill cup to resident #5, containing a Tums tablet and walked away without watching the resident ingest the medication.

Plan of Correction ***Directed ([redacted] - 08/28/2025)***

(Directed)

The home will retrain all medication technicians on Medication administration includes the following activities, based on the needs of the resident:
1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

The home will maintain the training sheets upon the Departments request. The home will create an audit tool and do daily audits during medications passes and maintain the record.

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)

184b - Labeling OTC/CAM

17. 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

Unopened bottles of Over-the Counter of Vitamin E and Vitamin C tablets were noted in the medication cart not

184b - Labeling OTC/CAM (continued)

labeled with a resident's name.

Plan of Correction ***Directed (- 08/28/2025)***

(Directed)

The home will complete monthly audits of the medication carts for OTC medications and CAM belong to the resident; they shall be identified with the resident's full name and document the audits. The home will train all medication technicians on labeling residents OTC and CAM. All training will be maintained upon the Departments request.

Directed Completion Date: *09/19/2025*

Not Implemented - 10/14/2025)

185a - Implement Storage Procedures

18. Requirements

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

Description of Violation

Resident #4 is to receive blood glucose testing 4x daily. Resident #4's medication administration record indicates a blood glucose level of 227 on 6/22/25 at 8:00 a.m. Resident #4's glucometer indicates a blood glucose level of 203 for that date and time.

Plan of Correction ***Directed (- 08/28/2025)***

(Directed)

The home will train all medication technicians on properly documenting blood glucose readings that includes the blood glucose level, date and time. The home will complete weekly audits of all residents who require blood glucose checks and documented upon the Departments request.

Directed Completion Date: *09/19/2025*

Not Implemented (- 10/14/2025)

187b - Date/Time of Medication Admin.

19. Requirements

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

Description of Violation

Resident # 3 is to receive wound care daily at 8:00 a.m. Resident 3's medication administration record does not include the initials of the staff person who administered wound care on 25 at 8:00 a.m.

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

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

The home will train all medication technicians on properly documenting MARs with initials, date and time and maintain the training document. The home will complete weekly audits of a sample of resident's MARs for missing initials and document the audit upon the Departments request. The home will observe 1 resident's medication pass and documentation weekly and document the observation. The home will observe 1 resident's medication pass and documentation weekly and document the observation.

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)

187d - Follow Prescriber's Orders

20. Requirements

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

Description of Violation

Resident #4 is to receive Humulin 100 units 4x daily based on a sliding scale. Resident #4's medication administration record indicates a blood glucose level of 215 on 6/10/25 at 8:00 a.m. Resident #4 required 4 units of insulin; however, the medication administration record indicates it was "held due to parameters".

Plan of Correction ***Directed [redacted] - 08/28/2025)***

(Directed)

The home will train all medication technicians on following prescribers orders. The home will complete weekly audits of all residents MARs and document the audit. The audits will be maintained at the home upon the Departments request.

Directed Completion Date: *09/19/2025*

Not Implemented [redacted] - 10/14/2025)